DIVISION OF VITAL RECORDS; P.O. BOX 687	quime in the certificate be executed	n minest by the amending physician and cor
DIVISION OF VITAL F	THE HOSPITAL OR ATTENDING PHYSICIAN: The Incoming THE TIME WATH CHEBICATE DE EXECUTED	THE FUNERAL DIRECTOR: After this certificate has been some by the alternating physician and con-

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, I	Last)		ERTIFICA		32	2. DATE OF	REG. NO			TIME OF DEATH	
	THOMAS HENRY	MAGUIRE	JR.				July	9,	1992	YEAR 1	0:10 I	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	nal birthday) IF U	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	- 1		ACE (State or Fore	
1	214-07-9113	1 € M 2 □ 6	75	YRS. MONT	THS DAYS	HOURS MIN.					Maryland	
	9a. FACILITY NAME (If not institution,	give street and number)		9b. (CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	COUNTY OF DEATH			
CTOR	425 Lobloll	y Lane			Salisbury W						ico	
DIREC	Maryland Wi	OOMico		Salis							d. INSIDE CITY LIMITS?	
AL C	100. STREET AND NUMBER	OOMITCO				IOI. ZIP CODE			10g. CITIZE		T COUNTRY?	
ERA	425 Lob1011	v I.ano				21801			U.S			
INE	11. MARITAL STATUS		DENT EVER IN U.S. A	ARMED T	13, WAS DE	ECENDENT OF HISPA	NIC ORIGIN?	(Specify Ye		4 BACE -	American Indian	
BY FUN	1 Nover Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	1 X YES 2 E WAR OR DATES		If yes, s	specify Cuben, Mexico ES 2 NO Specific	en, Puerto Ric			Black, V Specify:	viite, etc.	
ED	16. DECEDENT'S	EDUCATION	18e. C	DECEDENT'S USUA			16b. K	(IND OF BU	SINESS/INDU			
ET	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or		(Give kind of work d lie. Do NOT use retir	done during n ired.)	most of working						
	12			arm Di	rect	or	Ra	din-	Т.	V. S	tation	
COMP	17. FATHER'S NAME (First, Middle, Las	9()				18. MOTHER'S NA						
EC	Thomas Henry	Maguire	sr.			Mary W	Whitt	ingt	on A	llen		
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING ADD	RESS (Street	t and Number or Rural	Route Number	r, City or Tow	vn, State, Zip C	Code)		
2	Annalie Brok	awn Mag			VIII.6							
	Annalie Brohawn Maguire Same as 10. 20a. METHOD OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State											
	1- Burial 2 Crametion 3 Removal from State of cemetary crematory or other place)											
		1-G Burial 2 Cremetion 3 Removal from State of cernetary of other place) Springhill Memory Gardens Hebron, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
- 6	21. SIGNALISHE OF FUNERAL SERVI		7 0) _				пе	DIOI	MO	•	
	21. SIGNALSHE OF FUNERAL SERVICE		week		22. NAME	AND ADDRESS.OF F	ACILITY					
	Suald	CE LICENSEE	und	/	Boul	and address of Funds Fund	eral	Home	, Sa	lisb	oury, 1	
	23/PART I. Enter the diseases	CE LICENSEE	that caused the	death. Do not e	Boul	and address of Funds Fund	eral	Home	, Sa	lisb	oury, I	
	23 PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final	CE LICENSEE	that caused the	death. Do not e	Boul	and address of Funds Funds Funds of dyling, such	eral	Home	, Sa	lisb	Approxima	
	23 PART I. Enter the diseases shock, or heart fall	CE LICENSEE	that caused the	death. Do not e	Boul	and address of Funds Funds Funds of dyling, such	eral	Home	, Sa	lisb	oury, I	
	23 PART I. Enter the diseases ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition	n, pr complications liure. List only one	that caused the	death. Do not e	Boul	and address of Funds Fund	eral	Home	, Sa	lisb	Approxima	
z	23 PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	n, pr complications liure. List only one	that caused the cause on each lice	death. Do not e	Boul	and address of Funds Funds Funds of dyling, such	eral	Home	, Sa	lisb	Approxima	
NOIL	23 PART I. Enter the diseases ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition	n, pr complications liure. List only one	that caused the cause on each lice	death. Do not ene.	Boul	and address of Funds Funds Funds of dyling, such	eral	Home	, Sa	lisb	Approxima	
SATION	23 PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	n, pr complications liure. List only one	that caused the cause on each life	death. Do not ene.	Boul	and address of Funds Funds Funds of dyling, such	eral	Home	, Sa	lisb	Approxima	
IFICATION	23 PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a, Dr complications dure. List only one b	that caused the cause on each life	death. Do not ene.	Boul	and address of Funds Funds Funds of dyling, such	eral	Home	, Sa	lisb	Approxima	
HTIFICATION	23 PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a, Dr complications dure. List only one b	that caused the cause on each literation of the cause of the caus	death. Do not ene.	Boul	and address of Funds Funds Funds of dyling, such	eral	Home	, Sa	lisb	Approxima	
CERTIFICATION	23 PART I. Enter the diseases shock, pr heart fal IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a, Dr complications dure. List only one b	that caused the cause on each literation of the cause of the caus	death. Do not ene.	Boul	and address of Funds Funds Funds of dyling, such	eral	Home	, Sa	lisb	Approxima	
AL CERTIFICATION	23 PART I. Enter the diseases shock, pr heart fal IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	that caused the cause on each life. TO (OR AS A CONS.) TO (OR AS A CONS.) TO (OR AS A CONS.)	death. Do not ene.	Bour Bour Erwa	and address of Finds Fundande of dying, such	eral ch as cardle	HOME	e, Sa	lisb	Approxima	
SAL SAL	23 PART I. Enter the diseases shock, or heart fall immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	that caused the cause on each life. TO (OR AS A CONS.) TO (OR AS A CONS.) TO (OR AS A CONS.)	death. Do not ene.	Bour Bour Erwa	and address of Finds Fundande of dying, such	eral ch as cardio	HOME	NAUTOPSY	lisb	Approxima Interval Be Onset and I O W M	
EDICAL	23 PART I. Enter the diseases shock, or heart fall immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	that caused the cause on each life. TO (OR AS A CONS.) TO (OR AS A CONS.) TO (OR AS A CONS.)	death. Do not ene.	Bour Bour Erwa	and address of Finds Fundande of dying, such	eral ch as cardio	HOME	NAUTOPSY	lisb et,	Approximatinterval Be Onset and I O G M	
MEDICAL	23 PART I. Enter the diseases shock, or heart fall immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	that caused the cause on each life. TO (OR AS A CONS.) TO (OR AS A CONS.) TO (OR AS A CONS.)	death. Do not ene.	Bour Bour Erwa	and address of Finds Fundande of dying, such	eral ch as cardio	HOME	NAUTOPSY	lisb et,	Approxima Interval Be Onset and I O W M	
IN: MEDICAL	23 PART I. Enter the diseases shock, pr heart fal IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. Due c. oue ditions contributing	that caused the cause on each life. TO (OR AS A CONS.) TO (OR AS A CONS.) TO (OR AS A CONS.)	death. Do not ene.	Bour Bour Sense Bour Bonter the n	and address of Finds Funds Funds funde of dyling, sur	eral ch sa cardio	HOME ac Dr reap 24a. WAS Al PERFO 1 YES	NAUTOPSY	lisb et,	Approximatinterval Be Onset and I O G M	
IN: MEDICAL	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE b. DUE c. OUE d. HOSPITAL	that caused the cause on each life TO (OR AS A CONS	death. Do not ene. SEQUENCE OF): SEQUENCE OF): It resulting in the	Bour Bour Sense Bour Bonter the n	and address of Finds Fundande of dying, such	eral ch sa cardio	HOME ac Dr reap 24a. WAS Al PERFO 1 YES	NAUTOPSY	lisb et,	Approximatinterval Be Onset and I O G M	
IN: MEDICAL	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	DUE b. DUE c. OUE d. HOSPITAL 1 □ Inpatient	that caused the cause on each life to (OR AS A CONS TO (O	death. Do not ene. SEQUENCE OF): SEQUENCE OF): It resulting in the	Bouldenter the management of t	and address of Finds Funds Funds funde of dyling, sur	n Part I.	HOME ac Dr reap 24a. WAS Al PERFO 1 YES	N AUTOPSY PRMED?	24b. W. A. C. C. C. 1	Approximatinterval Be Onset and I O G M	
IN: MEDICAL	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE b. DUE c. OUE d. HOSPITAL 1 Inputert 28e. DWA	that caused the cause on each life TO (OR AS A CONS	death. Do not ene. SEQUENCE OF): SEQUENCE OF): It resulting in the	Bould	and address of Finds Fundament of dying, sur	n Part I.	HOME ac Dr reap 24a. WAS Al PERFO 1 YES	NAUTOPSY	24b. W. A. C. C. C. 1	Approximatinterval Be Onset and I O G M	
IN: MEDICAL	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE c. OUE d. HOSPITAL 1 Inpatient	that caused the cause on each lit	death. Do not ene. SEQUENCE OF): SEQUENCE OF): It resulting in the control of	Boul Boul Boul Boul Boul Boul Boul Boul	AND ADDRESS OF FINAL PLACE OF DEATH (Come 5) Residence INJURY AT	n Part I.	HOME ac Dr reap 24a. WAS Al PERFO 1 YES	N AUTOPSY PRMED?	24b. W. A. C. C. C. 1	Approximatinterval Be Onset and I O G M	
IN: MEDICAL	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions or cause. Examiner? 1	DUE b. DUE c. OUE d. HOSPITAL 1 □ Inpatient 28e. PLAG	that caused the cause on each life cause on each life. TO (OR AS A CONS. TO (OR AS A CO	death. Do not ene. SEQUENCE OF): SEQUENCE OF): t resulting in the continuous of t	Bould Printer the in Europe Printer the in Europe Printer the in Europe Printer the in Europe Printer the interest	AND ADDRESS OF FINANCIAL PLACE OF DEATH (Come 5 PResidence INJURY AT WORK?	n Part I.	HOME ac Dr reap 24a. WAS Al PERFO 1 YES) (Specify) CRIBE HOW	N AUTOPSY PRMED? 2 12-190 INJURY OCC	lisb st,	Approximatinterval Be Onset and Conset and C	
IN: MEDICAL	23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending imvestig.	DUE b. DUE c. OUE d. HOSPITAL 1 Inpatient 28e. DATE (Monte out be)	that caused the cause on each life to (OR AS A CONS	death. Do not ene. SEQUENCE OF): SEQUENCE OF): t resulting in the continuous of t	Bould Printer the in Europe Printer the in Europe Printer the in Europe Printer the in Europe Printer the interest	AND ADDRESS OF FINANCIAL PLACE OF DEATH (Come 5 PResidence INJURY AT WORK?	n Part I.	HOME ac Dr resp 24a. WAS Al PERFO 1 YES (Specify) CRIBE HOW	N AUTOPSY PRIMED? 2 12-190 INJURY OCC.	lisb st,	Approximatinterval Be Onset and Conset and C	
IN: MEDICAL	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1	DUE b. DUE c. OUE d. HOSPITAL 1 Inpatient 28e. PLAC build	that caused the cause on each life to (OR AS A CONS TO (O	death. Do not ene. SEQUENCE OF): SEQUENCE OF): It resulting in the content of	22. NAME BOUL Bouler the in Exact THER: Nursing H- F 28c. I M 1 [Nt, factory, of	AND ADDRESS OF FIND TO THE PLACE OF DEATH (COMMUNICATION OF THE PLACE OF	n Part I. Check only one 8 Other 28d. DESC.	HOME ac Dr reap 24a. WAS AI PERFO 1 YES (Specify) CRIBE HOW	N AUTOPSY RMED? 2 (12-190) INJURY OCC.	24b. W. A. C. C. C. C. C. T. T. C.	Approximatinterval Be Onset and Conset and C	
IN: MEDICAL	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 2 Accident determined to the conditions of the conditio	DUE b. DUE c. OUE d. HOSPITAL 1 Inpatient 28e. PLAC build be look be l	that caused the cause on each life to (OR AS A CONS TO (O	death. Do not ene. SEQUENCE OF): SEQUENCE OF): Tresulting in the country of th	22. NAME BOUL Boulder the in Exact THER: Nursing H F	AND ADDRESS OF FIND AD	n Part I. Check only one 8 Other 28d. DESC.	HOME ac Dr reap 24a. WAS AI PERFO 1 YES (Specify) CRIBE HOW TION (Street r Town, State se(a) and me	N AUTOPSY RMED? 2 (12-190) INJURY OCC. 2 and Number (2)	24b. W. A. C.	Approxima Interval Be Onset and Onse	
IN: MEDICAL	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 2 Accident determined to the conditions of the conditio	DUE b. DUE c. OUE d. HOSPITAL 1 Inpatient 28e. PLAC build	that caused the cause on each life to (OR AS A CONS TO (O	death. Do not ene. SEQUENCE OF): SEQUENCE OF): Tresulting in the country of th	22. NAME BOUL Boulder the in Exact THER: Nursing H F	AND ADDRESS OF FIND AD	n Part I. Check only one 8 Other 28d. DESC.	HOME ac Dr reap 24a. WAS AI PERFO 1 YES (Specify) CRIBE HOW TION (Street r Town, State se(a) and me	N AUTOPSY RMED? 2 (12-190) INJURY OCC. 2 and Number (2)	24b. W. A. C.	Approxima Interval Be Onset and Onse	
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 2 Accident determined to the conditions of the conditio	DUE b. DUE c. OUE d. HOSPITAL 1 Inpatient ation 28e. PLAC boto be need PHYSICIAN: To the beat AMINER: On the beate	that caused the cause on each life to (OR AS A CONS TO (O	death. Do not ene. SEQUENCE OF): SEQUENCE OF): Tresulting in the country of th	22. NAME BOUL Boulder the in Exact THER: Nursing H F	AND ADDRESS OF FIND AD	n Part I.	HOME ac Dr reap 24a. WAS AI PERFO 1 YES (Specify) CRIBE HOW TION (Street r Town, State se(a) and me	N AUTOPSY RMED? 2 (13-NO INJURY OCC and Number of and due to the and due to th	24b. W 24b. W A C C O 1 URED Or Rural Root d. c cause(e) o	Approximatinterval Ba Onset and / O y //	

5 ALIS BUNY

MO ZIPUI-55

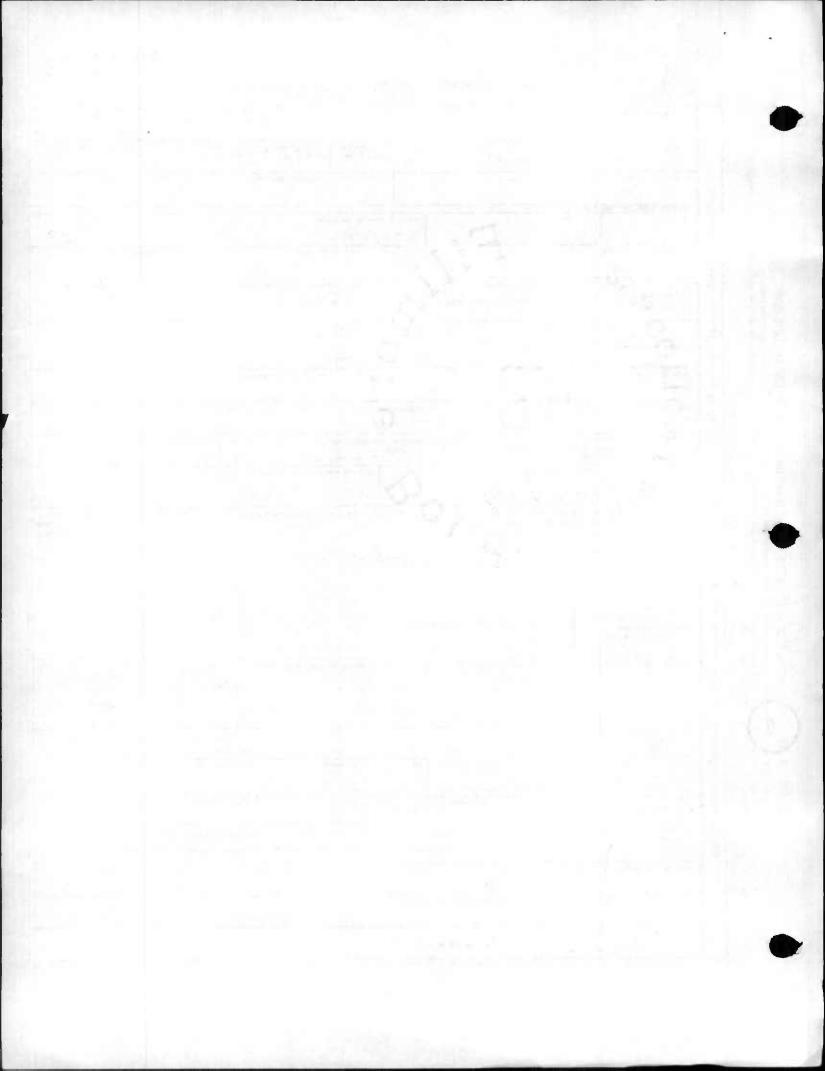
1992 July Danger Senaryae 1992 July Danger Hondes 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

The second of th

SIL DATE FILED MONTH, Day, Your)

1. DECEDENT'S NAME BRIAN	(First, Middle, Last,				McCÂUI	EV		MONT	OF DEATH	AY 1	992	3. TIME OF DEAT	
4. SOCIAL SECURITY	MIMBER	CHRISTOP 15.9EX		In yrs. last birthday)	IF UNDER 1 YEAR			07	18			10:00	р
		1 ₩ 2 □ F	e. MGE (MONTHS DAVE HOUSES			7. DATE OF BIRTH (Month, Day, Year)			Count		eign
220-96-00!		Λ		19 YAS.	9b. CITY, TOWN	10010017		JUNE 24,1973		-			
SINAI HO	SPITAL	strock and manuary	BALTIMORE					EATH		9c. COC	N/		
10a, STATE	10b. COUN	TY		10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY	-
MARYLAND	CARE	ROLL		WES	IMINSTE	3						LIMITS?	NO
10e. STREET AND NUM	IBER			11111		of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
1865 OLD 7	TANEYTO	N ROAD				2115	8				USA		
11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2X IF YES GIVE MAR OR DATE.				2 NO	If yes, i		OF HISPAN	n, Puerto I	17 (Specify Yes Ricen, etc.)	or No-	14. RAC Blac	E — American India ck, White, etc.	n,
3 Widowed 4	Divorced					3 2 <u>7</u> NO	apecii	γ.			Spec	UCASIAN	
15. (Speci	DECEDENT'S ED	UCATION to completed)		16a. DECEDENT'S	USUAL OCCUPAT	TION		16b.	KIND OF BU	SINESS/IN		OCCIOICIN	
Elementary/Second		College (1-4 or 8	+)		work done during no se retired.)		9						
12th				LOOM T	ECHNICIA	AN		EN	BROID	ERED	PATO	CH MANUE	AC.
17. FATHER'S NAME (FI	rst, Middle, Lest)					18. MOT	HER'S NA		Middle, Maiden				
	WALTER	McCAU	LEY	SR.		KAT	HLEE	N			STO	OFFA	
19a. INFORMANT'S NA					ADDRESS (Street				ber, City or Tow	n, State, Zi		21158	
JOHN W	ALTER	MCCAULEY	, SR.	1865	OLD TANK	EYTOW	N RO	AD	WESTM	INST	ER. 1	MARYLAND	
20a, METHOD OF DISP	OSITION	mount from State		PLACE AND DATE	OF DISPOSITION (DAT				own, State	
XX Burlel 2 Cree 4 Donation 8 0	Other (Specify)	NOVAL ITOM SIZE		etery, crematory or o ZERGREEN		T. DAI	מת	17/2	DI ETNI	COIT	אכן	MARYLAND	
· P.	Kevis	n Jad	y		SKILI	AND ADDRE	SS OF FA	CILITY]	136 EAS	ST BA	ALTIN OWN,	MORE STRI MD 2178	
23. PART I. Enter the shock, IMMEDIATE CAUSE disease or condition resulting in death)	levis ne diseases, or or heart fallure (Final	complications of	ase on as	ach ilna.	SKILI not enter the m	AND ADDRE	SS OF FA	CILITY]	136 EAS	ST BA	ALTIN OWN,	MORE STRI	tn twee
IMMEDIATE CAUSE disease or condition	ne diseases, or or heart failure (Final manufacture), numediata RLYING Injury	complications of Lifet only one ca	O (OR AS A	CONSEQUENCE O	SKILI SKILI not enter the m	AND ADDRE	SS OF FA	CILITY]	136 EAS	ST BA	ALTIN OWN,	MORE STRI MD 2178	tn twoo
shock, in MEDIATE CAUSE disease or condition resulting in death) Sequentially list colif any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events)	ne diseases, or or heart failure (Final on —) anditions, namediata RLYING Injury BLAST	complications on ca a. DUE TO DUE TO d. DUE TO	O (OR AS A	CONSEQUENCE O	SKILI SKILI not enter the m	AND ADDRESS FUI	NERA	L HON	AG EAS	ST BANEYTO	ALTIN OWN, reat,	MORE STRI MD 2178	7 ten ttwee Deat
IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE CAUSE IMMEDIATE IMMEDI	re diseases, or or heart failure (Final manufattons, needlata RLYING Injury LAST (Final manufattons)	complications of Lifet only one ca a. DUE TO b. DUE TO d	O (OR AS A O (OR AS A	CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O ut not resulting	22. NAME SKILLING SKI	and address FUI adde of dy	SS OF FA	Part I.	24a. WAS AN PERFOR	AUTOPSY HEED?	ALTINOWN,	MORE STRI MD 21.78° Approximatinterval Batterval	7 ten ttwee Deat
shock, in MEDIATE CAUSE disease or condition resulting in death) Sequentially list coll any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign	re diseases, or or heart failure (Final manufattons, needlata RLYING Injury LAST (Final manufattons)	complications of Lifet only one ca a. DUE TO C. DUE TO d. HOSPITAL:	O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O ut not resulting	22. NAME SKILLING SKI	ng cause	SS OF FA	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED? PUBL	ALTINOWN, Teat, 246	MORE STRI MD 21.78" Approximatinterval Base Onset and on	7 te twee Deat Deat
Shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERRIEXAMINER? 1 XYES 2 NO. 27. MANNER OF DEATH	rediseases, or or heart failure (Final manditions, namediata RLYING Injury LAST ED TO MEDICAL Pending	complications of Lifet only one ca a. DUE TO C. DUE TO d. HOSPITAL:	O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O ut not resulting	22. NAME SKILLE SKILLE not enter the m F): F): OTHER: 4 Nursing Ho E OF 28c. III	ng cause	given in	Part I.	244. WAS AN PERFOR	AUTOPSY HEED? PUBL NUTRY OC	ALTINOWN, rest,	MORE STRI MD 21.78° Approximatinterval B. Onset and NORE STRI Approximation Interval B. Onset and NORE STRI Approximation Interval B. Onset and Onset	7 ten ttwee Deat
Shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list colif any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERRIEXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	rediseases, or or heart failure (Final manufattons, needlata RLYING Injury LAST Ifficant conditions of the conditions of	complications of the list only one case. B. DUE TO the case of the list only one case. DUE TO the case of the list only one case. DUE TO the case of the list only one case of the list only one case. HOSPITAL: 1 Inpetient 2 28e. DATE 0 07/18/	O (OR AS A	CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O ut not resulting	22. NAME of SKILLE SKIL	ng cause	given in	Part I. Bock only on 8 X Other 20d. DES Drive	244. WAS AN PERFOR	AUTOPSY IMED? PUBL NJURY OCI	Z44b IC ROCURED at lo	MORE STRI MD 21.78° Approximatinterval Base Onset and o	tentwee Double Strategy of the
Shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERRIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	rediseases, or or heart failure (Final manditions, namediata RLYING Injury LAST ED TO MEDICAL Pending	complications of the list only one case. B. DUE TO the case of the list only one case. DUE TO the case of the list only one case. DUE TO the case of the list only one case of the list only one case. HOSPITAL: 1 Inpetient 2 28e. DATE 0 07/18/	O (OR AS A D) (OR	CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O Ut not resulting etient 3 DOA 28b. TIM 4: 1	22. NAME SKILLE SKILLE Tot enter the m F): F): The underlying	ng cause of the state of the st	given in	Part I. Bock only on B K Other 28d. DES Drive	244. WAS AN PERFOR	AUTOPSY IMED? PUBL NJURY OC Ito th	Z44b IC ROCURED at lo	MORE STRI MD 21.78° Approximatinterval Bunderval	tentwee Dent Dent Dent Dent Dent Dent Dent De
Shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERRIEXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 2 X Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only)	re diseases, or or heart failure (Final manufata RLYING Injury LAST Ifficant conditions of the conditi	Complications of Lifet only one ca a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A	consequence of conseq	22. NAME SKILLE SKILLE SKILLE SKILLE SKILLE F): F): F): The underlying th	PLACE OF DIMES 5 PROPERTY AT YES 2 STORY AT YES 2 S	given in	Part I. Beck only on S K Other 201. LOC Chy MILH TAINI To the cau	244. WAS AN PERFORM 1 SOYES 2 1 SOYES 2 1 SOYES 2 1 SOYES 2 1 SOYES 2	AUTOPSY INTERIOR NO PUBL NUMBER H OF	IC ROCURED at lo	MORE STRI MD 21.78° Approximatinterval Beautiful Approximatinterval Barrion of Conset and Conset an	ten twee Deart Deart Transporter Transport
IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERRIEXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 28. Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	rediseases, or or heart failure (Final manditions, namediata RLYING Injury LAST Ifficant conditions of Could not be detarmined CERTIFYING PHYS	complications of Lifet only one ca a. DUE TO b. DUE TO d. D. D. D. D. D. D. D.	O (OR AS A	consequence of conseq	22. NAME SKILLE SKILLE SKILLE SKILLE SKILLE F): F): F): The underlying th	TO S Cause of Divino S Cause o	given in	Part I. Book only on 28d. Des Coly on 11 II. TANK to the cau time, data	244. WAS AN PERFORM 1 SOYES 2 1 SOYES 2 1 SOYES 2 1 SOYES 2 1 SOYES 2	AUTOPSY STEEL NO STEE	24b IC RO CURED at lo WITH A ried. he cause(s	MORE STRI MD 21.78° Approximatinterval Beautiful Approximatinterval Barrion of Conset and Conset an	ten twee Death Dea



BALTIMORE, MARYLAND 21203-31	in a ster death. Page 6 may be retained by the hospital or attending	by filled in by the funeral director, page 5 should be detached for use as the ration, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 states death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

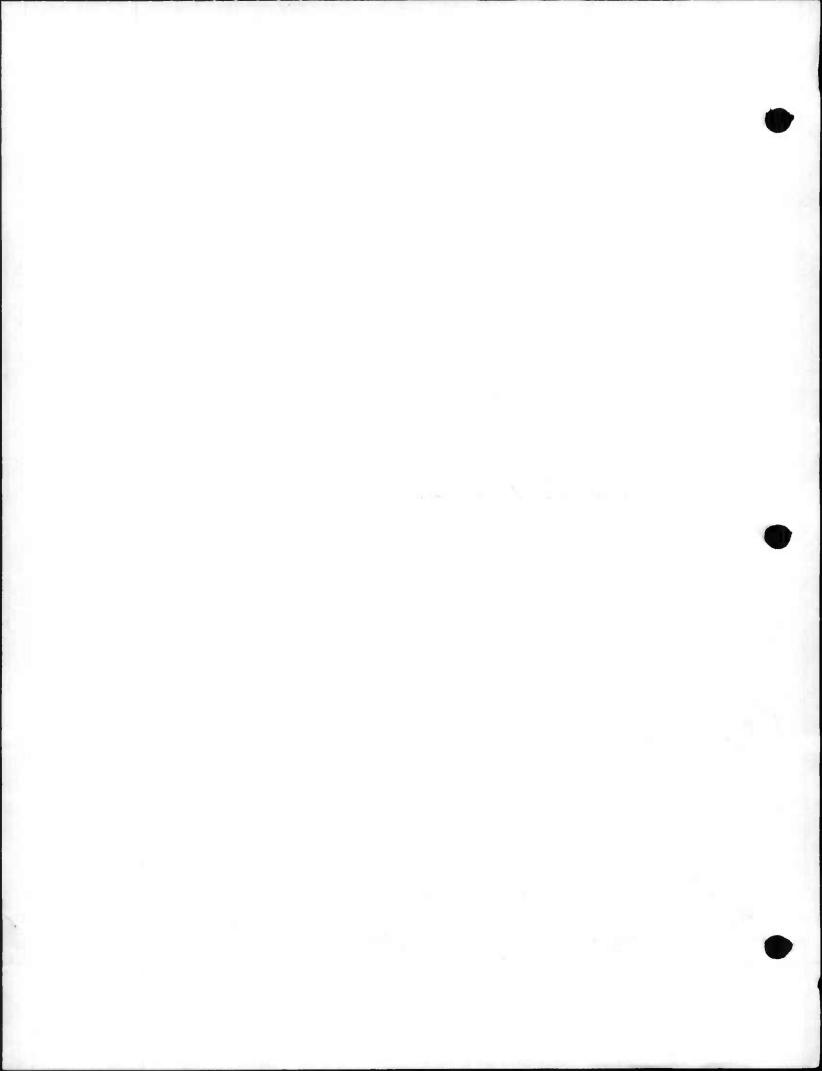
FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENTAL HYGIEN REG. NO.	E	~ ~ ~ 100
1. DECEDENT'S NAME (First, Middle, Anna Mye	·	nna Mary M	vers	2. DATE OF DEATH DATE OF 21	92 YEA	3. TIME OF DEATH 5:07 P
4. SOCIAL SECURITY NUMBER 204-03-9811	5. SEX 6. AGE	(In yrs. lest birthday) F UNDE 74 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vear) Sept. 7,	L917 P	RTHPLACE (State or Foreign surity) ENNA +
9a. FACILITY NAME (If not institution, Washington	Co. Hospital	77	y, town on Location of D agerstown	EATH	Wash	ington
	ounty Franklin	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	. a contract i	50.	Thomas Twp	•	10g. CITIZEN (1 ☐ YES 2 🔯 NO DF WHAT COUNTRY?
2345 Pione 11. MARITAL STATUS 1 Never Married 2 Married	er Dr., St. Th	IN U.S. ARMED 13	17252 WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico		or No- 14, F	SA RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR S	DATES	1 TYES 2 NO Specif	y:		White
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	S EDUCATION t grade completed) College (1-4 or 5+)	Ille. Do NOT use retired.	during most of working	16b, KIND OF BU		ŧγ
12 17. FATHER'S NAME (First, Middle, Li	ist)	Homemak		Own I		
Joh	n C.Byers		Kati	e Meyers		
19a, INFORMANT'B NAME (Type/Prin	•		S (Street and Number or Rural			
Mrs.Glen So			Pioneer Dr			
20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 [4 Donation 5 Other (Specific	Removal from State	b. PLACE OF DISPOSITION (Pother place) Brechbi	ll Cem	20c 10 H 8 H 1	cation - city of milton ankli	n Two Pa
21. SIGNATURE OF FUNERAL SERV	h ming		. NAME AND ADDRESS OF FA Lininger-F 17 N. Park	ries Fune	ral He	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	head injury			several
PART II. Other significant con	nditions contributing to death	but not resulting in the t	indarlying cause given in	Part 1, 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED			26. PLACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Ou	tpettent 3 DOA 4 N	R: ursing Home 6 □ Residence	6 ☐ Other (Specify)		
27. MANNER OF DEATH 1 Natural 6 Pendin 2 Accident Investig		INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW autom		ccident
3 Suicide 8 Could 4 Homicide determ	not be building, etc. (Sp	ay — At home, farm, atreet, fa ecity) ion of 494 &		261. LOCATION (Street City or Town, State Clea)	MD . 21722
TOTAL OTHY	PHYSICIAN: To the best of my kno XAMINER: On the bests of examinat			e to the cause(a) and ma	nner as stated.	
29b. SIGNATURE AND TITLE OF CI	Julian .		29c. LICENSE NO D1126			O7/22/92
30. NAME AND ADDRESS OF PERS Howard N. We	eks M.D. 580 N	DEATH (ITEM 27) (Type, Print) orthern Ave.	Hagerstown,	Md. 21742	-	
31. DATE FILED (Month, Day, Year)	1992 Julia Ja	enature vidson-Randall				

. START TOTAL Sar imper of no maridada , . COL CECULE . CE Edge Pinners II., In and I all 4 and the statement of the statement of the 1947 55 50 50 50 ACETA, E. Licensella III., and successful.

5 2/3

	1	-	3	N.
	B	8	3	3
	뿚	置	Filed	Š
	2	3	W	TAI
	SPI	NER.	Più	N.
_	M	AL	2	=
É	8	DIRE	DAL	tem
18	E	B	=	28
8	ON I	4	0 10	.12
Z	9	10	質	ã
O	H.	#	ij	育
IL.	O.	TIRO S	7	. 0
5	E	夏	5	£
3	ž	Đ	ě	J
T	A	å	15	X
DIVISION OF VITAMBECORDS, P.O. BOX 6876	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE BW INDIVINS that the death certificate be executed	ě	ξ	UMPORTANT: If item 28 is marked, or hear 23 chows any injury, or other traumatic ev
8	8	8	Ē	#
ä	H	E	ŝ	Ē
SC	9	9	Men	흘
4	eath	rtten	Ital -	6 ,
0	certi	ding	lygie	10
m	heat	5	d au	101
6	8	ician	rio,	Iran
9)	9000	and	10 PF	mat
87	uted	8	mal.	9
_	-	E	_	2

_	TIEOISTITATI				OFILL	IVAL	_ 01			HEG	NO.		
i	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEAT	TH DAY	VEAD	3. TIME OF DEATH
		RUTH		NIXON						07	15	192	2;50AM M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yra	s. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRTY	H er)		PLACE (State or Foreign
į	578 20 831	1	1 M 2 TF	77	YR\$.	MONTHS	DAYS	HOURS	MIN.	12/30	14	WASH	INGTON DC
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DEA	ATH		UNTY OF D	
DIRECTOR	PRINCE GEOR	GE'S F	HOSPITAL	CENTER	2	Ch	HEVE	RLY			PRIN	CE GE	ORGE
5	RESIDENCE OF DEC	10b. COUNT				TY, TOWN OR LOCATION 16d, INSIDE CITY							
			CE GEORG	E.	10c, CI I	LAND					10d. INSIDE CITY V LIMITS?		
	MARYLAND 100. STREET AND NUMBER		LAND					1		t ^A YES 2 □ NO			
¥	CALL TO LY THE CALL T			10	f. ZIP COD					STATES			
FUNERAL	1842 VIL		20785						_				
	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	K NO		Il yes, at	ecify Cubs	ın, Maxican	C ORIGIN? (Speci , Puerto Rican, at	ly Yes or No— L)	Black	American Indian, , White, atc.
B	3 Widowed 4 Divo	rced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 📉 NO	Specify:			Speck	LACK
	15. DEC	EDENT'S EDU	CATION	16a	. DECEDENT'S	USUAL O	CCUPATI	ON		16b, KIND O	F BUSINESS/H	•	
<u>.</u>	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5	.)	(Give kind of life. Do NOT u	se retired.)		at of working	ng				
4	11		- ,		HOU	SE W	IIFE]	PRIVAT	Ε	
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NAM	IE (First, Middle, M			
BE (JAMES R	IDGLEY							F	AITH WI	LLLIAM	S	
	19a. INFORMANT'S NAME (7)									oute Number, City o			
-	ANNETTE N	IXON			1830	MIN	INESC)TA A	VE S	E WASH	DC 20	0020	
	20a. METHOD OF DISPOSITI		oval from State		ACE AND DATE						c. LOCATION -		
## Cameton 5 □ Other (Specify) Cameton 5 □ Other (Specify) WASHINGTON NATIONAL									EMET	ERY 7/20) SU	ITLAN	D MD
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE)	22 A	ALEXANDER S POPE FUNERAL HOME						
	1 (llex	1 1	. 70 p	e	١,	2617 PA AVE SE WASH DC 20020							
HIIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentielly list condition and the cause. Enter UNDERLY! CAUSE (Disease or injut that initiated events resulting in death) LAS	dona, dilate NG	DUE TO	(OR AS A COR		SSixue attra (rand					2	Interval Batween Onset and Daath	
5	D107 H 011 1 H												
4 F	PART II. Other significe	nt condition	a contributing to	death but n	ot resulting	In the u	nderlyln	g cause	given in P	Part I. 24s. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 _ Y	ES 2 NO		COMPLETION DF CAUSE OF DEATH?
Σ										_			1 Tes 2 No
Ž	OF WHO CASE DESCRIPED TO	0.000000											
2	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	VV00-		OTHE		ACE OF D	EATH (Chec	ck only one)			
PHYSICIAN:	1 YES 2 NO		1 (Impatient 2 D				_			Other (Specify			
10	Natural 5	Pending Investigation	(Month, D	lay, Yoar)		JURY M	1 🗆	YES 2		28d. DEŞCRIBE H	OW INJURY O	CCURED	
a I		Could not be determined	28a. PLACE O building,	FINJURY A etc. (Specify)	At home, farm,	street, tac	tory, offic	•		281. LOCATION (S City or Town,	treet and Numb State)	er or Rural R	oute Number,
COMPLEIE			CIAN: To the best of R: On the basis of a										and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	9	000	AAA	·/) \	29c. LICI	ENSE NUME	9ER 127	4 29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF			SE OF DEATH	(ITEM 27) (Type	, Print)				101	/1	/	19
	31. DATE FILED (Month, Day,	Year)	32. REGIST	D'S SIGNATUR	RE A.								
	JUL		92 Ju	ha David	loon-Ran	delle							



z	P	H	š	1
9	GN3	B.A.	ŝ	4
Ĕ	The P	HEAL	F SI	3
۵	DIL.	S. S	22/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	
	100	FUNEF	Mithin	PASSES.
	TO THE	TO THE FL	be filed v	POOD
	2	0	2	3

į	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH MONTH DAY YEAR				3. TIME OF DEATH
			ILDA AUGU						100	7 19		TEAN	12:30 Pm	
- 1	4. SOCIAL SECURITY NUME			6. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	24 HRS.		E OF BIRTH (th, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	269-36-762		1 🗆 M 2 🔀 F	67	YRS.						7 19	25		ERMANY
~	9a. FACILITY NAME (if not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE					EATH			
DIRECTOR	NATIONA RESIDENCE OF DEC	L NAVA	L MEDICAL	CENTER			I	BETHE	SDA			M	ONTG	OMERY
E	10a. STATE	10b. COUNTY	'		10c. CIT	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?			
	VIRGINIA	WES	TMORELAND				KINS							1 TES 2 NO
RAI	10e. STREET AND NUMBER	0.50.										WHAT COUNTRY?		
FUNERAL	RT 1, BOX	EVER IN U.S. ARI	22488 ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specif				M14- V			ED STATES				
	1 Never Married 2 🖔		FORCES? 1 [YES 2 N	10		If yes, sp		n, Mexica	n, Puerto Ri		or No-	Black Speci	E → American Indian, k, White, atc.
BY	3 Widowed 4 Divo	rced						- X	ороспу	, 			Speci	WHITE
COMPLETED		EDENT'S EDUC y highest grade		(G/	ve kind of I	USUAL O	CCUPATIO	ON as of working	ng	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
1 1	Elementary/Secondary (0	1-12)	College (1-4 or 5+)		Do NOT us						Own H			
W O	17. FATHER'S NAME (First, M	iddle, Last)		H	OMEM	AKER		18. MOTI	HER'S NA		ddle, Meiden			
	CHRIST	TAN K	WIETKAT								LINSK			
3 BE	19a, INFORMANT'S NAME (7			198	. MAILING	ADDRES	S (Street a				r, City or Tow		p Code)	
2	FREEMAN PRYC	OR			RT 1	. во	X 25	8A.	KINS	ALE.	VA 22	488		
	20a. METHOD OF DISPOSITE 1 X Burlal 2 Crematic	n 3 🗆 Berne	oval from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (N	^{me} ℃er	nete	ry oate	20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other 21, SIGNATURE OF FUNERA		ENSEE #MO	st Pau	11's	Catl	1011	c Chu	irch	1199	2 Ha	gue,	Virg	ginia
	• •	^	#P100	0090		22. NAME AND ADDRESS OF FACILITY Welch Funeral Home								
-	23. PART I. Enter the d	ud N	. Couse	~		\perp					ntros			2520
	shock, or he immediate CAUSE (Fir disease or condition resulting in death)	eart fellure.	List only one ceus	ASTATIC	LUN	G CAI			ing, addi	n aa cardi	ac or respi	latory 6	reat,	Approximate interval Between Onset and Daath
MEDICAL CERTIFICATION	s. METASTATIC LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
AEDICAL C	PART II. Other algnifica	rasulting in the underlying cause given in Part I.						Pari I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2X NO			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
2														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:		- 1	OTHE		ACE OF D	EATH (Ch	eck anly one				
IXSI	1 YES 2 NO		1 XInpatient 2 🗆			4 🗆 Nur	raing Horr	_	sidence	6 🗆 Other				
4	1 X Natural 5	Pending	28a. DATE OF I (Month, Day		26b. TIM INJ	IURY M		URY AT PAK? YES 2	¬ NO □	28d. DESC	RIBE HOW II	NJURY OC	CURED	
84 (2 Outstan	Could not be	28a. PLACE OF	INJURY — At hor	me, ferm, :	street, fec]0	28f. LOCA	FION (Street a	and Numbe	r or Flural F	Route Number,
Ë		determined	building, e	tc. (Specify)					- 1	City or	Town, State)			
COMPLETED	1		CIAN: To the best of n) and manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	el m	D						State acili				(Month, Day, Year) Ly 1992
2	30. NAME AND AGORESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEN	1 27) (Type	, Print)						MEDI	CAL (CENTER
			, MC, USN								MD 20			
	31. DATE FILEO (Month, Day,	6 199	32. REGISTRAN	a Davidson	-Pano	tall								
	4													ONNH 16 Pm. 1/90



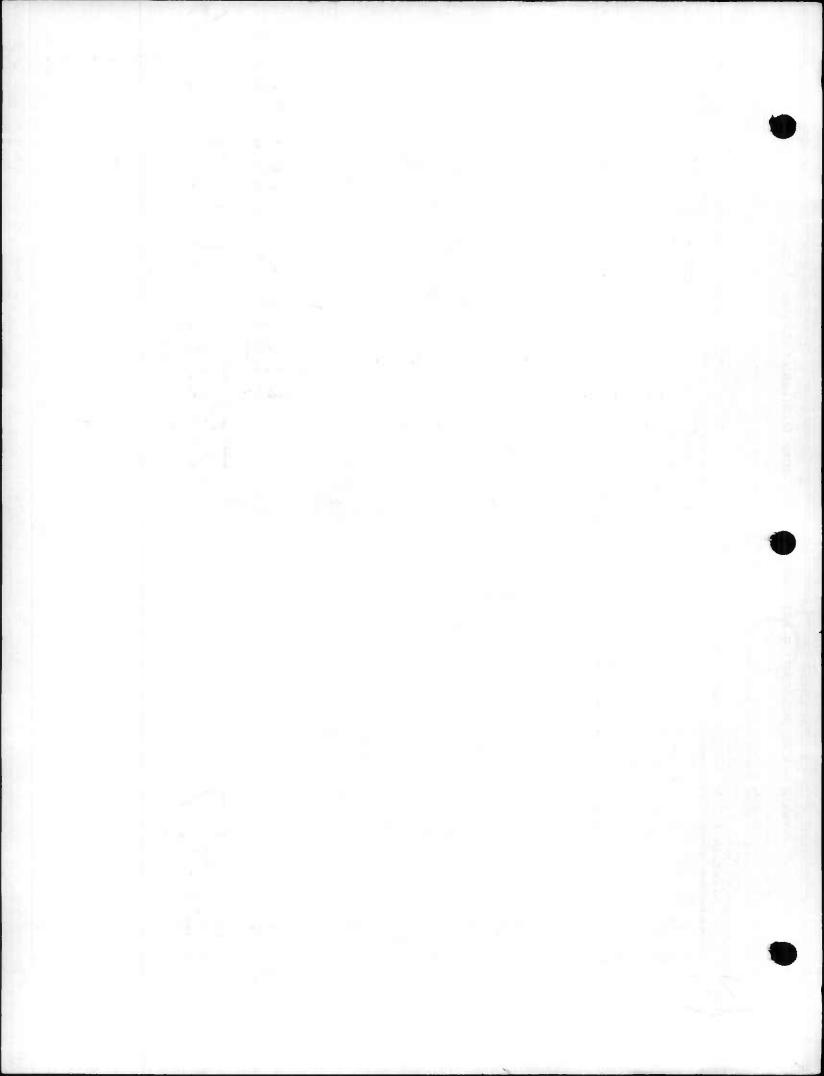
reason Housel

**PYSICIAN: The law equiling that the description is a conclusion of the formal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Description and Marketon to burial completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Description and Marketon permit to burial, completely filled in several permits. As a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	met mest be mounted at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law inquires the executed within 2- wours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this cardificate has been appeared by the accompletely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Oper, of Health and Methodomery prove to build be detached.	IMPURIANT: IT ITEM 20 13 MARKED, UT ITEM 23 MORES BIT INJURY, UT BUTTE CARRIER STEEL

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		CI	ERTIFICATE	OF	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALT		MENTAL	HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)	rite	Patter	402-		2. DATE (OF OEATH DAY	-9 YE		TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	1 🗆 M 2 🖾 F	81 YRS. MO	NTHS DAYS HOUR		12	Day, Year) -09-10	· ·	Country)	CE (State or Foreign	
	9a. FACILITY NAME (If not institution, give to WASHINGTON ADVE) RESIDENCE OF DECEDENT			TAKOMA P.		ATH		MONTO			
DINECTO	Virginia Prin								10d. INSIDE CITY LIMITS? 1 YES 2 NO		
LONGHAL	106. STREET AND NUMBER 11 219 Old Stage Rd 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No									American Indian,	
0	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify C	uban, Mexican	, Puerto R		Alline A	Black, Wi Specify:	ite, atc.	
COMPLETED	15. OECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	16a. DECEDENT'S US Give kind of work life. Do NOT use in	done during most of westerd.)	orking	16b.	ADDIC	Scho	RY O		
200	17. FATHER'S NAME (First, Middle, Leet) Sonh W. By	Adby		G	RACE	A	ilddle, Meiden Si EP	pS			
2	Leslie Bradl	-		Cholsos		VAH					
	20g. METHOD OF OISPOSITION 1 Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI	noval from State	other place)	mcmohic/		ч пу	20c. LOC	ition—city	or Town,	A .	
	Poline Sunel GREENE FUNERAL HOME, INC. 814 FRANKLIN STREET ATEXANDRIA, VIRGINIA 22314										
		s							14.1	Approximats Interval Between Onset and Death	
ENTITION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CEN		ART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	25. WAS CASE REFERRED TO MEDICAL			26 PLACE C	F DEATH (Che	- l			,,,	YES 2 NO	
DI PRISICIAN:	EXAMINERY 1 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Out	tpetlant 3 DOA 4	THER: Nursing Home 6	Residence	6 🗆 Other		IIION OCCID	ED		
	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJUR	INJUR	M 1 YES		261. LOC	ATION (Street ar		W.11	Number,	
COMPLEIED	4 Homicide determined	building, etc. (Spo		at the time, date and s	lecs, and due	City	or Town, State)				
	Contract only	IER: On the basis of examinati		In my opinion, death o		time, date		due to the co			
ום מב	30. NAME AND ADDRESS OF PERSON W	Saule	EATH OTHER OR CO.	T PM	SS S	2-4	6	DATE SI	- (onth, Day, Year)	
	31. DATE FILED (Month, Day, 1) 1	auber	82	180015	cons	دس	A	be	B	etterio	
	JUL 13	992 32. REGISTRAP'S SIG	wature auddson-Rand	ell							

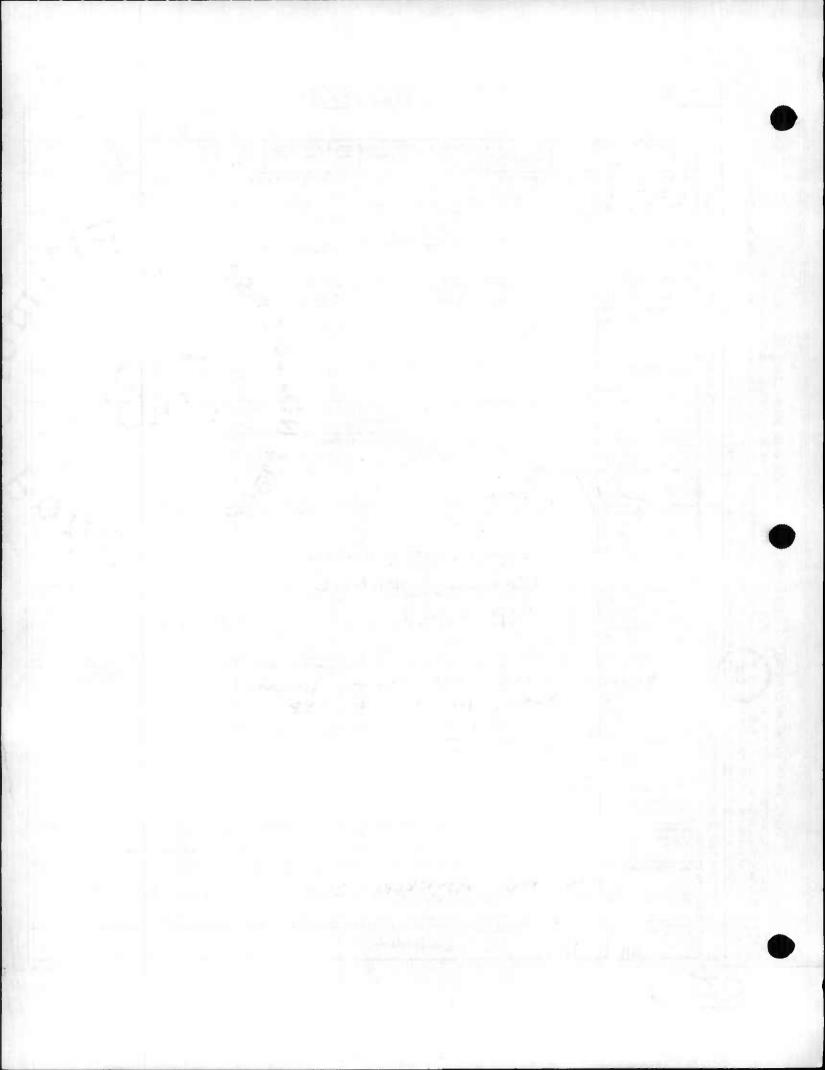




TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement the second of within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been done to the among physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of any mentioned the prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 show may infure traumatic event, the medical examiner must be notified at once.
--

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE		ICATI				MENTA	REG. NO			21001	
	1. DECEDENT'S NAME (First, Microllo, Last) Virginia Eliza	abeth Pag	ge						2. DATE	of DEATH	1992	YEAR	3. TIME OF DEATH 4:50 P	
	4. SOCIAL SECURITY NUMBER 578-36-3185	5. SEX 1 M 2 X F	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (Month) Dec.	OF BIRTH	.928	6. BIRTI Count Mai	HPLACE (State or Foreign ry)	
TOR	9e. FACILITY NAME (If not institution, give s Doctor's Communit RESIDENCE OF DECEDENT		al		9b. CITY	Lanl	nam	ON OF D	100 100				ce George's	
DIRECTOR		ce George's Glenn Dale											10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL		7401 Northern Avenue					20769	9			U.S	S.A.	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MARITAL STATUS Never Married Wildowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2√2 NO IF YES, GIVE WAR OR DATES							an, Puerto I	I? (Specify Ye Rican, etc.)	a or No—	14, RACI Blec Spec	E — American Indian, k, White, etc. White	
COMPLETED									16b	KIND OF BU	Home	DUSTRY		
OM	17. FATHER'S NAME (First, Middle, Last)		110	JIIEIII	ikei		18 MOT	HED'S N	ME /First /	WIII Widdle, Maider				
	Upton Crosby										i Suriame)			
BE C	Upton Crosby Dorothy Adams 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Ste							vn, State. Zi	p Codel					
2	Percy Page												and 20769	
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Starts													
	Maryland Vets. Cemetery 7-15-92 Cheltenham, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Rendon/Hale Lanham Funeral Home													
	9013 Annapolis Road, Lanham, Maryland 20706 23. PART I, Enter the diseases, or combilications that caused that deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
CERTIFICATION	immediate cause (Finei	e. Cardi. Due To Due To c. Hupe	ies on each line.	DUENCE O	y for								interval Betwee Onset and Deat I day	
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	contributing to	death but not n	esuiting	in the ur	nderlying	Cause	olven in	Part i.	24a. WAS AF PERFO 1 YES	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2		101-07	Dicen	1	•		S	7					1 TES 2 NO	
X I	25. WAS CASE REFERRED TO MEDICAL			-		28. PL	ACE OF D	EATH (Ch	heck only on	•)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE!		5 🗆 Re	sidence	6 🗆 Othe	r (Specify)				
ВУ РНУ	27. MANNER OF DEATH 15. Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E		28b. TIN	IE OF JURY M		URY AT RK? 'ES 2] NO	28d. DES	CRIBE HOW	INJURY OC	CURED		
	2 Accident investigation 3 Suicide 8 Could not be detarmined 4 Homicide Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)													
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												a) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	mo	place			,	29c. LICE D161		MBER				(Month, Day, Year)	
	Andres Lana, M.D. 31. DATE FILED (Month, Day, Year)	9326 La	nham-Sev	ern	Road	, La	nham	, Ma	aryla	nd 2	0706			
	uu 1 3 199	2 Juli	Davidson-	And	W.									





illanding physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit.

or other traumatic event, the medical examiner must be notified at once,

	60	3	E	음
_	Inc.	=	7	ě
	=	9	Ę,	60
	2	y	윤	€
-	青	de	Ē	÷,
9	\$	ě	5	8
1	B	ĕ	कं	6
93	2	B	M	을
$\overline{}$	8	9	2	E
6	2	8	0	36
ĕ	age	S	F	=
-	ŰC.	5	9	9
0	e d	2	9	등
a.	4	g	£	6
	2	š	Д.	- 26
Š	7	2	星	五
2	£	*	냼	۴
太	œ.	ő	1	窟
8	A	Ē	哥	10
Ξ	3	۹,	ä,	æ
Œ	ž	99	0	픙
-1	M.	S.b	H.	53
A	9	E C	ŏ	2
-	E	ate	tate	9
5	AN	ific	S	=
LL.	0	5	Ē	0
$\overline{\circ}$	3	.82	ŧ	9
-	0.	5	×	Ĕ
5	S	the same	eat	E
\simeq	2	2	b P	99
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E	è	atte	28
>	A	EC	5	E
\overline{a}	0	ä	200	ē
	X	N	2	=
	F	ER	5	$\stackrel{\hookrightarrow}{=}$
	Š	S	Ath	AN
	u u	EF	P	E
	王	E	file	2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of eith certificate be executed within 24 hours a	TO THE FUNERAL DIRECTOR: After this certificate has been somed by the intending physician and completely filled in by	8	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medic

	1 - STATE REGISTRAR	STATE OF MARYLA		ITMENT OF HI		MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) WILBERT	WILBERT C. H	10	DRTE	R	2. DATE OF DEATH DATE OF THE D	ğ ğ	3. TIME OF DEATH 2 1032 AM			
	4. SOCIAL SECURITY NUMBER 217-18-1432 9a. FACILITY NAME (If not institution, give si	1XM 2 🗆 F	yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	3	BIRTHPLACE (State or Foreign Country) MARYLAND			
TOR	ANNE ARUNDEL MEDI	·		9b. CITY, TOWN OF		EATH	9c. COUNTY ANNI	E ARUNDEL			
DIRECTOR		ARUNDEL		Y, TOWN OR LOCATI	ON						
FUNERAL	1384 OLD JONES S						10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN I FORCES? 1 ☐ YES IF YES, OIVE WAR OR DAT	2 (X))(0	If yes, spe		NIC ORIGIN? (Specify Yes en, Puerto Ricen, etc.) fy:	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	16b. KIND OF BUS									
BE COM	17. FATHER'S NAME (First, Middle, Last) WALTER PORTER		CONDIN	UCTION/M	18. MOTHER'S NA	ME (First, Middle, Melden E GRIFFIN		NION 707			
TO B	190. INFORMANT'S NAME (Type/Print) RUTH PORTER					Route Number, City or Town					
7,	20a. METHOD OF DISPOSITION ↑ © Buriel 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ovel from State cernet	tery, crematory or o	Y CHURCH	CEME.	7/15/92		or Town, State			
	Lavy	D. The	se	REESE	ST ST A	MORTUARY,	MD 21	401			
	23. PART I. Enter the disease, or cahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Brain	stern	not enter the mod	le of dying, aud	ch as cerdiac or reapi	ratory arreat	, Approximate interval Batween Onset and Death			
CERTIFICATION	disease or condition reaulting in death) a. Brill September 1990 OUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	F):							
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Description Descri										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-		ACE OF DEATH (C/	neck only one)					
YSI	1 YES 2 HO	1 Implifient 2 I ER/Output				6 Other (Specify)					
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1 Y	28d. DESCRIBE HOW II						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, (street, factory, office		28t. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,			
COMPLETED		CIAN: To the best of my knowled R: On the beele of exemination of						suse(e) end menner es stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER (C) A MI GO				29c. LICENSE NU	MBER	29d. CATE SI	GNED (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Туре,	, Print)	1 0						

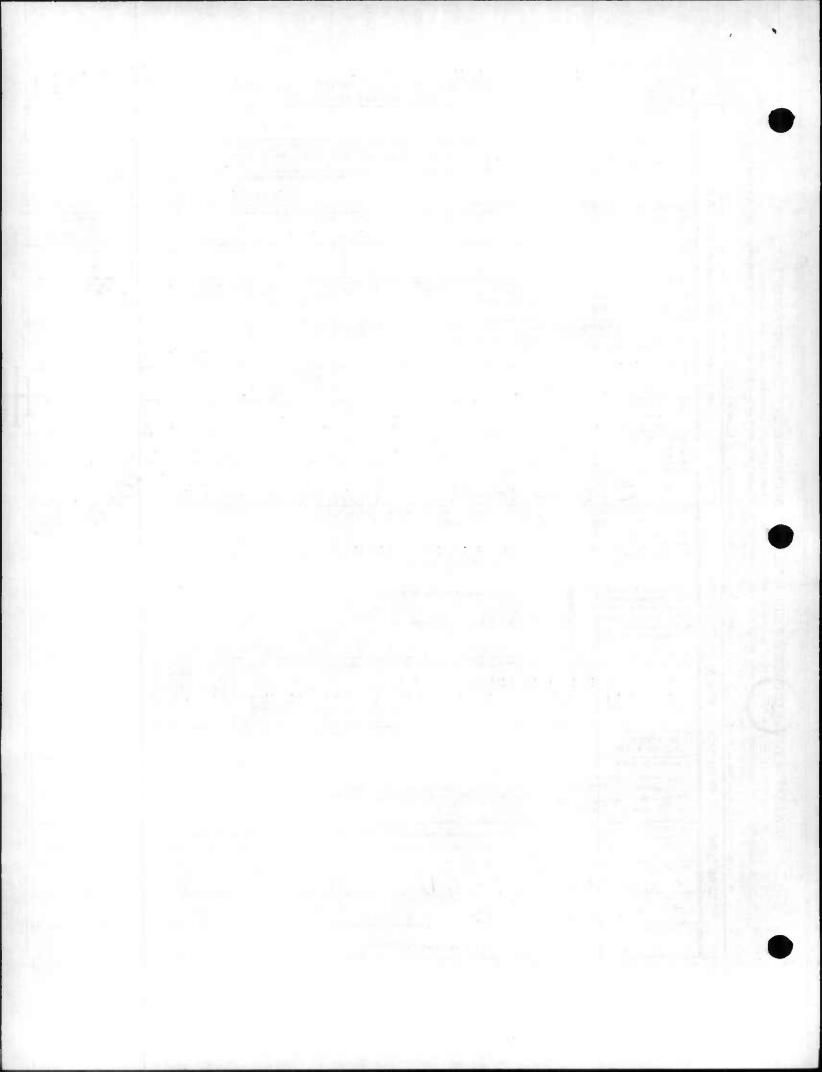
in Davidson

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the comment of the control of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the management of the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled in the case detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled in the case of the burial-transit permit. Pages 1. 2, 3 should be filled in the case of the burial-transit permit. Pages 1. 2, 3 should be filled in the case of the burial-transit permit. Pages 1. 2, 3 should be filled in the case of the burial-transit permit.
--

1 - STATE REGISTRAR 1. DECEDENT'S NAME TREST, Aliddle	Last) ATMA OF CT		ICATE OF DEATH	REG. NO.	1. TIME OF DEATH				
(A)	ALMA H.	EARMON	-	MONTH DAY	95 12.15 P				
4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. lest birth(ley)	# UNDER 1 YEAR # UNDER 24 HISE. 7. DATE OF BIRTH A. BIRTHPLACE (State of Fore Country). (Alcore), Day, Jane)						
9a / FACILITY NAME (If not institution			SP. CITY, TOWN OR LOCATION OF	DEATH SC.	COUNTY OF DEATH				
RESIDENCE OF DECEDENT 10s. STATE 10s. CUNTY 10s. CITY, TOWN OR LOCATION 10st. INSIDE CITY LIMITET									
100. STREET AND NUMBER	S chooling	ada	101. ZIP CODE	0 / 100	CITIZEN OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 NO	If yes, specify Cuban, Mar	PANIC ORIGIN? (Specify Yes or Noticen, Puerto Ricen, etc.)	o- 14. RACE - American Indian, Black, White, etc. Specify: Specify: Specify				
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)		(Give kind of v	USUAL OCCUPATION work done during most of working be retired.) MESTIC	16b. KIND OF BUSINES	S/INOUSTRY				
17. FATHER'S NAME (First, Middle, Lest) JOHN TUCKER 16. MOTHER'S NAME (First, Middle, Meiden Surname) EUGENIA STANSBURY									
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ARCHIE PEARMON 331 AMSTON RD. COLCHESTER, CONN. 06145									
20a. METHOD OF DISPOSITION 1 Typurial 2 Cremation 3 C 4 Donation 5 Other (Specific		20b. PLACE AND DATE Cometery, crematory or of	OF DISPOSITION (Name of the place)	place)					
)		DADNECK CEME.	17/18/92 ST	I. MARGARETS. MD				
21. SIGNATURE OF FUNERAL SERV	y H, H	ASBURY BRO	DADNECK CEME. 22. NAME AND ADDRESS OF REESE & SONS 821 WEST ST.	MORTUARY, P.A.	0. 21401				
21. SIGNATURE OF FUNERAL SERV	, or complications that cliure. List only one cause	ASBURY BRO	DADNECK CEME. 22. NAME AND ADDRESS OF REESE & SONS 821 WEST ST. and anter the mode of dying, a	MORTUARY, P.A. ANNAPOLIS, MI	A. D. 21401 y srrest, Approximats interval Betwee Onset and Date				
21. SIGNATURE OF FUNERAL SERV 23. PART I. Enter the disease shock, Dr heart to iMMEDIATE CAUSE (Finel disease or condition	, or complications that collure. List only one cause s	aused the death. Do not not not not not not not not not no	DADNECK CEME. 22. NAME AND ADDRESS OF REESE & SONS 821 WEST ST. and anter the mode of dying, a	MORTUARY, P.A.	A. D. 21401 y srrest, Approximats interval Betwee Onset and Date				
23. PART I. Enter the disease shock, or heart to immediate Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. DUE-TO (OI c. DUE TO (DI	ASBURY BRO	DADNECK CEME. 22. NAME AND ADDRESS OF REESE & SONS 821 WEST ST. and anter the mode of dying, and anter the mode of dying.	MORTUARY, P.A. ANNAPOLIS, MI	A				
21. SIGNATURE OF FUNERAL SERV 23. PART 1. Enter the disesse shock, pr heart to disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	or complications that collure. List only one cause s	ASBURY BRO	DADNECK CEME. 22. NAME AND ADDRESS OF REESE & SONS 821 WEST ST. not anter the mode of dying, and anter the mode of dying, and anter the underlying ceuse given 26. PLACE OF DEATH OTHER:	in Part I. 24e. WAS AN AUTO PERFORMED 1 YES 2 (Check only one)	PSY 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
23. PART I. Enter the disease shock, or heart to immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERELIVING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent some cause. The conditions is resulting in death of the conditions of the cause of	A, or complications that cliure. List only one cause s	ASBURY BRO	22. NAME AND ADDRESS OF REESE & SONS 821 WEST ST. and anter the mode of dying, and anter the mode of dying, and the underlying couse given 26. PLACE DF DEATH OTHER:	in Part I. 24e. WAS AN AUTO PERFORMED 1 YES 2 (Check only one)	PSY 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO				
23. PART I. Enter the disease shock, or heart to immediate cause (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent sort and the cause of the cause o	AL HOSPITAL: 1 Impation 2 E 28a. DATE OF IN. (Month, Day.) atton of the	ASBURY BRO aused the death. Do n on each line. R AS A CONSEQUENCE OF R AS A CONSEQUENCE DE AUTOMOTION TO THE STATE OF	DADNECK CEME. 22. NAME AND ADDRESS OF REESE & SONS 821 WEST ST. not anter the mode of dying, a series of the ser	In Part I. 24e. WAS AN AUTO PERFORMED? 1 YES 2 AN AUTO PERFORMED? (Check only one)	PSY 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
23. PART I. Enter the disease shock, or heart to immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent equal to the cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDIE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investig Suicide 6 Could resulting investig Check only CERTIFYING CERT	DUE-TO (DI d. CAL HOSPITAL: 1 Inpetient 2 28a. PLACE OF IN. (Month, Dey. DHYSICIAN: To the best of my	ASBURY BRO aused the death. Do not not not not not not recuiting in the part of the part	DADNECK CEME. 22. NAME AND ADDRESS OF REESE & SONS 821 WEST ST. and anter the mode of dying, a second anter the mode of dying and a second anter the mode of dying and a second anter the mode of dying, a second anter the mode	In Part I. 24e. WAS AN AUTO PERFORMED? 1 YES 2 AN (Check only one) 28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and Nu- City or Yown, State)	PSY 24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
23. PART I. Enter the disease shock, or heart to immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent equal to the cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDIE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investig Suicide 6 Could resulting investig Check only CERTIFYING CERT	AMINER: On the basis of sxar	ASBURY BRO aused the death. Do not not not not not not recuiting in the part of the part	DADNECK CEME. 22. NAME AND ADDRESS OF REESE & SONS 821 WEST ST. and anter the mode of dying, a second anter the mode of dying and a second anter the mode of dying and a second anter the mode of dying, a second anter the mode	In Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 Check only one) 25d. DESCRIBE HOW INJURY 26d. DESCRIBE HOW INJURY 26f. LOCATION (Street and Nu. City or Town, Stete)	A. D. 21401 y srrest, Approximats interval Betwee Onset and Date O				

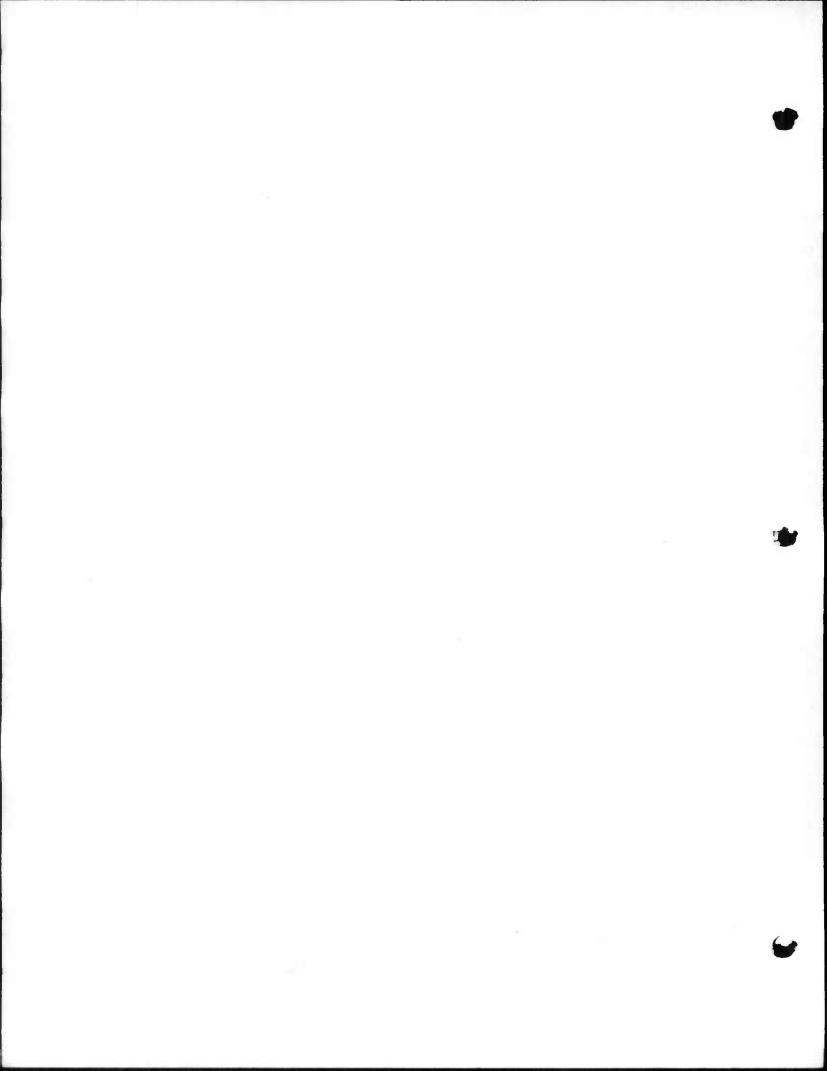
the weeks with a south of the

92-3953-005 Items: 23 Part I. I		(1 (1-690)	8/1//9/	reh		2 210.				
FOR STATE OF MARY! 1 - REGISTRAR	LAND / DEPART CERTIFIC			MENTAL HYGI REG.		2 21010				
1. DECEDENT'S NAME (First, Middle, Last) Mary Elizabeth	D	0.000		2. DATE OF DEATH	DAY	3. TIME OF DEATH				
100-1	(In yrs. last birthday)	F UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You Dec. 22	15 199	BIRTHPLACE (State or Foreign Country)				
9a. FACILITY NAME (If not institution, give street and number) 26 Richma & Road	-	9b. CITY, TOWN	OR LOCATION OF E	DEATH	9c. COUNTY	Maryland V OF DEATH				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CiTY,	TOWN OR LOCA		gs Mills	Balti	10d, INSIDE CITY				
Maryland Baltimore 100. STREET AND NUMBER		Owings 10	Mills I. ZIP CODE		10g. CITIZE	1 ☐ YES 2 ☑ NO				
26 Richmar Road 11. MARITAL STATUS 12. MAS DECEDENT EVER			21117			USA				
11. MARHITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR I	2 X NO	If yes, sp	ecify Cuban, Mexic 2 NO Spec	NIC ORIGIN? (Specify an, Puerto Rican, etc.) //y:	Yea or No-	Black, White, etc. Specify: Black				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) LL C LL C		rk done during mo retired.)	ON st of working		BUSINESS/INDUS					
H.S. Secretary Hospital 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Sumerne)										
James M. Palmer Sr. 190. MALLING ADDRESS (Street and Number or Burn) Flore Number City of Third State To Carl										
196. INFORMANT'S NAME (Type/Print) Gilbert W. Perry 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 26 Richmar Rd. Owings MIlls, Md. 21117										
20a. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Removal from State Co	b. PLACE AND DATE OF	DISPOSITION /N/	ime of	DATE 20c	LOCATION CH	y or Town, Stata				
4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	metery, crematory or other Drund Rid		TETU ND ADDRESS OF F	ACII ITY						
Eline Funeral Home Reisterstown, Md. 211:										
23. PART I. Enter the diseases, or complications that ceuse shock, or heart fellure. List only one ceuse on a IMMEDIATE CAUSE (Final disease or condition resulting in death) THALASSEMIA DUE TO (OR AS	eech line.	ICATIONS			ophiatory arree	t, Approximate Interval Between Onset and De				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significent conditions contributing to death		the underlyin	g ceuse given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO				
HEMOCHROMATOSIS INVOLVING LIVER AND RIGHT ATRIAL MURAL THROMBUS WITH R		ULMONARY	EMBOLIZAT		3 2 NO	COMPLETION OF CAUSE OF DEATH? YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL		28. PI	ACE OF DEATH (C	heck only one)						
EXAMINER? 1 AYES 2 NO HOSPITAL: 1 Inpetient 2 ER/Out		THER:	e 5 □Xhasidence	8 Other (Specify)						
27. MANNER OF DEATH 28s. DATE OF INJURY	OF 28c. INJ	28d. DESCRIBE HO	W INJURY OCCUP	DESCRIBE HOW INJURY OCCURED						
1) Natural 5 Pending (Month, Day, Year) 2 Accident Investigation		2 Accident 3 Suicide 4 Homicide M 1 YES 2 NO 28a. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify) 28b. PLACE OF INJURY — All home, farm, street, factory, office City or Town, State)								
1/_/ Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJUR building, etc. (Soc	Y — Al home, ferm, stre	eet, factory, offic		281. LOCATION (Stre City or Town, St	et and Number or ate)	Rural Route Number,				
1/A) Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Sos	wiedge, death occurred	at the time, data	and place, and du	City or Town, St	manner as stated.					
1/\(\text{Netural}\) 5 Pending 2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my known control of the control of	wiedge, death occurred	at the time, data	and place, and du	City or Town, St	manner as stated,					
1/2 Accident 5 Pending Investigation 28a. PLACE OF INJUR 28a. PLACE OF INJ	wiedge, death occurred on and/or investigation,	at the time, date in my opinion, d	and place, and du	e to the cause(a) and billine, data and place.	manner as stated. and due to the c	euse(s) and manner as stated				
1/\(\triangle \) Netural 5 Pending Investigation 2 2 Accident Investigation 2 3 Suicide 3 Could not be determined 2 29a. PLACE OF INJUR building, etc. (Special Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 29b. PLACE OF INJUR building, etc. (Special Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 20b. PLACE OF INJURY building, etc. (Special Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 20b. PLACE OF INJURY building, etc. (Special Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 20b. PLACE OF INJURY building, etc. (Special Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 1 CHECK ONE (Special Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 1 CHECK ONE (Special Check only one) 1 CHECK ONE (Special Check on	wiedge, death occurred on and/or investigation,	at the time, dute in my opinion, d	and place, and due at the course at the course at the course of the cour	e to the cause(a) and billine, data and place.	marrier as stated. and due to the c	euse(s) and manner as stated GNED (Month, Day, Year) 7 16 1992				



Missing Certificate

21011



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

92-3952-510 Ite FOR 1 - STATE REGISTRAR	ems: 23 part STATE OF N	INN I LAND	er MEO / DEPAR CERTIF	HIMER	I UF I	IEALI II	ANU	MENT/	AL HYG	IENE 9	2 2	21012
1. DECEDENT'S NAME (First, Middle, Las	st)		CENTIF	ICAI	E OF	DEA	П		REG.	гн		3. TIME OF DEATN
Helen	J.		Rorie	2				0.7		15 1	YEAR 1992	12:08 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)		R t YEAR	IF UNDER		7. DATI	E OF BIRTI		446	PLACE (State or Foreign
577-94-7948	1 🗆 M 2 💢 F	34	YRS.	MONTHS	DAYS	HOURS	MIN.	JÜĬ	Y 2,	1958		ashington, I
Se. FACILITY NAME (If not inetitution, give				9b. CIT	Y, TOWN	OR LOCATE	ON OF DE	EATN		9c. C0	OUNTY OF D	EATH
2501 Violet Ave	nue-Apartm	ent 90	2-N	Ba	ltim	ore					BALT	IMORE CITY
10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY
Maryland Bal	timore Ci	tv	Ba	alti	more							LIMITS?
10e. STREET AND NUMBER					10	. ZIP CODI	E			10g. C	ITIZEN OF V	WHAT COUNTRY?
2501 Violet AV	Ε.					212	215				USA	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	YES 2		13		ENDENT C				ly Yee or No-	14. RACI	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES	2 XNO	Specify	y:			Spec	BLACK
15. DECEDENT'S E	DUCATION	16a.	DECEDENT'S	USUAL (OCCUPATION	ON		16	b. KIND O	F BUSINESS/I	NDUSTRY	DIFICIL
(Specify only highest grown (0-12) 12th	College (1-4 or 5 -		(Give kind of vi life. Do NOT us UNEME	se retired.,)	st of workin	g			N/		
17. FATNER'S NAME (First, Middle, Last)						18. MOTI	IER'S NA	ME (First,	Middle, Me	eiden Sumame)	
BAXTER LE	E RORIE					F	MIN	IE M	AE C	HRISTI	AN	
19a. INFORMANT'S NAME (Type/Print)										r Town, Stete, 2	Zip Code)	
BAXTER LEE ROR			5113 A	ADDI:	SON 1	RD. C	HAPI	EL O	AKS,	MD 2	20743	
20g. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	emoval from State	20b. PLAC cemetery HARI	CE AND DATE OF OR ONLY IN	of DISPO	RIAL	PARK		7		andove		
21. SIGNATURE OF FUNERAL SERVICE	A	Lisco					J.B.	JE	NKIN	S FUNE	RAL F	HOME
23. PART I. Enter the diseases, of	1 0,0			ot ente	/4/4	Lanc	love	Ra	. La	ndover	,MD 2	
shock, or heart fallur IMMEDIATE CAUSE (Final	e. List only one ceu	se on each li	ine.	iot ente	r the mo	ae or ayı	ng, suc	n as cai	diac of i	espiratory e	erreat,	Approximete interval Betwee Onset and Daar
disease or condition resulting in death)		AC ARRI										
	DUE TO	(OR AS A CONS	SEQUENCE OF	F);								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONS	SEQUENCE OF	F):								
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONS	SEQUENCE OF	F):								
PART II. Other algnificant conditi	one contributing to	deeth but no	t resulting i	in the u	nderiyin	g cause g	lven in	Part I.	PE	S AN AUTOPS' REFORMED?	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Ves 2 \(\square\) NO
								_				A LES Z NO
25. WAS CASE REFERRED TO MEDICAL						ACE OF D	EATN (Che	ock only o	ne)			
EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R: rsing Nom	• 5 × R•	sidence	6 Oth	er (Specify			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF (Month, Da	INJURY ny, Your)	26b. TIMI INJ		28c. INJ WO					OW INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	26e. PLACE O	F INJURY — At etc. (Specify)	home, tarm, s	street, fac				201. LO!	CATION (SI	treet and Numb State)	per or Rural F	Route Number,

29e. CERTIFIER (Check only one) 1 _ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated.

29d. DATE SIGNED (Month, Day, Year)

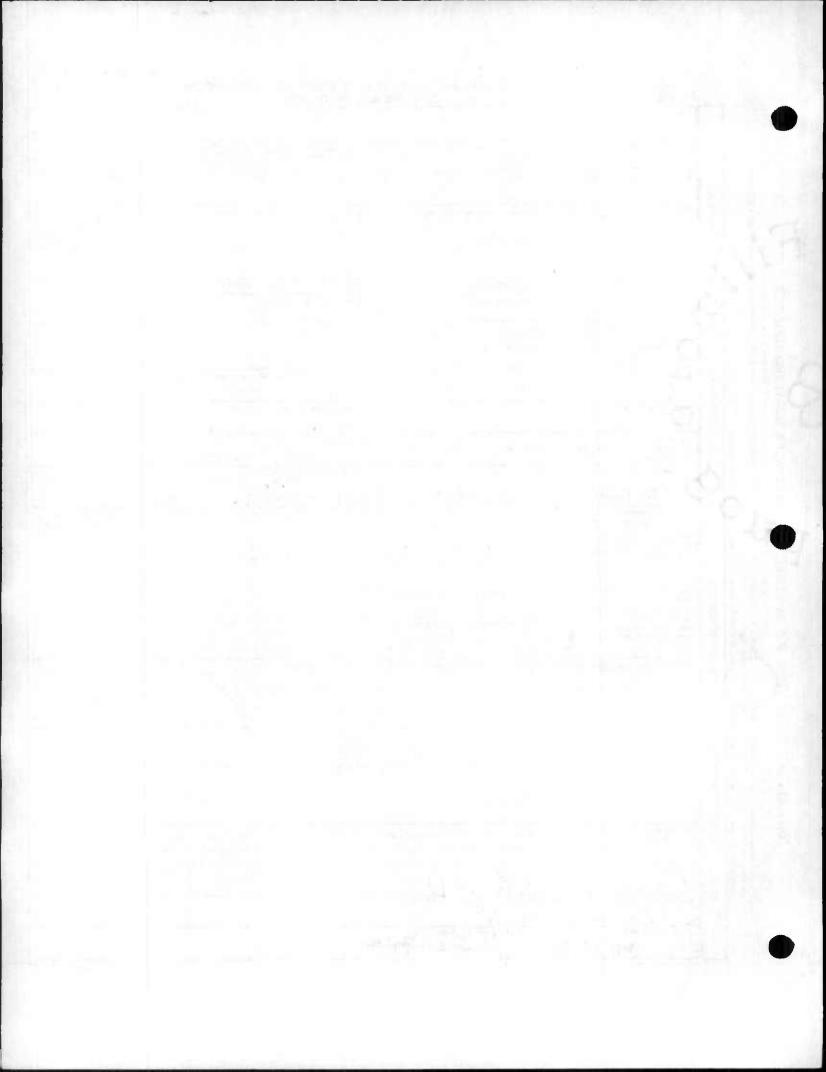
MPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

111 Penn S

32. REGISTRAR'S SIGNATURE

Julia Davidson—Rendelle Penn Street, Baltimore Maryland 21201 1992

DNMN-15 Rev 1/89



		filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should
		To To
		C)
		yes.
		ages
		if. P
		perm
		nsit
_	cian	-ta
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	burla
Ö	ling (the
15	end	38
8	1	nse
7	al o	ò
	spit	20
Z	8	tac
7	\$	de
⋝	5	2
1R	ned	S
3	retai	55
-	2	96
2	nay	pa
Ö	6 ח	ctor.
Σ	age	dire
F	ď.,	19
AL	death	fune
m	ffer	filled in by the
	5	5
	hou	. pg
	24	# 5

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	THE MOSTIAL DA ALTENDING PRINCIAN: THE LAW TO THE TANK THE PRINCIPLE OF THE PROPERTY OF THE PR	THE FUNERAL DIRECTOR: After this certificate has the extension of attending physician and completely filled in by the funeral director, page 5 should be detach.		PORTANT: If Item 28 is marked, or item 23 shows my injury, or other traumatic event, the medical examiner must be notified at once.
	N.	2		100
	9	용		5
	tain	Sho		=
	9	S		2
	37	pag		8
	E	tor,		150
	90	lirec		E
	2	Tal C		=
	DIP.	une		E
	e 0	the 1	3	9
1	San	Š	ешо	dea
	9	E P	0	Ē
	44	file	9	2
1	Ē	tely	mati	-
100	Ē	nple	Crei	ren
- Park	DIEGO.	00	ria.	9
-	Sec	and	3	at
-	9	ian	37 to	E S
100	alle	yslo	phy	=
9:6	n n	0 0	ene	\$
	2	din	Hyg	0 1
1	IIP2	atte	Tal	y, 0
è	÷	B	ě	흥
	i.	Ē	В	Ē
9	a	Ì	藍	E
H	į.	ä	ŝ	麐
•	Ĺ	è	2	뜺
i	P	Sel	Ded	23
F	Ĕ	ate	Ble	lem m
1441	A.	tific	e S	1
0100	2	cer	#	Ď,
2	E	this	×	rke
0141	S	ther	eath	E
9	2	R.	p Ja	.00
-	2	B	aft	28
0	5	OIR	filed within 72 hours after death with the State Deprimental manual Hyglene prior to burial, cremation, or removal,	E
100	Y	ALI	2	=
500	2	VER.	Sign	Ë
3	Ę	Ē	W	M
200	H	풀	Filed	8

8

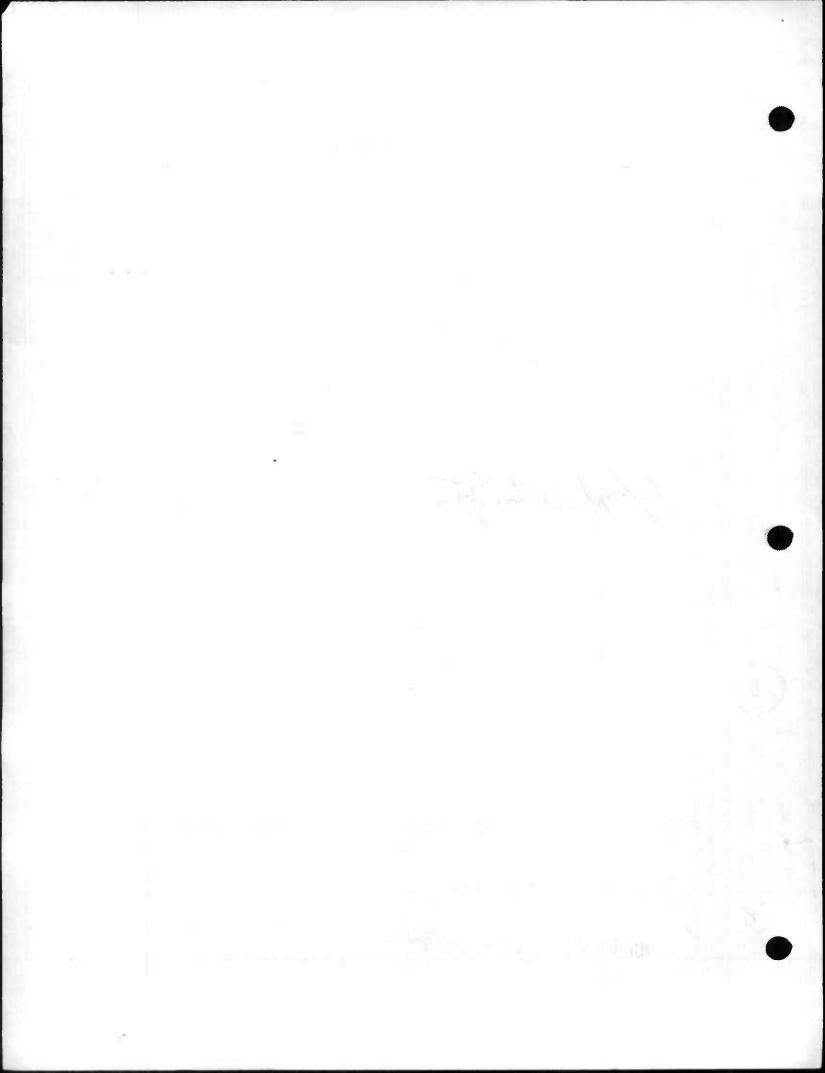
31. DATE FILED (Month, Day, Year)
11 1 6 1992

									92	21013	
	1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEP CERT	ARTMENT IFICATE	OF HEALTH AND OF DEATH	MENTAL	HYGIEN	IE	- (21010	
9	1. DECEDENT'S NAME (F' vt, Middle, Last) BETTY: Jane ROU	SER				2. DATE MONTH		2 1	992	3. TIME OF OEATH 10:04 P	
	577-50-8969	□ M 2 💢 F	AGE (In yrs. last birthd	MONTHS	Decemb				BIRTH 8. BIRTHPLACE (State or Foreign Country) 15 pt 15,1937 Maryland		
OR	9a. FACILITY NAME (If not institution, give stree Malcolm Grow Ho				rown on Location of o	DEATH			TY OF DE		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Charl	COUNTY 10c, C			TY, TOWN OR LOCATION 1dorf			10			
	10. STREET AND NUMBER 3002 Gallery Place T8				101. ZIP CODE			ZEN OF W	1 YES 2 X NO		
BY FUNERAL		. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO IF YES CIVE WAR OR DATES				20602 U.S.A. 13. WAS DECENCENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 U.S.A. 14. RACE — A Black, Whi 1 U.S. XXXIII Specify:					
COMPLETED		rion mpleted) Cotlege (1-4 or 5+) N/A	(Give kind	T use retired.)	CUPATION ring most of working	16b.	KINO OF BU	SINESS/IND		asian	
	17. FATHER'S NAME (First, Middle, Lest) Foward Wallace		18. MOTHER'S N			Surname)	. 7 -				
TO BE	Edward Wallace Warder 190. INFORMANT'S NAME (Type/Print) Edward Rouser				Street and Number or Rura		Loret				
	20a, METHOD OF DISPOSITION 1	TE OF DISPOSIT	as 10a-f ional Cem.	DATE 7 1.C		CATION —		- 1.071111			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE G	J TIME	22. N	AME AND ADDRESS OF F	ACILITY	Lee Fr	mera.	1 Hor	Virginia me, Inc.	
	23. PART / Enter the diseases, or con shock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	HEPATIC	FAILURE	o not enter ti						Approximata Interval Between Onset and Deat	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	E OF):							
PHYSICIAN: MEDICAL C	PART II. Other algolificant conditions of	contributing to dea	th but not regulting	ng in the und	erlying cause given is	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one	9)				
		28e. DATE OF INJU	IRY 26b.	4 U Nursir	g Home 6 Residence	7	(Specify)	NJURY OCC	URED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined		M 1 YES 2 NO 1, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER: 0									and manner on etels 4	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			petion, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as at 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) JULY 12 1992					Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CE KEITH M. MORTIA, CA			ýpe, Print)			GROW AFB,	USAF	MEDO	EN	

CAPT, USAF, MC

32. ABOUSTRAN'S SIGNATURE Pandale

Tuha Davidson Pandale



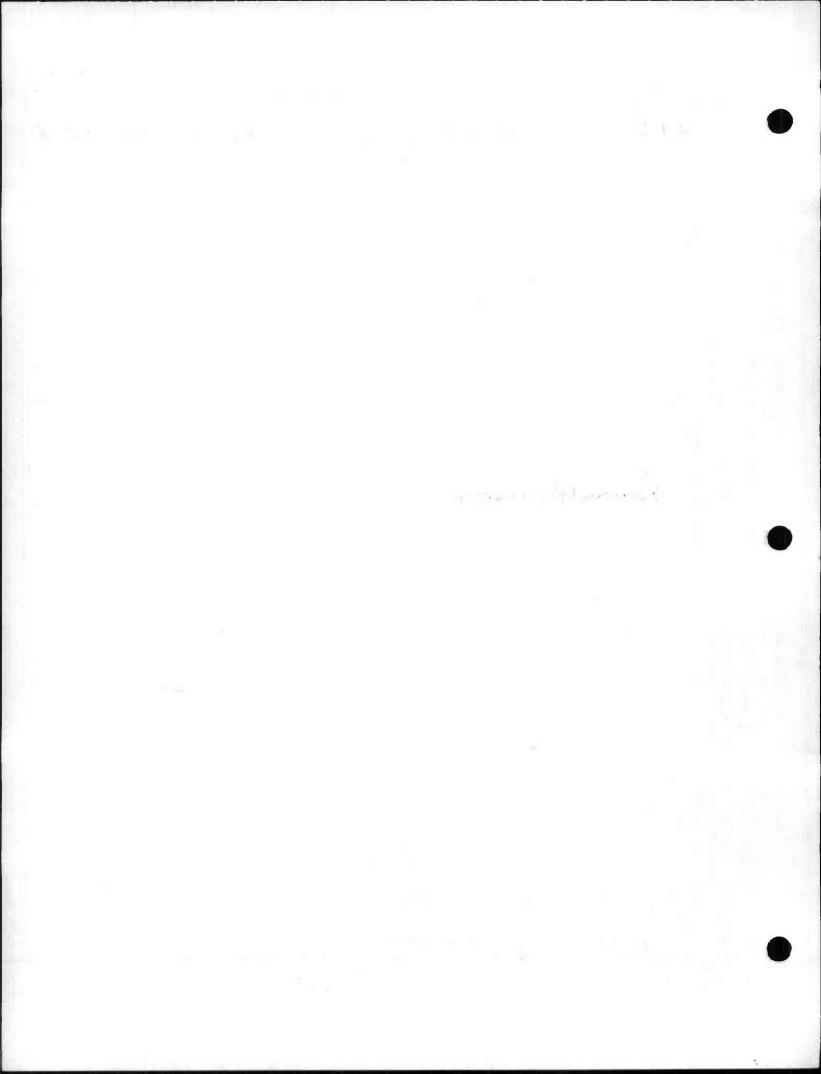
Ž	e hos	letache	nce.
BALLIMOHE, MARYLAN	d by th	d be	d at
MA	etaine	nous s	otiffe
п,	y be	page 5	De n
2	6 ш	ector,	must
2	Page	ral din	iner
AL	death	e fune	exam
D	s after	by th	dical
	Dour	lled in	em e
,	thin 24	mation	ı, th
	ted wit	si cre	ever
0	EXECU	and in	matle
5	rte be	ysician	trau
ó	antifica	ing ph	ago
į	outh o	attend in is	y, or
ŝ	the	22	nļu
į,	7	Pale	3
텕	Mount	1	show
1	į	91	4
=	世当	State	III
-	YSICIA	s certi	d, 0
2	NG PH	ter thi	narke
2	FENDI	DR: Al	89
DIVISION OF VILAL RECORDS, P.O. BOX 08/60,	OR AT	DIRECT AND	em 2
4	PITAL	RAL L	
	HOSE	FUNE	TAN
	TO THE HOSPITAL OR ATTENDING PHYSICIAIN THE PARTIES AND AND THE HOSPITAL OR ATTENDING PHYSICIAIN THE PROPERTY OF THE HOSPITAL OR ATTENDING PHYSICIAIN THE PROPERTY OF THE HOSPITAL OR ATTENDING PHYSICIAIN THE PROPERTY OF THE	TO THE FUNERAL DIRECTOR: After this certificate has been strated to the amendan physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State December of the strategies of removal	IMPORTANT: If Item 28 is marked, or Item 28 shows and Injury, or other traumatic event, the medical examiner must be notified at once.
	-	- 4	=

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH PAY YEAR 3. TIME OF DEATH MONTH YEAR											3. TIME OF DEATN		
	GEUKG	KOBINS						07	10)"	92	OZIOA"			
	4. SOCIAL SECURITY NUMBER 578-18-0986		5. SEX 6. AGE (In yrs. 1 X M 2 F 78			IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF	Day, Year)	8. BIRTHE Country		PLACE (State or Foreign W)Philadelphi	
	9a. FACILITY NAME (If not institution, give street and number)				YRS.			1000	ZI APRIL 14 Pe			Penn	ennsylvania		
œ						96. CITY, TOWN OR LOCATION OF DEATN 96. COUNTY OF DEATN TO I TO THE TOWN OF DEATN MOST TO COMPANY MOST TO COMP									
DIRECTOR	Washington Adventist Hospital					Takoma Park Montgomery					ery				
RE	10a. STATE 10b. COUNTY				10c. CIT	Y, TOWN C	R LOCAT	TION						10d. INSIDE CITY	
ā	None None				Was	hing								12 YES 2 NO	
RA	6408 Eastern Avenue , N.E.					101. ZIP CODE 20012				10g. CITIZEN OF					
FUNERAL	11. MARITAL STATUS	II AVCII	12. WAS DECEDENT					United							
E	1 Never Married 2 🔀		FORCES? 1	YES 2	2 X NO If yes, specify Cu			ecity Cubs	n, Mexica	n, Puerto Ric		or No-	Black, White, etc.		
B	3 Widowed 4 Divo	orced	11 123, 0112 10	IN ON DATES			∐ TES	2 A NO	Specin	ofly:			Bla		
COMPLETED	15. DEC (Specify onl	EDENT'S EDU ly highest grade	CATION completed)		DECEDENT'S (Give kind of	work done i	CCUPATIO	ON ast of working	10	16b, P	IND OF BU	SINESS/IN	DUSTRY		
٦	Elementary/Secondary (I	0-12)	College (1-4 or 5+)		Iffe. Do NOT us				•	,	1. 1 2 .	m			
N N	17. FATHER'S NAME (First, M	ficialis (ant)			Taxi	Driv	er			ME (First, Mid			anspo	rtation	
	George W. R		n							ne Th		Sumeme)			
BE	19s. INFORMANT'S NAME (19b. MAILING	ADDRESS	(Street					n State Zi	in Codel		
2	Irene Robin	son								NE, V	-			С.	
	20a. METHOD OF DISPOSIT 1 □ Burlel 2 X Crematic	TION	cont from State	20b. PLAC	EANDDATE	OF DISPOS	ITION /No	me of		70416			City or To		
	4 Donation 5 Other	(Specify)			crematory or o	-			~	1992	Ale	exand	lria,	Virginia	
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE #M(00690				ND ADDRE		сыту nial F	unore	1 U	.m.o		
	How	nd A	Cause	~						reet,				NJ 07061	
	23. PART i. Enter the d shock, or h	liseases, or o	complications that List only one caus	caused tha	daath. Do r	ot antar	tha mo	da of dy	ing, auc	h aa cardla	c or reapi	ratory ar	rest,	Approximate	
	IMMEDIATE CAUSE (Fir		Marta	Lati			Λ .	1	. 0 .	1	10			interval Between Onset and Death	
	disease or condition	→	MANA	Noun	- 0	MC	N	-	eni	Slot	715				
_	OUE TO (OR AS A CONSEQUENCE OF):														
2	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
3	cause, Enter UNDERLY	ING	C												
E	that initiated eventa resulting in death) LAS		DUE TO (OR AS A CONS	SEQUENCE OF	F):									
CERTIFICATION		-	d												
	PART ii. Other aignifica	ent condition	a contributing to	leath but no	t resulting	n the un	double						1	WERE AUTOPSY FINDINGS	
					· radarting		uarrymi	g cause (given in	Part i. 2	4s. WAS AN		24b	AMB ARLE BRIOR TO	
8					· ragaring		dariyin	g cause (given in		4a. WAS AN PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL					·		darryin	g cause (given in		PERFOR	MED?	24b		
								g cause (given in		PERFOR	MED?	245	OF DEATH?	
	25. WAS CASE REFERRED TEXAMINER?		HOSPITAL:			OTHER	26. PL	ACE OF D	EATN (Ch	ock only one)	PERFOR	MED?	246	OF DEATH?	
- 1	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	26. PL t: sing Nom	ACE OF D	EATN (Ch	eck only one) 6 Other (PERFOR	MED?		OF DEATH?	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	O MEDICAL Pending	HOSPITAL:	ER/Outpatient	3 □ DOA 28b. TIM	OTHER	26. PL t: sing Nom 26c. INJ WO	ACE OF D	EATN (Cha	eck only one) 6 Other (PERFOR	MED?		OF DEATH?	
BY PHYSICIAN: I	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	O MEDICAL Pending	HOSPITAL: 1 Propertient 2 280 DATE OF I (Month, Da) 260 PLACE OF	ER/Outpatient NJURY	3 DOA	OTHEF 4 Nun E OF URY	26. Pt.R: sing Nom 26c. INJ WO	ACE OF D 0 5 Re URY AT RK? 7ES 2	EATN (Cha	6 Other (: 28d. OESC!	PERFOR	NJURY OC	CURED	OF DEATH?	
BY PHYSICIAN: I	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6	O MEDICAL Pending	HOSPITAL: 1 Propertient 2 280 DATE OF I (Month, Da) 260 PLACE OF	ER/Outpatient NJURY , Year)	3 DOA	OTHEF 4 Nun E OF URY	26. Pt.R: sing Nom 26c. INJ WO	ACE OF D 0 5 Re URY AT RK? 7ES 2	EATN (Cha	6 Other (: 28d. OESC!	PERFOR	NJURY OC	CURED	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: I	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only)	O MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Propertient 2 28e. DATE OF I (Month, De) 26e. PLACE OF building, a	ER/Outpatient NJURY , /bar) INJURY — At tc. (Specify)	3 DOA 28b. TIM INJ	OTHEF 4 Num E OF URY M	26. PL 8: sing Nom 26c. INJ WO 1 1	ACE OF D o 5 Re URY AT RK? /ES 2	EATN (Cho	eck only one) 6 Other (28d. OESC) 28f. LOCAT City or	PERFOR YES 2 Specify) RIBE HOW II ION (Street & Town, Stete)	NJURY OC	CCURED or or Rural I	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: I	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 2 Accident 3 Sudcide 6 4 Nomicide 29e. CERTIFIER (Check only	Pending Investigation Could not be determined	HOSPITAL: 1 Propertient 2 28e. DATE OF I (Month, De) 26e. PLACE OF building, a	ER/Outpatient NJURY , 'bear') INJURY — At tc. (Specify) ny knowledge,	3 DOA 28b. TIM INJ home, ferm, 6	OTHEF 4 Nun E OF URY M street, factor	26. PL R: sing Nom 26c. INJ WO 1 1 1	ACE OF D o 5 Re URY AT RK? rES 2 end place	EATN (Cho	BCK only one) 6 Other (28d. OESCI 281. LOCAT City or	PERFOR YES 2 Specify) RIBE HOW II ION (Street a Town, Stete)	NJURY OC	CCURED or Aural I	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: 1	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 2 Accident 3 Sudcide 6 4 Nomicide 29e. CERTIFIER (Check only	Pending Investigation Could not be determined	HOSPITAL: 1 Propetlent 2 = 20e. DATE OF I (Month, De) 26e. PLACE OF building, a	ER/Outpatient NJURY , 'bear') INJURY — At tc. (Specify) ny knowledge,	3 DOA 28b. TIM INJ home, ferm, 6	OTHEF 4 Nun E OF URY M street, factor	26. PL R: sing Nom 26c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT RK? FES 2 end place eath occur	EATN (Cho	281. LOCAT City or to the cause filme, date ei	PERFOR YES 2 Specify) RIBE HOW II ION (Street a Town, Stete)	NJURY OC	occured in the council of the counci	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
BE COMPLETED BY PHYSICIAN: I	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined INFYING PHYSI ICAL EXAMINE	HOSPITAL: 1 Propertient 2 = 28e. DATE OF I (Month, De) = 26e. PLACE OF building, a CIAN: To the best of mR: On the basis of exceptions and the basis of exceptions are a contracted by the contr	ER/Outpatient NJURY , / Vear) INJURY — At tc. (Specify) my knowledge, pmination end/o	3 DOA 28b. TIM INJ home, ferm, 6 death occurre or investigatio	OTHER 4 Num E OF URY M street, factor ad at the ti n, in my or	26. PL R: sing Nom 26c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT RK? FES 2 end place eath occur	EATN (Che seldence NO no end due	281. LOCAT City or to the cause filme, date ei	PERFOR YES 2 Specify) RIBE HOW II ION (Street a Town, Stete)	NJURY OC	occured in the council of the counci	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
COMPLETED BY PHYSICIAN: 1	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neutral 5 2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only one) 2 MED	Pending Investigation Could not be determined INFYING PHYSI ICAL EXAMINE	HOSPITAL: 1 Propertient 2 = 28e. DATE OF I (Month, De) = 26e. PLACE OF building, a CIAN: To the best of mR: On the basis of exceptions and the basis of exceptions are a contracted by the contr	ER/Outpatient NJURY , / Vear) INJURY — At tc. (Specify) my knowledge, pmination end/o	3 DOA 28b. TIM INJ home, ferm, 6 death occurre or investigatio	OTHEF 4 Nun E OF URY M street, factor od at the tin, in my o	26. Pt. t: sing Nom 26c. INJ WO 1	ACE OF D e 5 Re URY AT RK? ES 2 end place eath occur	EATN (Che seldence NO no end due	281. LOCAT City or to the cause filme, date ei	PERFOR YES 2 Specify) RIBE HOW II ION (Street a Town, Stete)	NJURY OC	occured in the council of the counci	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
BE COMPLETED BY PHYSICIAN: I	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 2 Accident 3 Suicide 6 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME ANO ADDRESS OF	Pending Investigation Could not be determined ITIEVING PHYSI ICAL EXAMINE OF CERTIFIEF	HOSPITAL: 1 Propertient 2 = 28e. DATE OF I (Month, De) = 26e. PLACE OF building, a CIAN: To the best of mR: On the basis of exceptions and the basis of exceptions are a contracted by the contr	ER/Outpatient NJURY , Year) INJURY — At tc. (Specify) my knowledge, mination end/outpatient E OF OEATH (IT	3 DOA 28b. TIM INJ home, ferm, of death occurre or investigatio	OTHER 4 Num E of URY M Intreet, fector od at the file n, in my o	26. PL R: sing Nom 26c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT RK? ES 2 end place eath occur	EATN (Che seldence NO no end due	281. LOCAT City or to the cause filme, date ei	PERFOR YES 2 Specify) RIBE HOW II ION (Street a Town, Stete)	NJURY OC	occured in the council of the counci	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	







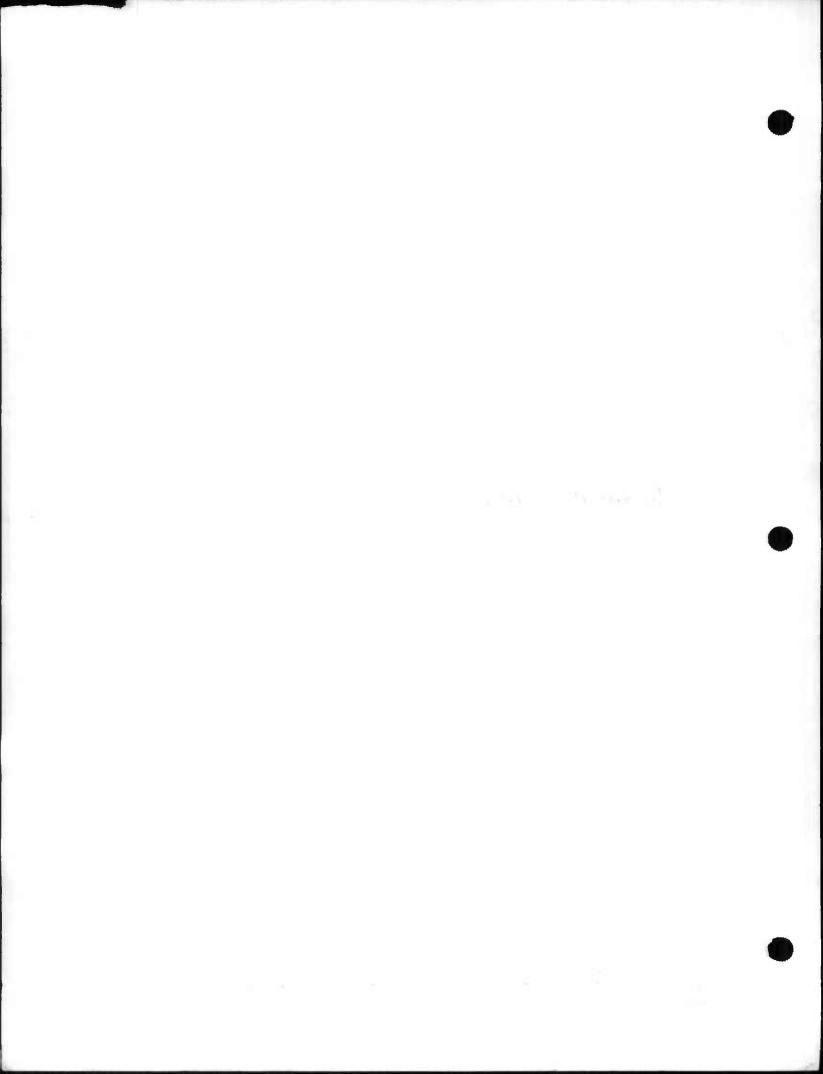
requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician. been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PROSICE IN requires that the death certificate be executed within 27 years after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached the part and mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND		GIENE G. NO.		- 1010
ļ	1. DECEDENT'S NAME (First, Misses Last)			. '		2. DATE OF DE			3. TIME OF DEATH
	Amy Kic	ع				MONTH	Z 7	9 Z	78M M
ì	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BII (Month, Day,	RTH Mane)	8. BIRTH	IPLACE (State or Foreign
	239-18-3428A	1 D M 2/107	YRS.	MONTHS DA	rs HOURS MIN.	07/15		Ne	wherry Sici
ŀ	9a. FACILITY NAME (If not Institution, give street	et and number)	St.	9b. CITY, TO	VN OR LOCATION OF D	EATH	9c. CO	UNTY OF C	EATH
DIRECTOR	MelchorNursing	Home 2327N.		Balti	more, Mary	land	Bal	timo	re City
<u>n</u>	10a. STATE 10b. COUNTY		10c, CITY	, TOWN OR LE	OCATION				10d. INSIDE CITY LIMITS?
8	MD. Balti	lmore City	В	altimo	re				1 X YES 2 NO
A	10e. STREET AND NUMBER		·		10f. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
ER.	2327 N.Charles St	reet			21218			USA	
FUNERAL		12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yea or No-		E — American Indian, k, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 X NO Speci		atc.j	Spec	
	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done durin	PATION g most of working	16b. KIND	OF BUSINESS/II	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	Collega (1-4 or 5+)	Domest			ъ.,	J		
M	6 17. FATHER'S NAME (First, Middle, Last)		Domest	16	40 1407117010 11		ivate Maiden Surmame		
ပ	Granderson Rice				101721-0-1		VI	,	
B	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (C)	Laura			We Codel	
임	Mary J. Branagan		The state of the s		les Stree				110
	20m. METHOD OF DISPOSITION				of cometery, cremetory or		more, Md		
	1XXBurial 2 - Cremation 3 1 Ramov	rel from State	other place) [t. Lawn				Woodfor		
- 1	4 Donation 5 Other (Specify)		ic. Lawii		E AND ADDRESS OF F		woodioi	u, v.	ırgınıa
	Doward L	. Couse	^	A.	L. Bennet Box 833	t Funer			VA 22404
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	7):	anding	nface	tia		Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to death i	out not reaulting	in tha undai	lying cause given in		WAS AN AUTOPS PERFORMEO?] YES 2 ∑ NO	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH (C	heck only one)			
SIC		HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	Home 5 - Rasidence	8 Other (Sp	ecity)		
主	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		c. INJURY AT WORK?	_	E HOW INJURY	OCCURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(NONN, Day, Your)			YES 2 NO				
	3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, soffy)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	TOTACK OTHY	IAN: To the best of my know:							(s) and manner as stated.
C	296 SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE N	JMBER	29d. D	ATE SIGNE	D (Month, Day, Year)
0	miles	W			D3.	5740	•	7.	. 92
5	30. NAME AND ADDRESS OF PERSON WHO	00	EATH (ITEM 27) (Type	, Print)	1.1	, , ,		, , ,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	e	W)		-		
	31. DATE FILED (Month, Day Year) 1992	2 Julia Dai	idson-Rand	ell					



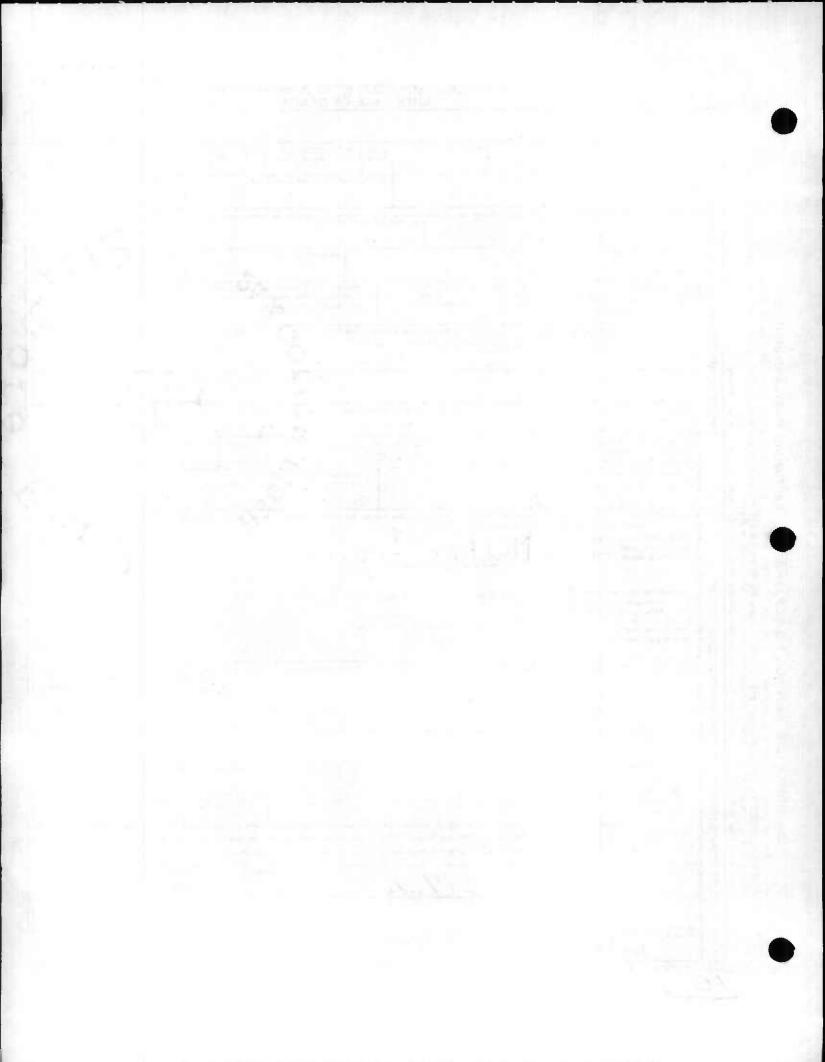


FOR STATE REGISTRAR

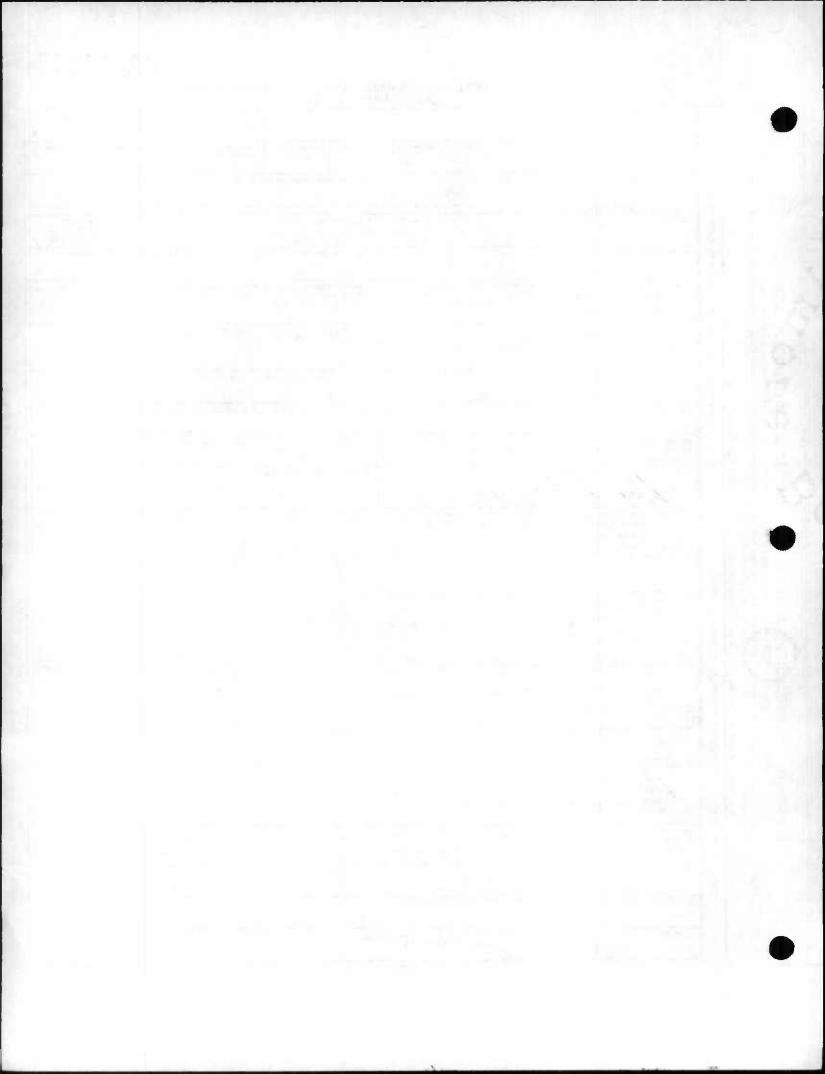
1. DECEDENT'S NAME (First, Middle, Last)

- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME O									- 1100			
	Joyce Belen J. 4. SOCIAL SECURITY NUMBER 5. SEX			Reyes 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			_	07 14 199			8:10 A.		
			5. SEX 1 ☐ M 2 🕁 F		100	IF UNDER 1	DAYS	F UNDER 24		TE OF BIRT		8. BIRTH Country	PLACE (State or Foreign)
	212-04-39 9+. FACILITY NAME (# no	31	YRS.					-10-19	960		lippine I		
_					R LOCATION	OF DEATH			UNTY OF DI				
בסוסם	ROUTE 210	Route 210 RESIDENCE OF DECEDENT						k			Pr	ince	Georges
Olug Olug	10e. STATE	10b. COU	NTY		10c. CITY	Y, TOWN OF	LOCATION	ION					10d. INSIDE CITY LIMITS?
	Maryland		ince Georg	e's		Acco	-						TAN YES 2 - NO
FUNERAL	100. STREET AND NUMBER 15414 Over	ount.				101.	ZIP CODE	.07				HAT COUNTRY?	
	11. MARITAL STATUS	itea o	12. WAS DECEDENT	EVED IN D.C.	A DAMED	40.00		206					ne Islan
- 41	1 Never Married 2 X Married		FORCES? 1	FORCES? 1 YES 2 1		H	yes, spec	cify Cuben,	Mexicen, Pue	rto Rican, etc	fy Yes or No—	Black, White, atc.	
COMPLETED BY	3 Widowed 4 D	lvorced				1.	163	2 💢 NO	Specify:			Specif	Filipino
	15. Di (Specify o	ECEDENT'S El	DUCATION ide completed)		DECEDENT'S	vork done di	CUPATION	N t of working		16b. KIND O	F BUSINESS/IN	IDUSTRY	
	Elementary/Secondary	(0-12)	College (1-4 or 6+		We. Do NOT us	e retired.)							
	17. FATHER'S NAME (First,	Address Lond	4 yrs.		Regis	stere	d Nu				Medic	al	
	IV. PATREN S NAME (FISI,	_	en Joco					16. MOTHER			elden Sumame)		
	19a. INFORMANT'S NAME		en ooco		19h MAII ING	ADDRESS	Comet an	od Mumbas as		n Vit	ug v Town, State, Z	2- O- 4-1	
2	Ricardo F		es								Maryla		607
	20A, METHOD OF DISPOS	HON		20b. PLAC	EANDDATEO	F DISPOSIT				7	c. LOCATION -		
	1 N Burlal 2 Crema 4 Donation 5 Don		emoval from Stata	Rest	urrect	her plece)	Ceme	eterv	7+2	0-92	Clin	ton.	Maryland
	21. SIGNATURE OF YUNES	RAL SERVICE	LICENSEE			22. N	AME AND	DADDRESS	OF FACILITY				j zana
	► /U/W/	> 1/Aust d. V.l									al Hom		007/5
	23. PART J. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	neart failur	a. Mul	caused the case on each life	e I	ot enter t	he mod	•	Such as	d . Ux	On Hill reapiratory a	reat,	Approximat
HILLAHON	IMMEDIATE CAUSE (F disease or condition	litions, nedista	a	tiple	EQUENCE OF	ot enter t	he mod	le of dying	IIII K	d. Ux	ON HIL	I, MC	Approximate Interval Bate
19	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events	litions, nediata Ying jury	a. DUE TO (OR AS A CONS	EQUENCE OF	- N []	he mod	le of dying	, such aa	ardiac or i	ON HIL	24b.	Approximate interval Bate Onset and C
MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	litions, nediata Ying jury	a. DUE TO (OR AS A CONS	EQUENCE OF	- N []	he mod	le of dying	, such aa	ardiac or i	S AN AUTOPSY RFORMED?	24b.	Approximate interval Bats Onset and C O
AN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	littons, leddata YING lighty ST	a. DUE TO (OR AS A CONS	EQUENCE OF	- N []	erlying	le of dying	, such aa	. 24a. WA PEI	S AN AUTOPSY RFORMED?	24b.	Approximate interval Baty Onset and D
SICIAN: MEDICAL	IMMEDIATE CAUSE (Misease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA PART II. Other algnifications and the conditions are selected in the conditions are sel	littons, leddata YING lighty ST	a. DUE TO (b. DUE TO (c. DUE TO (d. Ona contributing to (OR AS A CONS	EQUENCE OF	ot enter t	erlying	cause give	en in Part	24a. Wh. PEI	S AN AUTOPSY RFORMED?	24b.	Approximate interval Baty Onset and D
SIGIAN. MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in the initiated events resulting in deeth) LA PART II. Other aignifit 25. WAS CASE REFERRED	littons, leddata YING lighty ST	a. DUE TO (c. DUE TO (d. One contributing to (HOSPITAL: 1 Inputent 2 28e. DATE OF	OR AS A CONS OR AS A CONS Desth but not ER/Outpatient NJURY	EQUENCE OF	OTHER:	erlying 26. PLA	Cause give	en in Part	24a. When Pei	S AN AUTOPSY RFORMED?	24b.	Approximate interval Bats Onset and C O
THE SIGNAL WEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnifications are sequentially as a leading in the condition of the	Ittions, tediata ying sijury LST Cant conditi	a. DUE TO (DUE	OR AS A CONS OR AS A CONS Description Des	EQUENCE OF	OTHER:	erlying 26. PLA	Cause give	en in Part	24a. WAPE 1 YE 1 OPESCRIBE H	S AN AUTOPSY RFORMED? ES 2 NO	24b.	Approximate interval Bate Onset and Conset a
	IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in the initiated events resulting in deeth) LA PART II. Other aignifications are also in the condition of the conditi	Ilitions, ledista YING sijury LST Cant conditi	a. DUE TO (c. DUE TO (d. One contributing to (Month, De (1 28e, PLACE OF	OR AS A CONS OR AS A CONS Description ER/Outpatient NJURY N 1992 NJURY — ALT	EQUENCE OF	OTHER:	26. PLA ing Home 8c. INJUNION 1 YE	cause give	en in Part	24a. When the respective part of the respecti	SAN AUTOPSY RFORMED? ES 2 NO Higgory OW INJURY oc. The Auto- Treet and Number	24b.	Approximate interval Baty Onset and D WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
LED BI PRISICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnifications are sequentially as a leading to immediate the conditions are sequentially as a leading to the	Ittions, tediata Ying Jiny List To Medical Investigation	a. DUE TO (c. DUE TO (d. One contributing to (Month, De (1 28e, PLACE OF	OR AS A CONS OR AS A CONS OR AS A CONS Description of the construction of the construc	EQUENCE OF	OTHER: OTHER: OTHER: OTHER: OTHER: OF METALLINE A CONTROLL OF METALLINE OF METALLINE OF METALLINE OTHER: OT	26. PLA ing Home 8c. INJUNION 1 YE	cause give	en in Part	24a. WAPE 1 YEE 1 YEE CONTROL OF THE	SAN AUTOPSY REORMEC? ES 2 NO High own injury of the contract and Number States)	24b. hway- course of Puru of or or Bural Rich	Approximate interval Bate Onset and Conset a
The second secon	SHOCK, OF IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in the tinitiated events resulting in death) LA PART II. Other algniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Ittions, tediata Ying and tediata Ying and conditions and conditions are the conditions and the conditions are the conditions and the conditions are the conditions a	a. DUE TO (c. DUE TO (d. One contributing to (Month, De (1 28e, PLACE OF	OR AS A CONS OR AS A CONS OR AS A CONS Description ERVOutpatient NJURY (Nour) (NJURY — At 1 (Specify) my knowledge, of	EQUENCE OF EQUENCE OF t resulting in 3 DOA 26b. Time N.J. 7:55 home, farm, st Hight	OTHER: OTHER: OTHER: A Nursir A Nursir A Nursir A Nursir A Nursir A A Nursir A A A A A A A A A A	erlying 26. PLA 19 Home 8c. (NJUI) WORI 1 □ YE 1, office	Cause give	en in Part TH (Check on ence 6)© 0 28d. N. d due to the	24a. WA PEI 1 VYE TONE) TONE	S AN AUTOPSY REORMED? ES 2 NO High own injury of the contract and Number States of Route of	24b. hway couned /Truc or or Bural Ro 210 ried.	Approximate interval Bate Onset and C Onse
	SHOCK, OF IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in the tinitiated events resulting in death) LA PART II. Other algniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Iltions, tediata ying ijury list cant conditi	a. DUE TO (b. DUE TO (c. DUE TO (d	OR AS A CONS OR AS A CONS OR AS A CONS Description ERVOutpatient NJURY (Nour) (NJURY — At 1 (Specify) my knowledge, of	EQUENCE OF EQUENCE OF t resulting in 3 DOA 26b. Time N.J. 7:55 home, farm, st Hight	OTHER: OTHER: OTHER: A Nursir A Nursir A Nursir A Nursir A Nursir A A Nursir A A A A A A A A A A	erlying 26. PLA g Home 8c. INJUI WOR 1 YE y, office	Cause give	en in Part In (Check on ence 6X) (28d. O Dr. 28f. N. ad due to the at the time,	24a. WA PEI 1 VYE TONE) TONE	SAN AUTOPSY RFORMED? ES 2 NO Higg OW INJURY So State on Number State on Numbe	24b. hway course / Truc or or Rural Ro = 210 ried. he cause(s)	Approximate interval Batto Onset and Conset
	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition, lightly lightly lightly lightly lightly list condition, lightly	Ittlons, tedlata ying ijury list cant conditi	a. DUE TO (b. DUE TO (c. DUE TO (d	OR AS A CONS OR AS A CONS OR AS A CONS Description ER/Outpetient NJURY (, Year) 1992 RIJURY — At It (C. (Specify)) my knowledge, (c. specify) my knowledge, (c. specify) my knowledge, (c. specify)	EQUENCE OF Testing in the second seco	OTHER: 4 OTH	erlying 26. PLA g Home 8c. INJUI WOR 1 YE y, office	Cause give Cause give Cause give 5 Residence of the course of the c	en in Part In (Check on ence 6X) (28d. O Dr. 28f. N. ad due to the at the time,	24a. WA PEI 1 VYE TONE) TONE	SAN AUTOPSY REORMEC? ES 2 NO Higgory Scanner as attached menor as	24b. hway course / Truc or or Rural Ro = 210 ried. he cause(s)	Approximate interval Bate Onset and Conset a
	SHOCK, OF IMMEDIATE CAUSE (Olsease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Natural 5 Accident 3 Suicide 6 4 Homicide 6 290. CERTIFIER (Check only one) 2 VME 290. SIGNATURE AND ADDRESS 0	TO MEDICAL Pending Investigation Could not b determined PATTER DICAL EXAMINATION PERSON V	a. DUE TO (b. DUE TO (c. DUE TO (d. One contributing to (d. One contributing to (28e. DATE OF ((Month, De) 28e. PLACE OF building, ((SICIAN: To the best of more contributing to ((SICIAN: To the best of more contribution) (SICIAN: To the best of more contribution) (DUE TO (C.	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS Description OF DEATH (IT	BEOUENCE OF EQUENCE OF Tresulting in Tresult	OTHER: The und OTHER:	erlying 26. PLA 19 Home 10. INJUI WORI 1 YE y, office e, date e	Cause give Cause give Cause give 5 Residence Fig. 12 No. 1	en in Part TH (Check on and 26d. O DY 26f. N. d due to the st the lime, at th	24a. WAR PEI 1 YE 1 OCATION (S) ONLY TOWN, SOUNCE Cause(e) end place	S AN AUTOPSY RFORMED? SS 2 NO High OW INJURY of Insert and Number State) ROUTE If menner as state e, and due to to 29d. DAT 29d. DAT	24b. hway country country re 210 nted. he cause(s) TE SIGNED (7/14/	Approximate interval Bate Onset and Conset a
I C C COMPLETED BY THISICIAN: MEDICAL	SHOCK, OF IMMEDIATE CAUSE (IMMEDIATE CAUSE (IMMEDIATE CAUSE) (Immediate) Sequentially list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in the tinitiated events resulting in deeth) LA PART II. Other algniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 6 6 6 6 6 6 6 6 6 6 6 6 6	Pending Investigation Could not be determined Control Examination Could not be determined Could not be determined.	a. DUE TO (b. DUE TO (c. DUE TO (d	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS Desth but not ER/Outpatient NJURY (NJURY (NJURY At 1 (C. (Specify) The Constant of the constant	BEOUENCE OF TEQUENCE OF Tesulting in the second sec	OTHER: The und OTHER:	erlying 26. PLA 19 Home 10. INJUI WORI 1 YE y, office e, date e	Cause give Cause give Cause give 5 Residence Fig. 12 No. 1	en in Part TH (Check on and 26d. O DY 26f. N. d due to the st the lime, at th	24a. WAR PEI 1 YE 1 OCATION (S) ONLY TOWN, SOUNCE Cause(e) end place	SAN AUTOPSY REORMEC? ES 2 NO Higgory Scanner as attached menor as	24b. hway country country re 210 nted. he cause(s) TE SIGNED (7/14/	Approximate interval Bate Onset and Conset a
IO BE COMPLETED BY PHYSICIAN: MEDICAL CENTIFICATION	SHOCK, OF IMMEDIATE CAUSE (Olsease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Natural 5 Accident 3 Suicide 6 4 Homicide 6 290. CERTIFIER (Check only one) 2 VME 290. SIGNATURE AND ADDRESS 0	Pending Investigation Could not be determined Control Examination Could not be determined Could not be determined.	a. DUE TO (b. DUE TO (c. DUE TO (d	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS Desth but not ER/Outpatient NJURY (NJURY (NJURY At 1 (C. (Specify) The Constant of the constant	BEOUENCE OF TEQUENCE OF Tesulting in the second sec	OTHER: The und OTHER:	erlying 26. PLA 19 Home 10. INJUI WORI 1 YE y, office e, date e	Cause give Cause give Cause give 5 Residence of the course of the c	en in Part TH (Check on and 26d. O DY 26f. N. d due to the st the lime, the lime	24a. WAR PEI 1 YE 1 OCATION (S) ONLY TOWN, SOUNCE Cause(e) end place	S AN AUTOPSY RFORMED? SS 2 NO High OW INJURY of Insert and Number State) ROUTE If menner as state e, and due to to 29d. DAT 29d. DAT	24b. hway country country re 210 nted. he cause(s) TE SIGNED (7/14/	WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 NO NOTE: Number, and manner ee star (Month, Day, Year) 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN				
	t. DECEDENT'S NAME (First, Middle, Les ROSE MAR		ON			2. DATE OF DEATH MONTH 0	3 92	3. TIME OF DEATH 5:34 P		
	4. SOCIAL SECURITY NUMBER 577 60 6986	1 □ M 2 💢 F 4	(In yrs. last birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Veser) 08/10/46	Co	RTHPLACE (State or Foreign unity) W Jersey		
TOR BO	90. FACILITY NAME (If not institution, give KENILWORTH AVENU RESIDENCE OF DECEDENT	JE & PONTIAC S	STREET	GREENBI	OR LOCATION OF D	DEATN	PRINCE	GEORGES		
DIRECTOR	10a. STATE 10b. COUP NA NA	NTY		ry, TOWN OR LOCA		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	10. STREET AND NUMBER 2102 Maryland Av	venue, N.E. #			20002	10g. CITIZEN OF WHAT COUNTRY? United States				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR DR E	IN U.S. ARMED	If yes, e	CENDENT OF NISPA	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	s or No— 14. R/BI	ACE — American Indian, lack, White, etc.		
LETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ade completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u		Y					
E COMPL	17. FATNER'S NAME (First, Middle, Last) ERNEST ADAMS		Communi	ty Ser.	1	Social AME (First, Middle, Maider	UNK			
10 B	DARREN C. EDWARD	(301.)	3800	14th St.	,N.W. #:	Route Number, City or Tow 113-E Wash	,D.C. 2	0011		
	20a. METNOD OF DISPOSITION XX Burtel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE DISPOSITION (Name of camelony, crematory or other place) Harmony Memorial Park 7/11 Landover,									
	22. NAME AND ADDRESS OF FACILITY ALEXANDER S. POPE FUNERAL HOME 2617 Pennsylvania Avenue, SE DC 20020									
NO	23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, encot, pr heart feiture. List only one cause on each line. Application of the mode of dying, such as cardiac or reapiratory arrest, into the limit of the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, into the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, such as cardiac or reapiratory arrest, and the mode of dying, and the mode of dying, and the mode of dying, a									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (DR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):									
MEDICAL	PART II. Other algnificent condition	one contributing to death t	but not resulting	in the underlyin	ng cause given in	Pert I. 24s. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTMED.	LACE OF DEATH (C					
Y PHYSICIAN:	1 VES 2 ND 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	1 Inpetient 2 ER/Out	28b. TIN	4 Nursing Non	JURY AT ORK?	28d. DESCRIBE NOW OCCUPANT accident		r vehicle		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a PLACE OF IN HIRD	Y — Al homa, farm,	street, fectory, offic	281. LOCATION (Street and Number or Rural Route Number, KENILWORTH AVE. & PONTIAC ST.					
COMPLETED		rSICIAN: To the best of my know NER: On the bests of exemination						e(e) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIC	r J. Chufe	e no		O.C.M.			(04/92		
- 1	30. NAME AND ADDRESS OF PERSON W	VHD COMPLETED CAUSE OF DE		, Print)						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAN'S SIGN			TREET, BAI	LTIMORE, MAI	RYLAND 2	1201		



PHYSICIAN:

BY

COMPLETED

BE

2

31. DATE FILED (MOPEL Day, Year) 92

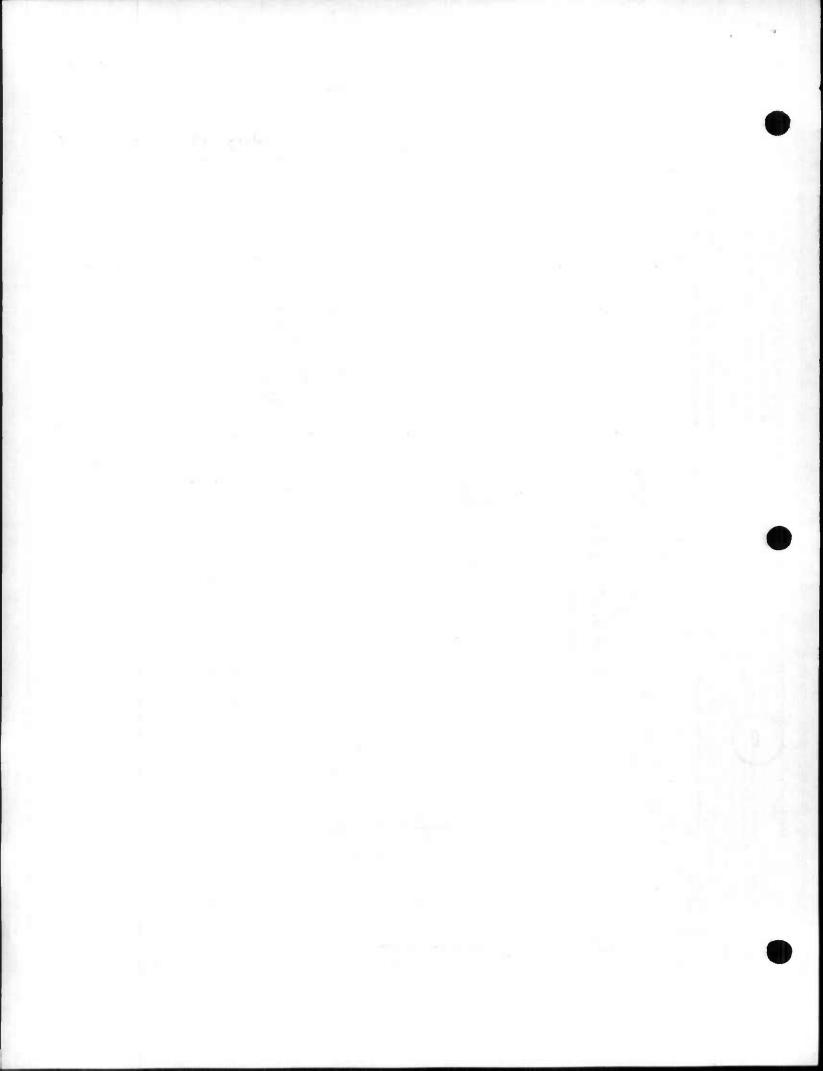
Pages 1, 2, 3 should burial-transit rurs after death. Page 6 may be retained by the hospital or attending physician. use as the Por detached funeral director, page 5 should be Ħ notified pe must examiner completely filled in by the medical the event, and cont o burlal, traumatic prior to the attending physician Mental Hygiene prior to 0 Health and any SHOWS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 199272 JUNU1. 1880A 7.7000PM MALCOLM HAINES RAKESTRAW 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State 216-10-8003 1 - MATLE MONTHS DAYS 07708702 90 YRS. MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK RESIDENCE OF DECEDENT CARROLL. 106-CITY TOWN BRIDGATION 10d. INSIDE GITY 1 YES 2 NO 10f. ZIP CODE 21791 FUNERAL 4 S. BENEDUM ST. 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES IF YES GIVE WAR OR DATES W II BY Spacity: 3 Widowed Man-phygrand SWHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 PRINTER **NEWSPAPER** 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) JOHN BENJAMIN RAKESTRAW ELIZABETH HAINES BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BONNIE H. RAKESTRAW 4 S. BENEDUM ST. UNION BRIDGE 21791 20e. METHOD OF DISPOSITION BURIAL
1 Buriel 2 Cremelion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State MOUNTAIN VIEW CEMETERY 4 Donalion 5 Other (Specify) 7/21 UNION BRIDGE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS otheres UNION BRIDGE, MD 23. PART I. Enter the diseases, or complications that seused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Retur IMMEDIATE CAUSE (Finel Onset and Death disesse or condition Congestive resulting in death) henot DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, issding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events reaulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? multiple 1003210003 1 TYES 2 NO OF DEATH? parumonis 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Yown, State) 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and menner as atteded. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 473 0146 20 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STUTHER

32. REGISTRAR'S SIGNATURE

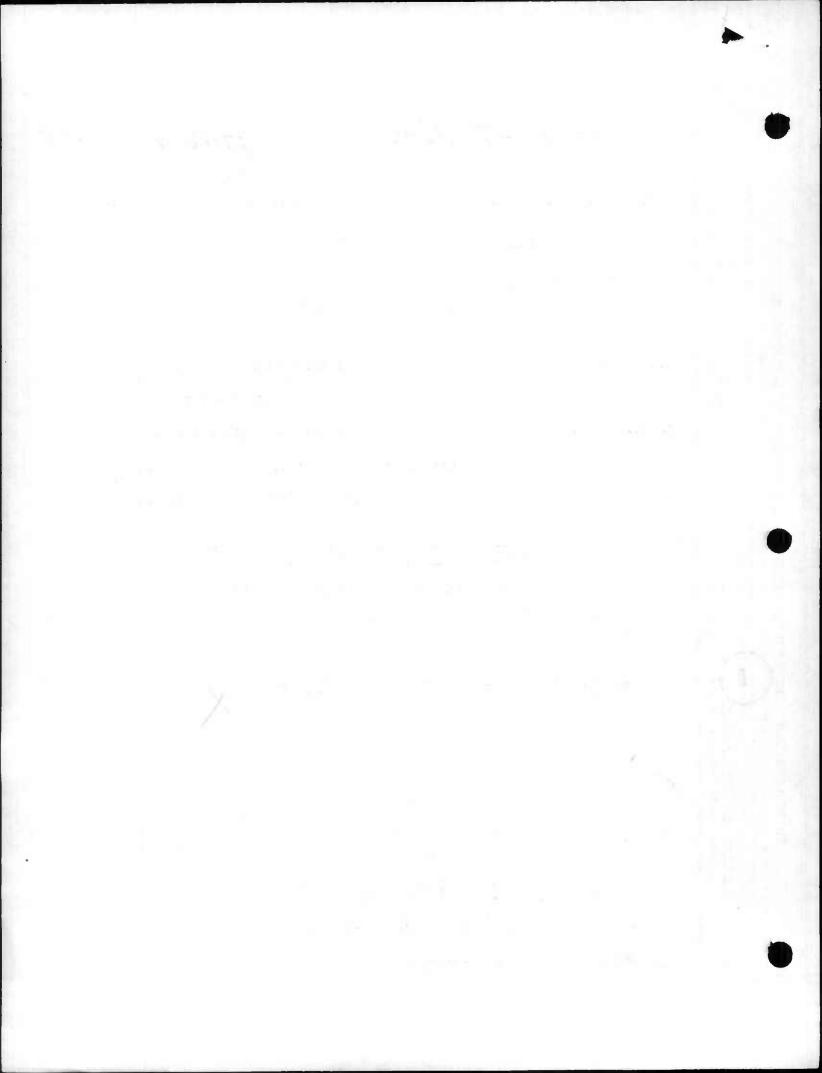
GOVERNMENT OF THE PROPERTY OF THE P



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of the confidence of executed within 24 hours after death. Page 6 may be retained by the hospital or attending prysucian.

TO THE FUNERAL DIRECTOR: After this cartificate has been and dring physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Helling and Completely filled in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Helling and other traumatic event, the madical amplies must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	TMENT OF H	IEALTH A	ND MEN	TAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) MARG	ARET B. 1	PAU			2. D/	ATE OF GEATH	-93	S TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-22-9595	ast birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	MIN. (M	TE OF BIRTH onth, Day, Year) n.16,19	8,	BIRTHPLACE (State or Foreign Country) alto. Md.			
OR	9e. FACILITY NAME (If not institution, give street Balto. Co. Gen.			96. CITY, TOWN Ra	ndalls	OF DEATH		9c. COUNTY	of DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	TION				10d. INSIDE CITY			
	Md. Ca:	rrol1			tersto	own		40 00000	LIMITS? 1 YES 2 NO		
FUNERAL	3697 Clydesdale				2	1136		1100	USA		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp	ecify Cuben,	HISPANIC ORI Mexican, Puer Specify:	GIN? (Specify Yee to Ricen, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEOENT'S EQUICA (Specify only highest grade co	ompleted) (Give kind of we fe. Do NOT use	ork done during mo retired.)	st of working		16b. KINO OF BUS	SINESS/INDUS	FRY		
JOHN BOWLING Margaret Curran 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Burnt Route Number of Burnt Route Number of Burnt Route Number (Type (Print))											
								Zio Code)			
F	Mr. Michael T. Rat	u	3697	Clydesd:	ale Ro	1. R	eisters	town,	Md. 21136		
20e. METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Pline		1	Funer	al Ho	me Reis	tersto	terstown Rd. wn, Md. 21136		
	23. PART I. Entar tha disesses, or con shock, or haart fallure. Lis IMMEDIATE CAUSE (Final	mplications that caused the d at only one cause on each lin	eath. Do no				ardiac or reaple	ratory arrest	intarval Between		
	disease or condition resulting in death)	A CULE M]	EQUENCE OF	tvent	ride	2 He	art		Onset and Death		
NO	Sequentially list conditions, Due to (or as a consequence of): Severe Coron At 7 Outbrio Solviosis YR S Oue to (or as a consequence of):										
ICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DIABETES	- C	Besi"	TY				YRS		
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	OUENCE OF):								
A	PART II. Other algnificant conditions	contributing to death but not	resulting in	the undarlying	gauae give	n Part i.	24e. WAS AN A		24b. WERE AUTOPSY FINDINGS		
MEDIC	UND	~ ~ veu	trick	l 5/1	teen		1 YES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL								1 YES 2 NO		
VSIC	EXAMINER?	IOSPITAL:	3 DOA	28. PL DTHER:		H (Check only					
M 1 VES 2 NO							D				
- 10	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, str	eet, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER	On the besis of examination end/or	Investigation,	In my opinion, de	ath occured	et the time, da	ite and place, end	due to the ce			
2 2	Suns all	9,94. PA	THOM	rest	29c. LICENS	204	PO	▶ 7	INED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO CA		M 27) (Type, P	6 H				1			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE Fishe Davidson	. 20	. 90				(h			
	U 3/	- June mure	- about	-							



death. Page 6 may be retained by the hospital or attending physician. e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS. P.O. BOX 13146.

Ď	after s	by the	emoval
	4 hours	illed in	n, or n
5	within 2	pletely f	crematio
	pecuted	and com	burial,
DIVISION OF VITAL RECORDS FOR 13129,	cate be ex	hysician	prior to
'n	Į.	a B	Pygen
5	D	The affi	
2	i	1	ď,
	equires	en sign	of Heal
į	he law	has be	Dept.
/1	CIAN: T	rtificate	he Stati
5	PHYSIC	this ce	with t
2	NDING	R: After	r death
2 4 5	OR ATTE	DIRECTOR	ours afte
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires and the control of the executed within 24 hours after	THE FUNERAL DIRECTOR: After this certificate has been signed by the attracting physician and completely filled in by the	filed within 72 hours after death with the State Dept. of Health Market Market of prior to burial, cremation, or removal
	THE	THEF	filed w

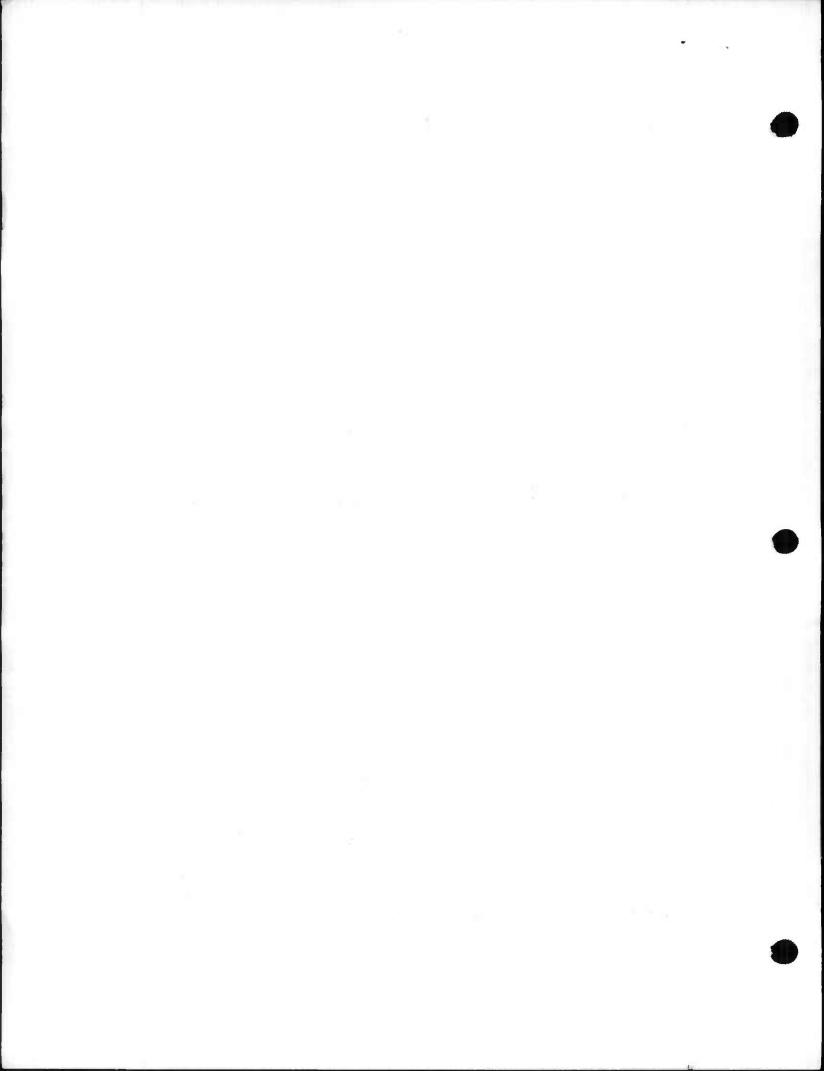
	1 - STATE	STATE OF I				HEALTH AND I DEATH	MENTAL		E		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		- Ci	ERITO	AIE OI	DEALIT	2. DATE	REG. NO.	•		3. TIME OF DEATH
	Alice	L.		Rub1	.e		JULY	16.	992	YEAR	7:45 A.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTHP	LACE (State or Foreig
	288-26-4340	1 - M * F	89	YRS. MON	ITHS DAYS	HOURS MIN.	JUN	F 7 1	.903	OH:	
	9a. FACILITY NAME (if not institution, give s	4444	09	9b.	CITY, TOWN	OR LOCATION OF DI		1. / , 1		TY OF OE	
ECTOR	Physicians Memor	rial Hosp	ital		LaP1	ata			Cha	rles	
띭	10a. STATE 10b. COUNT	Υ		10c. CITY, TO	WN OR LOCA	ATION				1	10d. INSIDE CITY LIMITS?
DIR	MARYLAND	CHARLE	S		LA	PLATA					XX YES 2 NO
ERAL	10e. STREET AND NUMBER				1	Of. ZIP CODE			10g. CITIZ	ZEN OF WH	AT COUNTRY?
#	#1 MAGNOLIA (N	MERIDIA	N NUR.C	CNTR.)		2064	46			U.	S.A.
FUN	11. MARITAL STATUS	12. WAS DECEDED	MAS DECEDENT EVER IN U.S. ARMED 13, WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No- 14, R						- American Indian, White, etc.		
BY F	1 Never Married 2 Married	WAR OR DATES	70		S TO Specif		rican, etc.)		Specify		
	3 Widowed 4 Divorced				<u> </u>						WHITE
日日	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(6	ECEDENT'S USU Silve kind of work	done during n	TION nost of working	16b.	KIND OF BU	SINESS/IND	USTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	+)	a. Do NOT use rel				0		_	
COMPL	10TH GRADE			HOME	MAKE	Ť		V IIIAI	HOME	i)	
COM	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
H	CYRUS L. THORNE							CHUTE	-		
0 B	19a. INFORMANT'S NAME (Type/Print) ADALINE BUCHANAN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BOX4128 MT.CARMEL WOODS LA PLATA.MD. 20646										
-	ADALINE BUCHAN						NOOD				
	20a. METHOO OF DISPOSITION 1 ☐ Burial XXCremation 3 ☐ Ren	noval from State	other p	lace)		emetery, crematory or			CATION —		
	4 U Donation 5 U Other (Specify)		_ HUNT	CT CRE		RY 7-17.	-92	WAI	DORF	'.MA	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE									
		11 11	11	//		AND ADDRESS OF FA		T UON		-	
	Murlae	10.7	gove	rel	ARE	HART FUI	NERA		Æ,IN	IC.	
	23. PART I. Enter the diseases, or	complications th	st ceused the d	eeth. Do not	ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	
	shock, or heart fellure.				ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	LAND 20 Approximete
					ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	AND 20 Approximete interval Bette Onset and D
	shock, or heart fellure. iMMEDIATE CAUSE (Finel	e. Stro	use on each fin	е.	ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	AND 20 Approximete interval Bette Onset and E
	shock, or heert fellure. iMMEDIATE CAUSE (Finel disease or condition	e. Stro		е.	ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	AND 20 Approximete interval Bette Onset and E
	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione,	e. Suco	use on each fin	e.	ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	AND 20 Approximete interval Bette Onset and I
	shock, or heert feliure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Suco	O (OR AS A CONSE	e.	ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	AND 20 Approximete interval Bet Onset and I
	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	e. DUE TO DUE TO C.	O (OR AS A CONSE	EOUENCE OF):	ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	AND 20 Approximete interval Bet Onset and I
	shock, or heert feliure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING	e. DUE TO DUE TO C.	O (OR AS A CONSE	EOUENCE OF):	ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	AND 20 Approximete interval Bette Onset and I
CERTIFICATION	shock, or heert feliure. iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentiely ilet conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. DUE TO DUE TO C.	O (OR AS A CONSE	EOUENCE OF):	ARE P.O	HART FUI	NERA 7 L	A PLA	Æ,IN	IC.	AND 20 Approximete interval Bette Onset and I
CERTIFICATION	shock, or heert feliure. iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentiely ilet conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. DUE TO DUE TO OUE TO d.	O (OR AS A CONSE	EQUENCE OF):	AREI P.O enter the m	HART FUI BOX 56.	NERA 7 L th se cere	A PLA	ME, IN	IC. IARYI eet,	Approximate interval Bet Onset and I
DICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentiely liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. DUE TO DUE TO OUE TO d.	O (OR AS A CONSE	EQUENCE OF):	AREI P.O enter the m	HART FUI BOX 56.	NERA 7 L th se cere	A PLA filec or reap	TA.M. ATA.M. Iretory srr. RAUTOPSY RMED?	IC. IARYI eet,	Approximate interval Bet Onset and I
DICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentiely liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. DUE TO DUE TO OUE TO d.	O (OR AS A CONSE	EQUENCE OF):	AREI P.O enter the m	HART FUI BOX 56.	NERA 7 L th se cere	A PLA filec or reap	TA.M. ATA.M. Iretory srr. RAUTOPSY RMED?	IC. IARY eet,	LAND 20 Approximete interval Bet Onset and II August Days Days Days Days Days Days Days Days
MEDICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentiely liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. DUE TO DUE TO OUE TO d.	O (OR AS A CONSE	EQUENCE OF):	AREI P.O enter the m	HART FUI BOX 56.	NERA 7 L th se cere	A PLA filec or reap	TA.M. ATA.M. Iretory srr. RAUTOPSY RMED?	IC. IARY eet,	LAND 20 Approximete interval Bett Onset and E 2 Day WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF OGENTH?
MEDICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions. 25. WAS CASE REFERRED TO MEDICAL	e. Suco DUE TO b. DUE TO c. OUE TO d	O (OR AS A CONSE	e. COUENCE OF): COUENCE OF): COUENCE OF):	ARE P.O enter the m	HART FUI BOX 56.	NERA 7 L 1 has cere	A PLA diec or reap 24e. WAS AR PERFO	TA.M. ATA.M. Iretory srr. RAUTOPSY RMED?	IC. IARY eet,	LAND 20 Approximete interval Bett Onset and E 2 Day WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF OGENTH?
SICIAN: MEDICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition	e. Suco DUE TO DUE TO OUE TO d. OUE TO HOSPITAL:	O (OR AS A CONSE	e. COUENCE OF): COUENCE OF): COUENCE OF):	AREI P.O enter the m	HART FUI BOX 56 node of dying, auc	NERA 7 L 1 has cert	A PLA flec or reap 24a. WAS AN PERFO 1 UYES ::	TA.M. ATA.M. Iretory srr. RAUTOPSY RMED?	IC. IARY eet,	LAND 20 Approximete interval Bets Onset and E 2 Day WERE AUTOPSY FIND AMALBLE PRIOR TO COMPLETION OF CA
4YSICIAN: MEDICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	e. DUE TO DUE	O (OR AS A CONSE	e. COUENCE OF): COUENCE OF): COUENCE OF): TOUENCE OF): TOUENCE OF):	AREI P.O enter the m he underly!	HART FUI BOX 56 node of dying, auc	NERA 7 L The me cert Pert I. Beck only or The other	A PLA flec or reap 24a. WAS AN PERFO 1 UYES ::	ME, INATA MAITOPSY RMED?	IC. IARYI eet,	LAND 20 Approximete interval Bett Onset and E 2 Day WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF OGENTH?
PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending	e. DUE TO DUE	O (OR AS A CONSE	e. COUENCE OF): COUENCE OF): COUENCE OF): SOUENCE OF): OUENCE OF):	ARE] P.O enter the m the underlyl 26. THER: Nursing Ho	HART FUI BOX 56 node of dying, auc	NERA 7 L The me cert Pert I. Beck only or The other	A PLA filec or reap 24a. WAS AN PERFO 1 UYES:	ME, INATA MAITOPSY RMED?	IC. IARYI eet,	LAND 20 Approximete interval Bette Onset and E 2 Day WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF OGENTH?
BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending investigation	e. Suco DUE TO D	O (OR AS A CONSE	e. FOUENCE OF): FOUENCE OF):	ARE P.O enter the m	HART FUI BOX 56 NOTE: BOX 56	NERA 7 L th se cerc 1 Pert I. 8 Other 28d. DE:	A PLA flec or reap 24a. WAS AN PERFO 1 YES ::	I AUTOPSY RIMED?	ARY) eet, 24b.	Approximete interval Bet Onset and E Onset E O
TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert feliure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturat 5 Pending investigation	e. Suco DUE TO D	O (OR AS A CONSE	e. FOUENCE OF): FOUENCE OF):	ARE P.O enter the m	HART FUI BOX 56 NOTE: BOX 56	NERA 7 L th se cerc 1 Pert I. 8 Other 28d. DE:	A PLA disc or reap 24a. WAS AN PERFO 1 UYES:	I AUTOPSY RIMED?	ARY) eet, 24b.	Approximete interval Bets Onset and E C C C C C C C C C C C C C C C C C C
LETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition EXAMINER? 1	e. Suco DUE TO D	O (OR AS A CONSE	e. COUENCE OF): COUENCE OF): COUENCE OF): Tesuiting in to the couence of the	ARE P.O enter the m	HART FUI BOX 56 node of dying, auc	NERA 7 L The me cert 1 Pert i. 8 Other 28d. DE:	A PLA Silec or reap 24a. WAS AN PERFO 1 UYES: PO (Specify) SCRIBE HOW CATION (Street Or Town, State	A AUTOPSY RMED? 2 X NO INJURY OCC and Number	LARY eet, 24b. CURED	Approximete interval Bets Onset and E C C C C C C C C C C C C C C C C C C
WPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE C (Month, 28b. PLACE building	O (OR AS A CONSE	e. COUENCE OF): COUENCE OF): COUENCE OF): Tesuiting in to the course of the course	ARE P.O enter the m	HART FUI BOX 56 node of dying, auc one of dying, auc place of DEATH (c) one of DE	NERA 7 L The me cert 1 Pert i. 8 Other 28d. DE: 28f. Loc City a to the ce	24a. WAS AN PERFO	IR , INATA . M. Iretory srm NATA . M. Iretory srm NAUTOPSY RMED? 2 X X O INJURY OCC and Number inner as state	24b.	WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF GEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation investigation in the condition of the conditions investigation in the condition of the condition investigation in the condition of the condition investigation in the condition of the cond	B. DUE TO	O (OR AS A CONSE	e. COUENCE OF): COUENCE OF): COUENCE OF): Tesuiting in to the course of the course	ARE P.O enter the m	HART FUI BOX 56 node of dying, auc one of dying, auc place of DEATH (c) one of DE	NERA 7 L The me cert 1 Pert I. 8 Other 28d. Dec. 28f. Loc. City a to the ca	24a. WAS AN PERFO	A AUTOPSY RMED? 2 XXO INJURY OCC and Number)	24b.	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF GEATH? 1 YES 2 NO

Daniel M. Howell, MD, Pembrooke Sq., #104, Hgy. 301 So., Waldorf, Maryland 20603

32. REGISTRAR'S SIGNATURE
Julia Davidson Randala.

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month, Dey, Year) 32 2 0 '92



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

. BOX 68760,
×
B
0
۵.
Ś
0
Œ
0
0
RECORDS,
VITAL
2
Ξ
2
F
LOFVI
NOISI
0
S
_

2. DATE OF DEATH MONTH CHARLES C. SEXTON, JULY 10 11:59 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 9 (Month, MAY HOURS 212-30-6945 1 🔀 M 2 🗌 F YRS. VIRGINIA 60 1932 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH DIRECTOR UNION HOSPITAL ELKTON CECIL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CECIL COLORA 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2088 COLORA ROAD 21917 USA retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— It yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, 1 Never Married Merried BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specifie WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) TRUCK DRIVER CONSTRUCTION COMPANY 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) pe 3 WALTER SEXTON JINCY VAUGHT BE notified a 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HELEN M. SEXTON 2088 COLORA ROAD, COLORA, MD 21917 Page 6 may be pe METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION

XX Burlet 2 □ Cremetion 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must director, ROSEBANK CEMETERY 7-14-92 RISING SUN. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral R.T. FOARD FUNERAL HOME the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. RISING SUN. MD medicai 23. PART I. Enter the diseases, complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart affirm. Liet only one cause on each line. Approximate Interval Betwe IMMEDIATE CAUSE (Final Onset and Death 24 the disease or condition breborevascular within event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed Expertensiers traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 death Injury, PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Signed by t Health and AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any oronary Hear Disease 1 TYES 2 NO Shows t, of F 1 YES 2 NO DM has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO n the State 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: OR ATTENDING PHYSICIAN: ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA e 5 Residence 6 Other (Specify) 0 27. MANNER OF BEATH 28e. DATE OF INJURY (Month, Day, Year) this co marked, 28b. TIME OF 26c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO After death 2 Accident TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Ar be filed within 72 hours after de IMPORTANT: If item 28 is 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28 is 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, date end place, and dus to the cause(e) and manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER
D 2 33 22 29d. DATE SIGNED (Month, Day, Year) M. leders 13/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) UNION HOSPITAL ELKTON, MD SACHDEV 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUI 15'92 DHMH-16 Rev 1/89

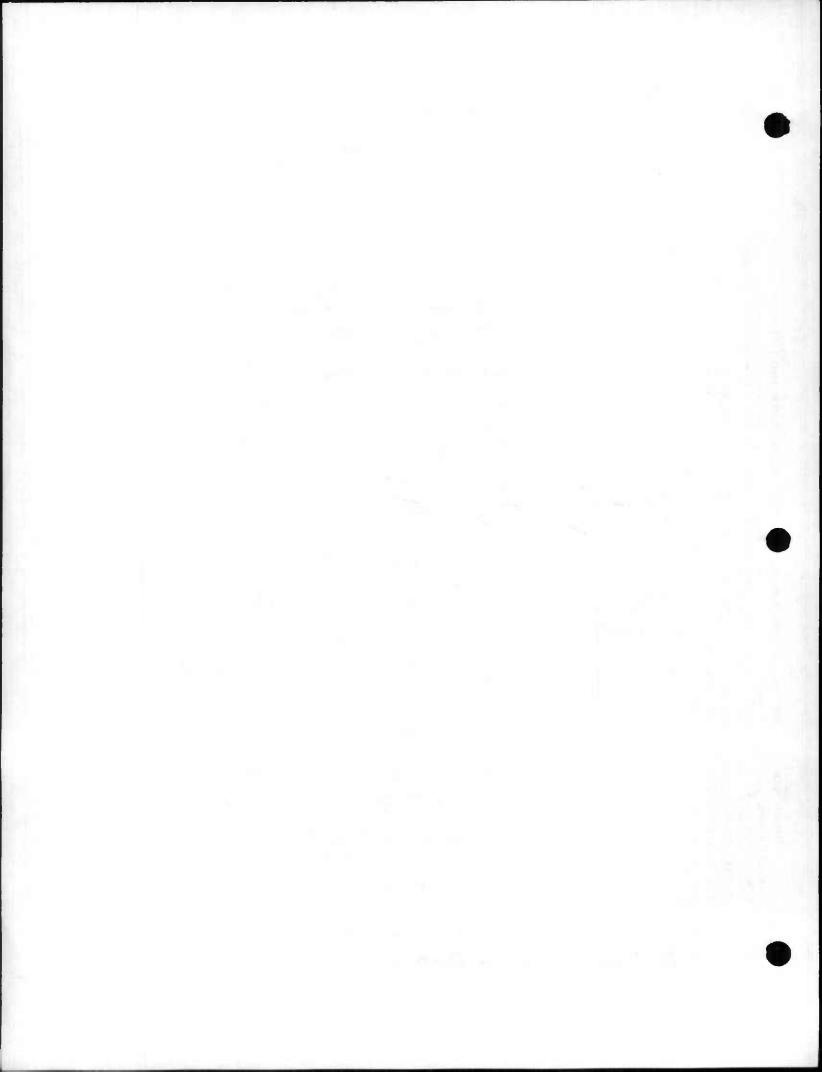
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92-2102/

REG. NO.

3. TIME OF DEATH

CERTIFICATE OF DEATH

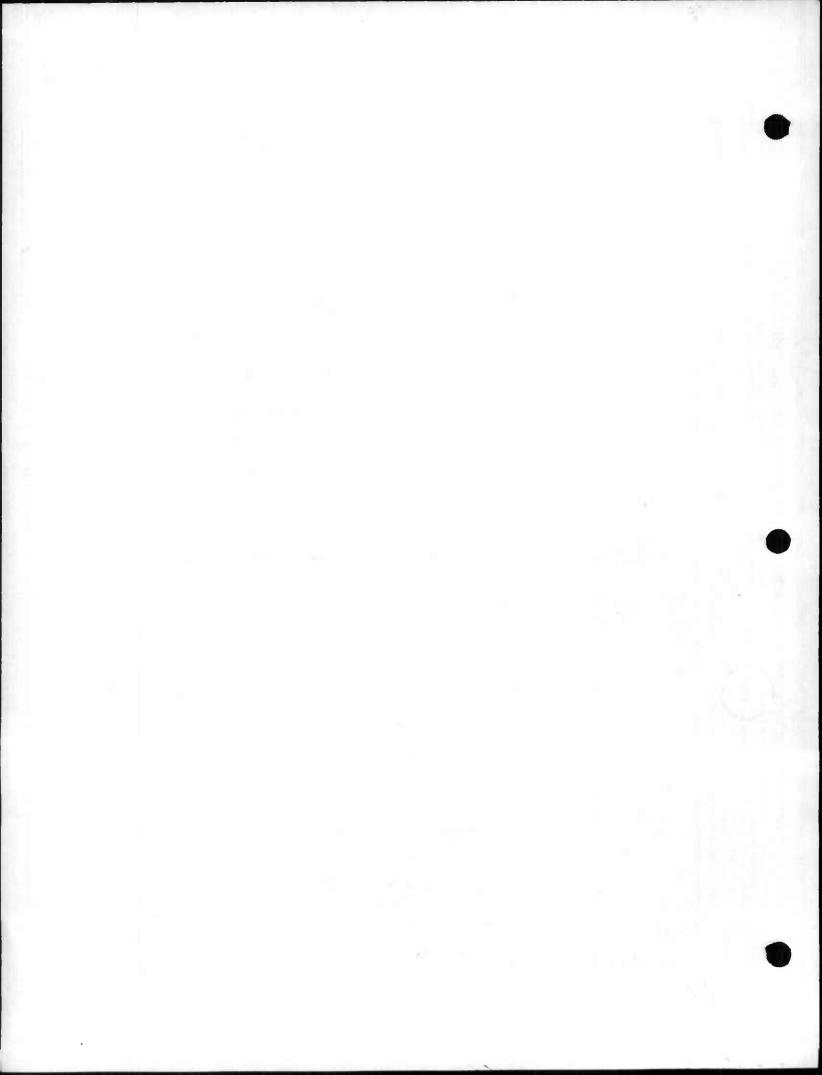
70



OVOU, BALLIMORE, MARYLANI	cuted within 24 hours after death. Page 6 may be retained by the hosp	I completely filled in by the funeral director, page 5 should be detache untal, cremation, or removal.	ic event, the medical examiner must be notified at once.
CHISTON OF WITH THE CORPUS, P.O. BOX 86/60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law reported mail the design conflicted be executed within 24 mous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been expensely by a structure physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. The filled within 12 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23 inver any July, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH F DEAT	AND ME	ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)						DATE OF DEATH		1 TIME OF DEATH		
	Virginia Lou						MONTH S	YEAR	Shin		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEA		24 HRS. 7	(Month, Day, Year)	8. BIF	THPLACE (State or Foreign		
	215-38-6006	1 □ M 2 💢 F 5	03/17/38		shington, DC						
œ	9e. FACILITY NAME (If not institution, give				N OR LOCATIO		Н	9c. COUNTY OF	DEATH		
DIRECTOR	17060 King James Way Gaithersburg Montgomery										
R	10e. STATE 10b. COUNT	Υ				10d. INSIDE CITY					
		Carenersburg							LIMITS?		
RAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN O	WHAT COUNTRY?		
FUNERAL	17060 King James						877	USA			
	1 Never Married 2 Merried	1 Never Married 2 Merried FORCES? 1 YES 2 XNO If yes, specify Cube						or No- 14, RA Bi	CE — American Indian, ack, White, etc.		
ВУ	3 Widowed 4 X Divorced	3 Widowed 4 X Divorced IF YES, GIVE WAR OR DATES							ochy: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16b. KIND OF BUS	SINESS/INDUSTRY							
9	Elementery/Secondary (0-12)	most of working	9								
MP	12			Own Hon	ie						
	17. FATHER'S NAME (First, Middle, Last)						(First, Middle, Meiden	Sumeme)			
BE	Jeter Smith 19e. INFORMANT'S NAME (Type/Print)			Mills To Number, City or Town							
5	William J. Smith								20745		
	20e. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Normal)										
	cometery of them state Cemetery cremetery of the place Cemetery of the pla										
	21. SIGNATURE OF FUNERAL SERVICE LI	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, PA									
	1 Jack	X Zue							e, MD 20781		
	23. PART. Enter the diseases, pr	complications that ceused	the deeth. Do r	not enter the	node of dyle	ng, such a	s cardlec or reaple	ratory arrest.	Approximate		
	Interval Between										
	onset and Death Cerbio var Cube. Onset and Death onset and Death										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF)										
ATI	til any, leading to immediate cause. Enter UNDERLYING										
FIG	CAUSE (Disease Dr Injury that Initiated events DUE TO (DR AS A CONSEQUENCE DF):										
CERTIFICATION	resulting in deeth) LAST										
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
CAL	Cos	Solition (ing to death o	or nor readiting	in the underly	ing ceuse g	Ivan in Par	t I. 24a. WAS AN A PERFOR		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC		3					1 - YES 2	NO	OMPLETION OF CAUSE OF DEATH?		
Σ							-		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DE	ATM Check	ant and				
Sic	EXAMINENTY YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	etient 3 🗆 DOA	OTHER:			11. 7. 20.00				
主	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c.	NJURY AT		d. DESCRIBE HOW IN	JURY OCCURED			
Β¥	Netural 5 Pending Investigation	(Month, Day, Year)	INJ		WORK? YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, a	treet, factory, o	flea	28	t. LOCATION (Street as	nd Number or Rura	Route Number,		
Ë.	4 Homicide determined						City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one)	CIAN: To the beet of my knowl	edge, death occurre	ed at the time, d	its end place,	and dua to t	he cause(e) end men	ner as stated.			
ő	MEDICAL EXAMINE	R: On the beels of exemination	end/or Investigatio	n, In my opinior	, death occure	d at the time	, data end placa, and	dua to the cause	(e) and manner ee stated.		
HE I	296. SIGNATURE AND TITLE OF CERTIFIES	0-		`	29c. LICEN	ISE NUMBER	311	29d. DATE SIGNE	D (Month, Day, Year)		
6	70 NAME AND ADDRESS OF SECOND	Suca	~		200	80.	74	トア・	: 455		
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	2,5	s Giv	SID	Dee	Bathos		
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNI	TURE Rande	82					na		

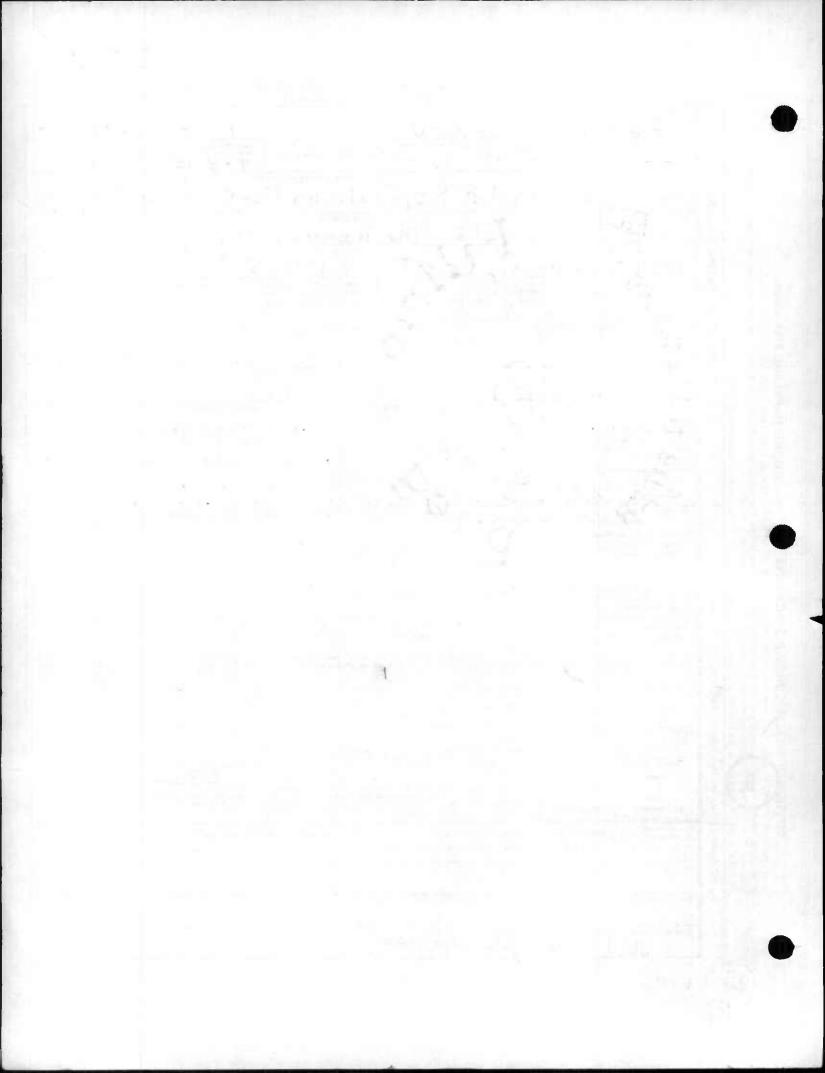




-	hours
	24
60,	within
687	executed
×	40
IL RECORDS, P.O. BOX 68760,	rtificate b
~·	93
S, F	death cer
0	中
E	ulres that the o
8	Sa
RECORDS	mipul
_	À
A	2
Ε	2
-	á
9	PRIS
4	88
)ISI	ATTEN
=	10
2	HOSPITAL
	光
	2

	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AN ATE OF DEATH	D MENT	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	E OF DEATH	YEAR 3.	TIME OF DEATH	
	KALPH	SOLOY			,	7 - 3 -	92	1900 "	
	4. SOCIAL SECURITY NUMBER 072-05-0742	1 W M 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HR	(3.4-	E OF BIRTH nth, Day, Year) - 8-15	Country)	SYLVANIA	
	90. FACILITY NAME (If not institution, give Washing ton RESIDENCE OF DECEDENT	Adventest	1-60p	OF DW a	Pal-	k 1	MOTO OF A	TH Oppull	
DIREC	10e. STATE DO 10b. COUNT	BERLAND	10c. CITY, TO	Showies)	leur	ov		Dd. INSIDE CITY LIMITS? TYES 244 NO	
ERAL	100. STREET AND NUMBER	verra C	ourt	101. ZIP CODE	22	10g. Cr	USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Talerried 3 Widowed 4 Divorced	12. WAS DECEDING EVER I FORCES? X YES IF YES, GIVE WAR OR D		13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 A 7400 Sc			14. RACE	American Indian, white, etc.	
ETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	16a. DECEOENT'S USL (Give kind of work life. Do NOT use re	done during most of working	IDUSTRY				
	12	0	KITCHEN	SUPERVISOR		COMMONWEALT	H OF F	PENNSYLVA	
COMPL	17. FATHER'S NAME (First, Middle, Last)								
BE	JOSEPH SOLOMON				IA KHO				
၉	19a. INFORMANT'S NAME (Type/Print)	CED COLOMON		DRESS (Street end Number or Ru			,	NC C	
	VIRGINIA M. NAS		PLACE AND DATE OF O	NBERRY CT., N		TE 20c. LOCATION -			
	20e METHOD OF DISPOSITION AVA Buriel 2 Cremetion 3 Ren 4 Donation 8 Other (Specify)	noval from State		EN MEM. PARK	DA			OWNSHIP,	
	21. SIGNATURE OF FUNERAL SERVICE L		1	22. NAME AND AODRESS OF				· · · · · · · · · · · · · · · · · · ·	
	I Toll	J-71/.00	les	FLECK FUNERA 7601 SANDY S			EI ME	20707	
RTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
AL CE	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTO								
MEDIC		PERFORMED?							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	(Check only o	pne)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outs		THER: ☐ Nursing Home 5 ☐ Residen			_		
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF			ESCRIBE HOW INJURY OF	CCURED		
B	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO					
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stele)						e Number,	
COMPLE		SICIAN: To the best of my know ER: Dn the basis of examination						nd manner ee stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE		. /	29c. LICENSE				onth, Day, Year)	
5	30, NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	0,		•	7-9.	-72	
	ATRICIA 31. DATE FILED (MORTH), Day, Year)	32. REGISTRAR'S SIGN	ATHOR	WASH. AD	VEM	2ST HOSP	ITAL		
	JUL 1 3 199		doon-Randall	•					





S	
7	Ĺ
Œ	٦
D	
D	
ш	i
205	p
-	
=	
TAI	
>	
LL,	
ō	
-	
=	
$\overline{\circ}$	
ISIO	
7	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The limit of the management of death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CE	ERTIFICATE	0	F DEAT	H		REG	NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF HEA	LTH AND	MENTAL	HYGIENE REG. NO.	.)	<u>_</u>	21024
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
		JOSEPH SAMU	EL SELLERS			MONTH	JL 12		YEAR	10:24 A
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday) IF	UNDER 1 YEAR IF	UNDER 24 HRS.	7. DATE C			I. BIRTH	PLACE (State or Foreign
	245-20-8051 9a. FACILITY NAME (If not institution, give	1 M 2 F	65 YRS.	CITY, TOWN OR LO	OCATION OF D	APF	R 15 1	927 :		TH CAROLINA
CTOR	NATIONAL NAVAL N	MEDICAL CENTE			ESDA					DMERY
W I	10a. STATE 10b. COUNT	TY	10c. CITY, TO	OWN OR LOCATION	WN OR LOCATION					10d. INSIDE CITY LIMITS?
	MARYLAND ANNE	E ARUNDEL	ED	DGEWATER					1 YES 2 NO	
₹ I	10e. STREET AND NUMBER		10f. ZIP	CODE			10g. CITIZI	EN OF W	HAT COUNTRY?	
FUNERAL	178 SOUTHDOWN F	ROAD			21037			UN	ITEI	STATES
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 TYPYES						or No- 1	4. RACE Black	— American Indian, White, atc.
à	3 Widowed 4 Divorced	1943 - 1	ATES	1 TYES 2 X			,		Specif	
	15. DECEDENT'S EDI	UCATION	16a. DECEDENT'S USL	AL OCCUPATION		16h	KIND OF BUS	INESS/INOU	ISTOV	MULIE
ETED	(Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of	working	1000	Kino or boo	11123711100	SINI	711
COMPL	9	33.090 (1 4 61 6 4)	U.S.	NAVY			DEFEN	SE.		
Š	17. FATHER'S NAME (First, Middle, Last)				MOTHER'S NA	ME (First, M				
BE	JOSEPH SAMUET	SELLERS SR.			WI	NNIE	JERNI	GAN		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and N	umber or Rural	Route Numbe	er, City or Town	, State, Zip C	lode)	
	VALERIE SELLERS		178	SOUTHDOW	N ROAD	EDG	EWATE	R. MD	2.1	L037
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rer		. PLACE AND DATE OF D			DATE		ATION - C		
4 Donation 5 □ Other (Specify) Maryland Veterans Cemetery Crownsville,										
	21. SIGNATURE OF FUNERAL SERVICE L	11 1 1		22. NAME AND A	TO FU	nera.	l Hom	e, P	. A.	
	> Ihomas A	Houseou		12 Rid						
	shock, or heart failure. List only one ceuse on each lina.								Approximate Interval Between Onset and Death	
HIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST									
5	PART II. Other algnificant condition	one contribution to death h		S						
#: MEDICAL	TAIT III. Giller agrillicant condition	The Contributing to ageth b	ut not resulting in ti	ne underlying ce	use given in	Part I.	24a. WAS AN / PERFORI	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE	OF DEATH (Ch	eck only one)			
7	1 YES 2 NO	HOSPITAL: 1 Nopetient 2 ER/Outp		THER: Nursing Home 5	Residence	8 Other	(Specify)			
	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY			CRIBE HOW IN	JURY OCCU	IRED	
	1 X Natural 5 Pending 2 Accident Investigation			M 1 TES	2 NO					
ED	3 Suicide 6 Could not be determined	— At home, term, stree	l, factory, office		281. LOCATION (Street end Number or Rural Route Number, City or Town, State)			oute Number,		
	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occurred at	the time, date end	place, and due	to the caus	e(a) end man	or as states	d.	
COMPLE		IER: On the beels of examination								end manner as stated.
2 20	296. SIGNATURE AND OTLE OF CHANGE				LICENSE NUI				-	(Month, Day, Year)
2	30. NAME/AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time Drie	n() N	ATIONA	T. MAT	/AT ME	DICAL	111	3/72 WER
	I P CHUTE.	LT. MC. USNR	v () (i) po, Cili		ETHESE					ALDIN
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			,				
	JUL 14 1992 5	July Durdon of	MARIE .							

all the formation were the second

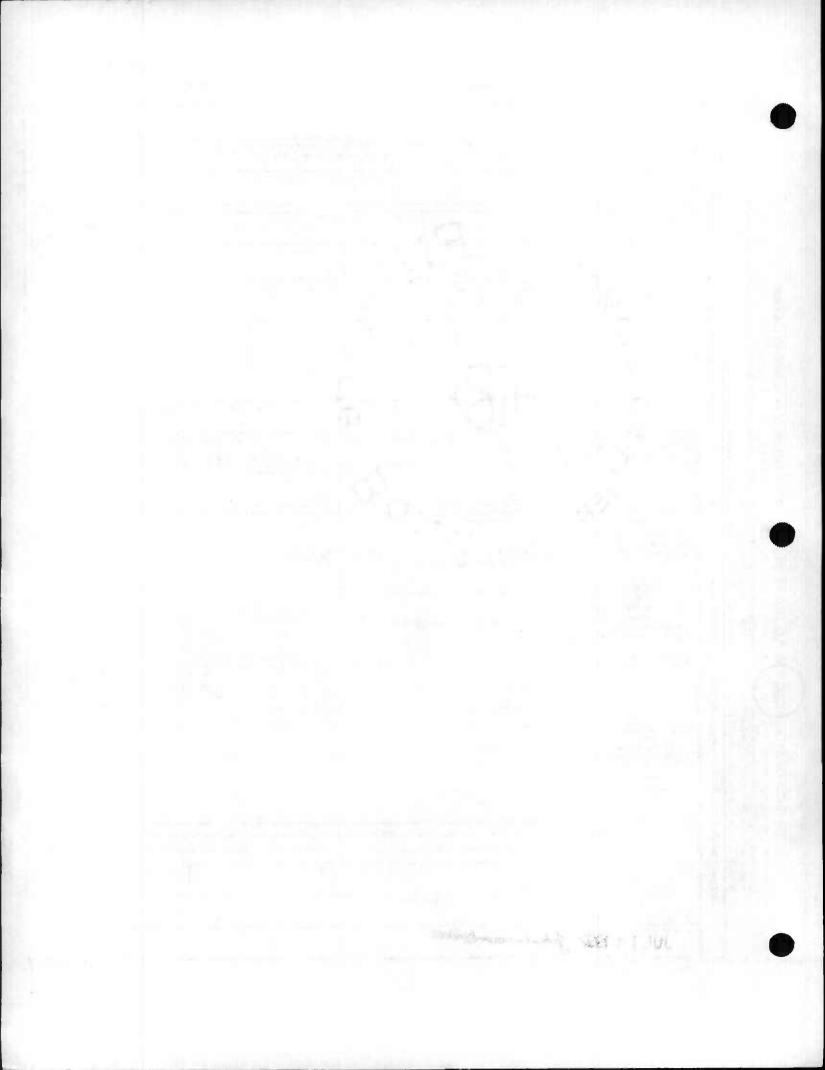
1 - STATE REGISTRAR	SIALE UF MAH	CERTIFI		HEALTH AND F DEATH	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ROBERT	0.		SU	IT JR.	1		992 9:03 P.M
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign
212-70-4555	1 ∑ M 2 ☐ F	2.1 YRS.	MONTHS DAY	HOURE MIN.	01-10-	71 2	nnapolis.MD
9a. FACILITY NAME (If not institution, give				N OR LOCATION OF		9c. COUNTY	Y OF DEATH
ANNE ARUNDEL GENI	ERAL HOSPIT	AL	ANNAP	OLIS		ANNE	ARUNDEL
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ν	I son Criti	r. TOWN OR LO	CATION			I St. Wales
	Arundel		idson				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			100011	10f. ZIP CODE		T 40 - OUTSTE	1 ☐ YES 2 🔀 NO N OF WHAT COUNTRY?
1345 Doublegat	o Poad			21035			
11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARMED	13. WAS D		NIC ORIGIN? (Specify Y	USA	S. RACE — American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 Y	ES 2 NO	If yes,	specify Cuban, Mexic ES 2 X NO Spec	an, Puerto Rican, etc.)		Black, White, etc. Specify: White
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	Hellar Occupa	TION	16b. KIND OF B		
(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w	vork done during	most of working	168. KIND OF B	USINESS/INDUS	THY
12	College (1-4 or 5+)	Mechan	ical	Enginee:	r Giant	Foc	bo
17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Maide		
Robert O. Suit	Sr.			Lorra	ine King		
19a. INFORMANT'S NAME (Type/Print)	G				Route Number, City or To		
Robert O. Suit	Sr.	1345	Doubl	egate Ro	pad, Davi	ldsonv	ille, MD
20e. METNOD OF DISPOSITION 1 □ Remark Remar	oval from State	20b. PLACE AND DATE Of the comelery, cremetory or of Davidson	F DISPOSITION	Name of	DATE 20c. L	OCATION — CIT	y or Town, Stata
4 Denation 5 D Other (Specify)	TENSEE	Davidson		AND ADDRESS OF F		David	sonville, MI
4	7 11	. 5	Har	desty Fi	ineral Ho	ome, P	.A.
Momes N	Thatas of				Ave. Ann		
23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. COUPD DUE TO (OR)	n each line.			ch as cardiac or rea	Piratory arres	t, Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с.	AS A CONSEQUENCE OF	, 				
PART II. Other algolificent condition	a contributing to deel	h but not resulting i	n the underly	ing cause given in		N AUTOPSY PRIMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 10 YES 2 \(\text{NO} \) NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)		L
EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	ome 5 🗆 Rasidenca	8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye.	RY 28b. TIME	OF 28c. I	NJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
1 Netural 5 Pending 2 Accident Investigation	7-11-199	200		YES 2 NO	PASSENGER	EJECT	ED FROM TRUCK
3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (URY — At home, ferm, st	treet, factory, of		281. LOCATION (Street	and Number or	
4 Homicide determined		ON STR	EET		MOUNTAIRE		
29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	CIAN: To the best of my ki	nowledge, death occurre	d at the time, de	ita and place, and du			
					time, data and place, a		
	-			anarii occorea at titi			ause(a) and manner as stated.
296. SIGNATURE AND TITLE DE CERTIFIE							
				29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
	hele				MBER	29d. DATE S	

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

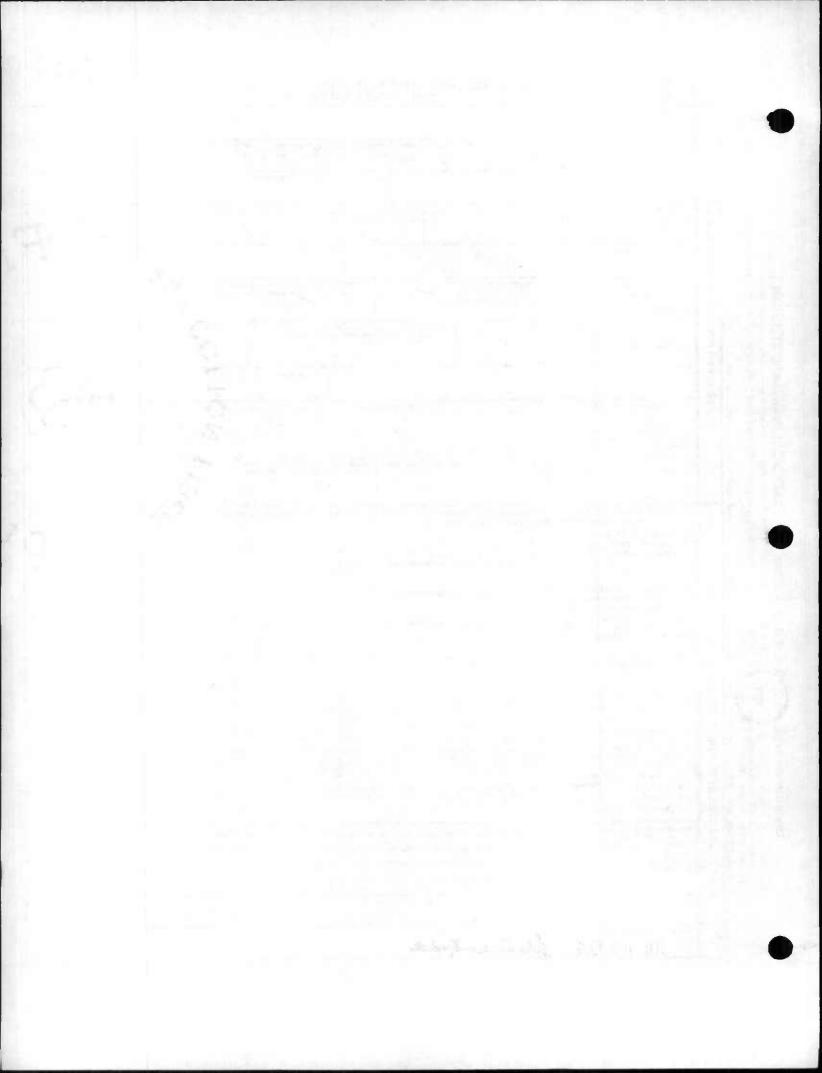


BALTIMORE, MARYLAND 21215-0020 RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

redeath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Mental Hyglene prior to burial, cremation, or removal. any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN. The series TO THE FUNERAL DIRECTION: After this certificant action be filed within 72 hours after death with the Sam Direction of Hem 23 should have a series of them 23 should have a series of the s

1	FOR STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT O		MENTAL HYGIENE REG. NO.		
	DECEDENT'S NAME (First, Middle, Leel) ERIC	MELVIN		SMITH	2. DATE OF DEATH MONTH 06	1992	3. TIME OF DEATH 5:16 A.M
9	SOCIAL SECURITY NUMBER 2/5 - 80 - 3870 B. FACILITY NAME (If not institution, give s 1107 GLEN WILLOW		YRS. MONTHS DA	EAR IF UNDER 24 HRS. AVS HOURS MIN. WIN OR LOCATION OF E PLENSANT		a. BIRTH CQUARTY OF DE PRINCE	Linbury EATH
DIREC	DESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Por		Seat		,	FRINCE	10d. INSIDE CITY LIMITS? 1 TES 2 NO
FUNERA	Do. STREET AND NUMBER;	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 CHO	If ye	s, specify Cuban, Mexic	NIC ORIGIN? (Specify Yes or	No— 14. RACE Black	— American Indian,
MPLETED	Wildowed 4 Divorced 15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 7. FATHER'S NAME (First, Middle, Last)		DENT'S USUAL OCCU kind of work done durin NOT use retired.) MANAGE	ng most of working	16b. KIND OF BUSING MEDON Shoe S	tore	Blh
<u> </u>	Milfon F. Be. INFORMANT'S NAME (Type/Print) EVELYN SM	5mith 100.8	MAILING ADDRESS (SO	Evel	AME (First, Middle, Meiden Sur Y V , Poute Number, City or Town, S V + Salvsk	lanua	md. 21801
1	De. MEMOD OF DISPOSITION Surial 2 Cremetion 3 Rem Donation 6 Other (Specify) SIGNATURE DESIGNED SERVICE LE	oval from State cemejery, crema	22. NAN	Cernetar Cernetar ATSON ATSON		spung.	vn, State M. 2/80/ ===================================
li d	23. PART I. Enter the diseases, or of ahock, or heart failure. MMEDIATE CAUSE (Final lisease or condition esulting in death)	complications that caused the deat List only one cause on each line. But to love the consequence of the con	n. Do not anter the	moda of dying, su		ory arreat,	Approximata Interval Between Onset and Death
H G C tt	dequentially list conditions, if any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury that initiated events esuiting in death) LAST	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE					
MEDICAL	ART II. Other algnificant condition	a contributing to death but not res	ilting in the under	lying cause given in	Part I. 24e. WAS AN AUTPERFORME 1 XYES 2	D? NO	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:	6. PLACE OF DEATH (C			
10 01	MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 07-06-1992 28e. PLACE OF INJURY — At home, building, etc. (Specify)	8b. TIME OF INJURY 1	INJURY AT WORK? YES 2 NO	26d. DESCRIBE HOW INJU SUBJECT CUT 28f. LOCATION (Street and City or Town, Street) 1107 GLEN W.	AND STA	oute Number,
2	2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, death R: On the bests of examination and/or inve	occurred at the time,	on, death occured at the	e to the cause(e) end manner e time, date end place, end di	ee stated. us to the ceuse(e)	end menner ee stated.
	A. SIGNATURE AND TITLE OF CERTIFIER	J. Chute 140	(Type, Print)	O.C.M.I		07-07-1	
31.	Dennis J DATE FILED (Month, Day, Year) JUL 08 1992	32. REGISTRAR'S SIGNATURE Julia Davidson Rondoll	111 PE	NN STREET	BALTIMORE MA	ARYLAND	21201



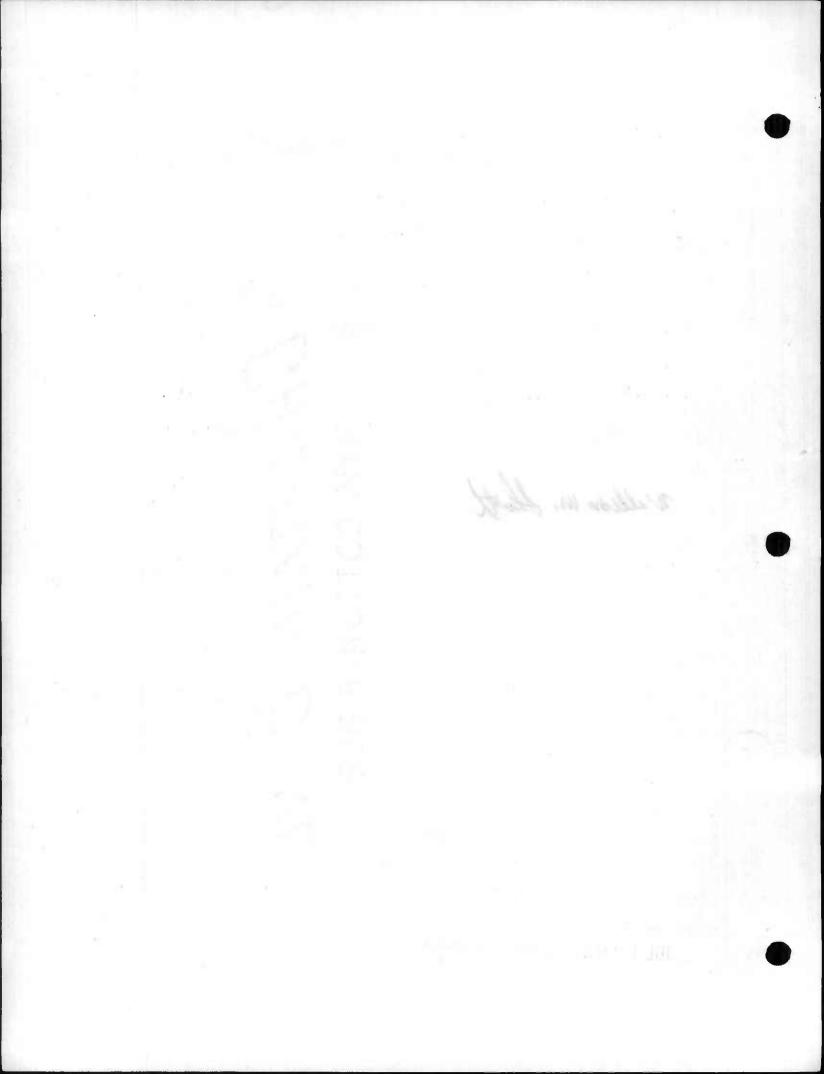
IYGIENE -

	REGISTRAR		C	ERIII	ICALL	: OF	DEA	IH	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) NINA W. STOKES								2. DATE OF D MONTH July	EATH DA	199	92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER	-	7. DATE DF B	IRTH		8. BIRTH	IPLACE (State or Foreign
	218-20-3927	1 M 2 XF	68	YRS.	MONTHS	DAYS	HOURS	MIN.	4 28 P	19	924	Mo	ř.
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	TOWN E	OR LOCATE	DN DF DE	ATH		9c. CDU	NTY DF DI	EATH
SH	Fourth & School	St.			Shar	rpto	wn				Wice	omico	1
DIRECTOR	RESIDENCE OF DECEDENT												
R	10a. STATE 10b. COUNT		Y, TOWN D								10d. INSIDE CITY LIMITS?		
0		omico		SI	harpt	own							1 X YES 2 ND
AL	10e. STREET AND NUMBER					101	. ZIP CDDI	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
EH	Fourth & School	St.										US	SA .
FUNERAL	11. MARITAL STATUS		NT EVER IN U.S. AE		13.	WAS DEC	ENDENT D	OF HISPAN	IC DRIGIN? (Sp	ecity Yea	or No-	14. RACE	E — American Indian, k. White, etc.
ВУ	1 Never Married 2 XMarried 3 Widowed 4 Divorcad		MAR OR OATES	NE		1 YES	2 XHO	Specify	n, Puerto Rican	, with		Speci	ity:
			1		-								White
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade	e completed)	(G	ECEDENT'S Give kind of a e. Do NOT us	work done	during mo	ON est of worldr	ng	16b. KIN1	D OF BUS	INESS/INC	DUSTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Homen						TT am			
X	17. FATHER'S NAME (First, Middle, Last)			пошел	llaker	:	40 1407			Home			
	Ralph Willey								ME (First, Middle heatle				
BE	19a. INFORMANT'S NAME (Type/Print)		10	***************************************		- (Ormal s							
2	S. Raymond Stoke								Route Number, C			p Code)	
1			20b. PLACE						Sharpto			Sec.	
	20e, METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Rem	noval from Stata	Firem	lace)	Come	me or cen	netery, cren	natory or				City or To	
	4 Donation 5 Other (Specify)	CENSEE /	Filem	еп 5				SS OF FAC	OII STV	Sing	irpu	own,	Ma.
	million In	100	4		Sh	nort	Wind	dsor	Dishar Laurel,	coon	Fune	eral	Home, Inc.
	23. PART I. Enter the diseases, or	complications the	at caused the de	eath. Do	not enter	the mo	de of dy	ina, such	as cardiac	or reaple	ratory an	rest.	Approximate
	ahock, or heart fallure.	List only one car	use on each line	e.						300 4		,	Interval Between Onset and Death
	immediate cause (Finel disease or condition resulting in death) a. Ocute bulinovrovy edemo.								ma.				Oliset and Death
	reaulting in death)	DUE TO	OF AS A CONSE	DHENCE O	E).		,						
-		Co	arcin	ume	OFE	Sis	>						= 2 years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		O (DR AS A CONSE										
S	cause. Enter UNDERLYING	6.											
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSE	QUENCE O	F):								
E	resulting in death) LAST	d											
	PART II. Other significant condition	ne contribution to	death but not	regulting	In the m	ad advisa		alues la	Dord I ata	24s. WAS AN AUTOPSY		0.05	WEST ALTONOM FROM CO.
EDICAL	VART II. Other significant condition	ne contributing to	r death out not i	resulting	in the ur	Idenyini	g cause :	given in	Part 1. 248.	PERFOR		240	AMILABLE PRIOR TO COMPLETION OF CAUSE
ă									10	YES 2	ND ND	-1.3	OF DEATH?
													1 TES 2 ND
Z.													
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ock only one)				
IYS	1 TYES 2 M ND	-	☐ ER/Outpetlent 3					esidence	6 Other (Spi				
표	1 Natural 5 Pending	28a. DATE Of (Month, L	FINJURY Day, Year)	26b. TIM	JURY		ORK?	7.00	28d, DESCRIE	BE HOW II	NJURY OC	CURED	
BY	2 Accident Investigation	80 - 51 405	DE MINISTER AND		M	1 🗆 1		NO					
	3 Suicide 6 Could not be 4 Homicide determined	286. PLACE I	DF INJURY — At he i, etc. (Specify)	ome, farm,	atreet, fact	lory, offic	•		281. LOCATION City or Tox	N (Street a wn, State)	ind Numbe	or Or Rural F	Route Number,
COMPLETED													
릴	nnei	SICIAN: To the best o											
ő	2 MEDICAL EXAMIN	ER: On the basis of a	examination and/or	Investigation	on, in my c	opinion, d	leath occu	red at the	time, date and	place, an	d due to t	he cause(s	a) and menner as stated.
ш	296. SIGNATURE AND TITLE DE CERTIFIE	R	11.0					ENSE NUM			29d. DAT	TE SIGNEO	(Month, Day, Year)
0	Duylerma	Servel	H. D.				CI-	- 000	0167	₹		7/1	0/42
임	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL	ISE DF DEATH (ITE	EM 27) (Type	, Print)				-	1	/	2 0	1 1
	Guillermo E	serna	L M.D.	. 4	05	AC	out	rol	Are -	hou	me	-9	el. 19956
5	31. DATE FILED (Month, Day, Year)	32. REGISTA	AR'S SIGNATURE	00									
	JUL 1 3 1992	gifte veril	Don-Maria	مالكار									

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIFFECTOR. After also the filed within 72 hours after death with

BALTIMORE, MARYLAND 21203-3146



permit. Pages 1, 2, 3 should

use as the bunial-transit

detached for

once.

Ħ

etaine	Shou	nifia
y be	age 5	hen
6 та	ctor, g	nuet
Page	I dire	nar r
leath.	funera	xami
after o	y the	caie
OUIS	d In b	medi
24 h	/ filled tion, (the r
within	pletely	ent
uted	mial, o	C ev
exec	n and to bu	Jmat.
ate be	ysicia	r tra
ertific	ing pl	othe
ath	Itend Ital H	V. 0r
ž	1	Infu
Į	T.	anv
į	1	OWS
law re	ept. o	23 sh
The	ate ha	me
CIAN:	ertification State	or it
PHYSI	with 1	ked.
DNIG F	After	mar
TEN	DR:	28 is
	- LG	
DR AT	DIRECT OURS A	lem
YTAL DR AT	RAL DIRECT	C. If item
HOSPITAL DR AT	FUNERAL DIRECT within 72 hours a	TANT: If item
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law real members and certificate be executed within 24 hours after death. Page 6 may be retaine	TO THE FUNERAL DIRECTOR: After this certificate has been seed by monitoring physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of headmand within 12 hours after death with the State Dept. of headmand within 12 hours after death with the State Dept. of headmand within 12 hours after death with the State Dept. of headmand with the State Dept. of headmand with the State Dept. of headmand with the State Dept. of headward with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified

31, OATE FILEO (Month, Day, Year)

13

22. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH James TYSON SMITH 0356 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 9-28-27 220-20-2482 1, □ M 2 □ F 64 YRS MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OFATH DIRECTOR Peninsula Regional Center Salisbury Wicomico 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY COLORADO **JEFFERSON** LITTLETON 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 7290 So. SHERIDAN COURT 80123 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 AYES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, Whita, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2. Married IF YES, GIVE WAR OR OATES ВY 3 Widowed 4 Olvorced White COMPLETED 15. OECEOENT'S EOUCATION (Specify only highest grade completed) 18a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+) 12 5+ ENGINEER AERO-SPACE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CONRAD SMITH (UNK) JULIA TYSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY JANE SMITH 7290 So. SHERIDAN CT. LITTLETON, COLORADO 80123 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State FT LOGAN NATIONAL CEMETERY 4 Donation 5 Other (Specify) DENVER, COLORADO 21. SIGNATURE OF FUNERAL SERVICE LICENSES HOLLOWAY FUNERAL HOME SALISBURY, MD 501 SNOW HILL RD 21801 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or heart failura. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Respiratory Failure OUE TO (OR AS A CONSCOUENCE OF): reaulting in death) Chronic Obstructive Pulmonary Disease CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa OUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO Hypertension COMPLETION OF CAUSE 1 TES 2X NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL OTHER: 1 TYES 2 NO 1 Inpetient 2 ER/Outpetient 3 I OOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO Natural 5 Pending BY М 1 YES Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 3 Suicide COMPLETED a Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER H 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 565 melsoler Deputy M.E. D03599 7-12-92 2 AE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John T. Bulkeley, M.D., 108 Pine Bluff Road, Salisbury, Maryland

m g. warv

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

2042

1992

1909 MARYLAND

7. DATE OF BIRTH (Month, Day, Year) SEPT.5,

4. SOCIAL SECURITY NUMBER

217-18-2302

GARDINER

5. SEX

1 🗌 M 2 💢 F

6. AGE (In yrs. last birthday)

82

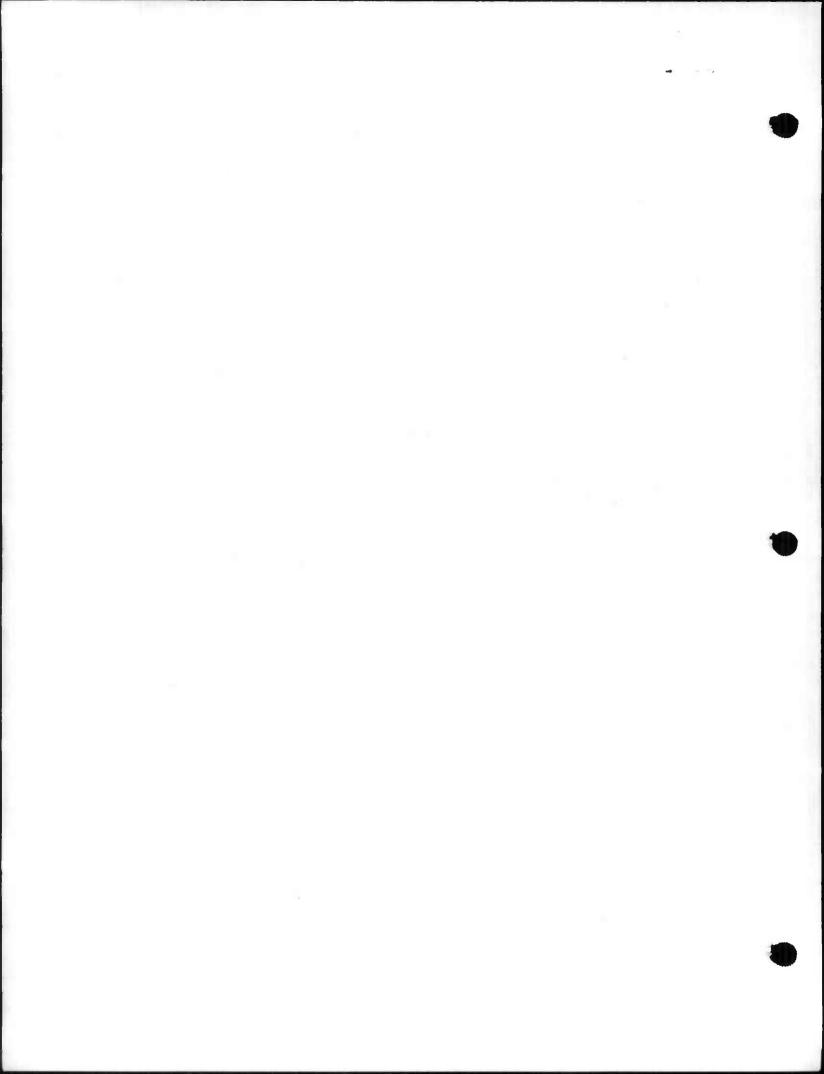
Shelton

DAYS

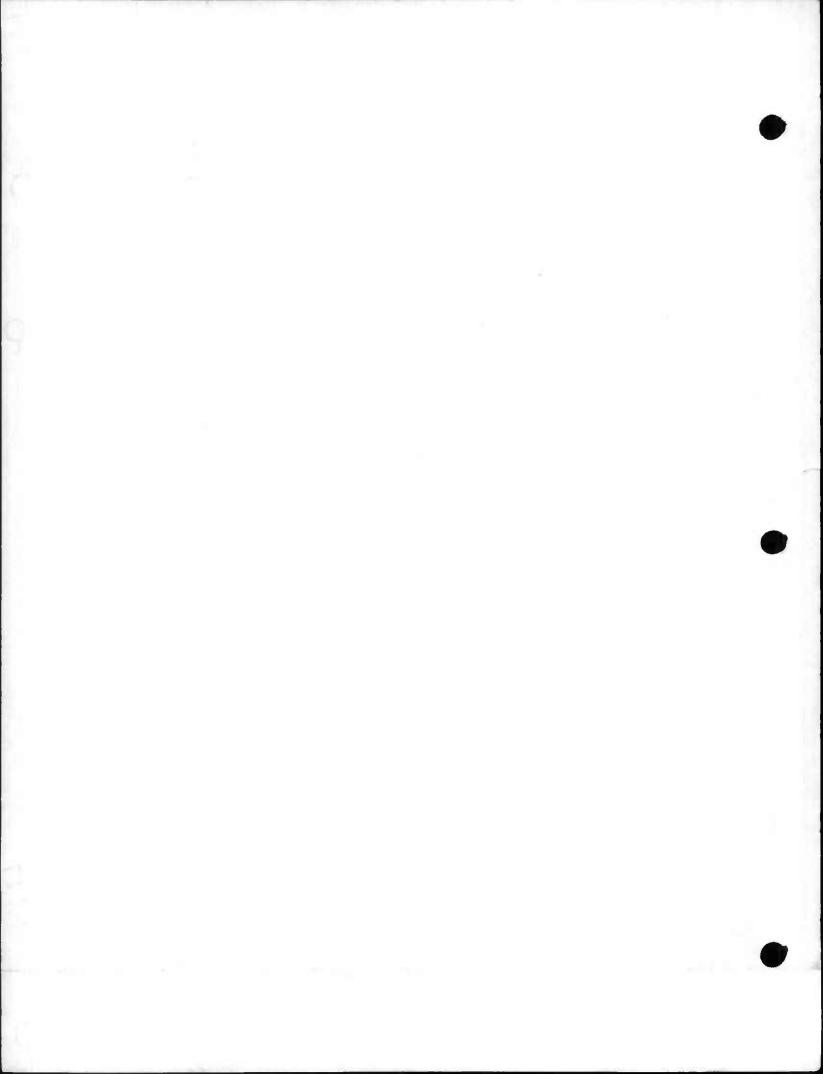
IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

1 Natural S Pending Investigation 28e. PLACE Condition Physician: To the best of check only one) Descripting Physician: To the best of check only one) Descripting Physician: To the best of check only one) MEDICAL EXAMINER: On the basic of a 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAU Henry L. Burke, MD, 115A	Bulk W.	red at the time, dete and place, and de item in the time, dete and place, and de item, in my opinion, death occured at the property of the item in the	ue tima, deta end placa, deta end	anner es stated, and due to the c	GNED (Month	nanner as stated.			
1 Natural S Pending Pending	f my knowledge, death occur exemination and/or investigated.	rred at the time, dete and place, and delion, in my opinion, death occured at the	City or Town, Stall is to the cause(s) end m ie time, deta end place, if	anner es stated, and due to the c	ause(s) and π	nanner as stated.			
1 Natural 5 Pending trivestigation 3 Suicide a Could not be detarmined 28e. PLACE C building, 4 Homicide detarmined 29e. CERTIFIER (Chock only 1 CERTIFYING PHYSICIAN: To the best of	, atc. (Specify) f my knowledge, death occu	, atreet, factory, office	City or Town, State	enner es stated.					
1 Netural 5 Pending 2 Accident triveatigation 3 Suicide a Could not be building.					Rurel Route Nu	umber,			
1 Natural 5 Pending		m 1 TES 2 NO							
		IJURY WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED				
: EXAMINER? HOSPITAL:	ER/Outpatient 3 DOA	OTHER:							
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATN (C	theck only one)		1 🗆 1	YES 2 NO			
PART ii. Other significent conditions contributing to	death but not reculting	In the underlying cause given in	PERFO	PRMED?	AVAILA	AUTOPSY FINDINGS ABLE PRIOR TO LETION DF CAUSE ATH?			
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
shock, or heart fellure. List only one cau iMMEDIATE CAUSE (Finel disease or condition resulting in death)	vse on eech line.	Lemonhage		٨		Approximate nterval Between Onset and Death			
· Where O Ke	guere	AREHART FU P.O.BOX 56	NERAL HON	ATA MA	RYLA	ND 2064			
1 W Turiet 2 Cremetion 3 Removal from State 4 Donatton 5 Other (Specify)	other place)	CEMETERY 7-2	0-92 L						
JUSEPH DEROMINA GARDI 19a. INFORMANT'S NAME (Type/Print)									
17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S N	AME (First, Middle, Malde	n Sumeme)					
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	(Give kind of life. Do NOT	work done during most of working use retired.)				MD M			
1 Naver Married 2 Married FORCES? 1	YES 2 NO	If yee, apecify Cuban, Maxic	an, Puerto Rican, etc.)	14.	Black, White, Specify:				
700 HAWTHORNE DRIVE 20646 U.S.A.									
10e. STREET AND NUMBER		LA PLATA 10f. ZIP CODE		10g. CITIZEN	2111	VES 2 NO			
	10c. Cf				u	ISIDE CITY			
RESIDENCE OF DECEDENT	lospital	La Plata		Ch	arles	S			
9a. FACILITY NAME (If not institution, give street and number)	I 1			9c. COUNTY	OF DEATH				
	Physicians Memorial FRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND CHARLES 10b. COUNTY MARYLAND CHARLES 10c. STREET AND NUMBER 700 HAWTHORNE DRIVE 11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 IF YES, GIVE VIVE 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-4) H. S. GRAD 17. FATNER'S NAME (First, Middle, Last) JOSEPH DEROMINA GARD 19a. INFORMANT'S NAME (Type/Print) KENNETH R. CLARKE, JR. 20c. METHOD OF DISPOSITION 1 W Kuriet 2 Cremation 3 Removal from State 4 Denation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DEATH OF TUNERAL SERVICE LICENSEE DUE TO C. Sequentially liet conditiona, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Finel disease or condition resulting in death) DUE TO C. Sequentially liet conditiona, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events reaulting in death) LAST DUE TO C. 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 1 Inpatient 2 In Inpatient 2 I	98. FACILITY NAME (If not institution, give street and number) Physicians Memorial Hospital RESIDENCE OF DECEDENT 106. STATE 106. COUNTY MARYLAND CHARLES 106. CTREET AND NUMBER 700 HAWTHORNE DRIVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 MO IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S (Give War OR DATES) 17. FATNER'S NAME (First, Middle, List) JOSEPH DEROMINA GARDINER 198. INFORMANT'S NAME (First, Middle, List) JOSEPH DEROMINA GARDINER 198. INFORMANT'S NAME (First, Middle, List) JOSEPH DEROMINA GARDINER 198. INFORMANT'S NAME (First, Middle, List) JOSEPH DEROMINA GARDINER 198. INFORMANT'S NAME (First, Middle, List) JOSEPH DEROMINA GARDINER 198. INFORMANT'S NAME (First, Middle, List) JOSEPH DEROMINA GARDINER 198. INFORMANT'S NAME (First, Middle, List) JOSEPH DEROMINA GARDINER 198. INFORMANT'S NAME (First, Middle, List) JOSEPH DEROMINA GARDINER 198. INFORMANT'S NAME (First, Middle, List) JOSEPH DEROMINA GARDINER 199. MAILUN KENNETH R. CLARKE, JR. 206. PLACE OF DISPOSITION 1 Windle 2 Cremation 3 Removal from State 1 Due To (OR AS A CONSEQUENCE of the Control of the Contro	98. FACILITY NAME (If not institution, give street and number) Physicians Memorial Hospital La Plata RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 107. STATE 108. STATE 108. COUNTY 109. STATE 109. 1	Security Name (if not institution, pine stores and number) Physicians Memorial Hospital La Plata	Se. CETTY, TOWN OR LOCATION OF DEATH Physicians Memorial Hospital Se. COUNTY Physicians Memorial Hospital Section of December 1966. COUNTY MARYLAND Soc. STIME AND SUBSECTION SECTION SECTI	The Procurry Name (I from substance, give above and minister) Physicians Memorial Hospital La Plata Charles The Restribence of Decedenty 100. COTY, TOWN OR LOCATION MARYLAND CHARLES LA PLATA 100. CITIZEN OF WHAT OR TOO HAWTHORNE DRIVE 1 LA NARTHAL STATUS 1 NAME AND INDUSTRIES AND INSURED 1 LA NARTHAL STATUS 1 NAME MARTIAL STATUS 1 NAME MARTIAL STATUS 1 NAME MARTIAL STATUS 1 NAME MARTIAL STATUS 1 No. DECEDENT'S EDUCATION (Specify only injusing prior complessions) Fires, GIVE WAR OR DATES BANK OF LARN PLATA 10. NAME MARTIAL STATUS 1 No. DECEDENT'S EDUCATION (Specify only injusing prior complessions) The ARTHAL STATUS 1 No. ROTHER'S NAME (Fires, Mindels, Martial Date) The ARTHAL STATUS 1 No. ROTHER'S NAME (Fires, Mindels, Martial Date) The ARTHAL STATUS 1 No. ROTHER'S NAME (Fires, Mindels, Mindels Summers) JOSEPH DEROMINA GARDINER 1 No. MARTIAL STATUS 1 No. MARTIAL STATUS 1 No. MORDANITE NAME (Fires, Mindels, Mindels Summers) JOSEPH DEROMINA GARDINER 1 No. MARLING ADDRESS (Stored and Mindels of Partial Roths) Mindels Summers) JOSEPH DEROMINA GARDINER 1 No. MARLING ADDRESS (Stored and Mindels of Partial Roths) Mindels Summers) JOSEPH DEROMINA GARDINER 1 No. MARLING ADDRESS (Stored and Mindels of Partial Roths) Mindels Summers) JOSEPH DEROMINA GARDINER 1 No. MARLING ADDRESS (Stored and Mindels of Partial Roths) Mindels Summers) JOSEPH DEROMINA GARDINER 1 No. MARLING ADDRESS (Stored and Mindels of Partial Roths) Mindels Completed Partial Roths AND ADDRESS (Stored and Mindels of Partial Roths) MT. REST CEMETERY 7 - 20 - 92 LA PLATA MARYLAND 20 ADDRESS (Stored and Mindels of Partial Roths) MT. REST CEMETERY 7 - 20 - 92 LA PLATA MARYLAND 20 ADDRESS (Stored and Mindels of Partial Roths) MT. REST CEMETERY 7 - 20 - 92 LA PLATA MARYLAND 20 ADDRESS (Stored and Mindels of Partial Roths) MT. REST CEMETERY 7 - 20 - 92 LA PLATA MARYLAND 20 ADDRESS (Stored and Mindels of Partial Roths) MT. REST CEMETER 1 NAME (Fires, Mindels, Mindels Name of Cemetal Roths) MT. REST CEMETE			



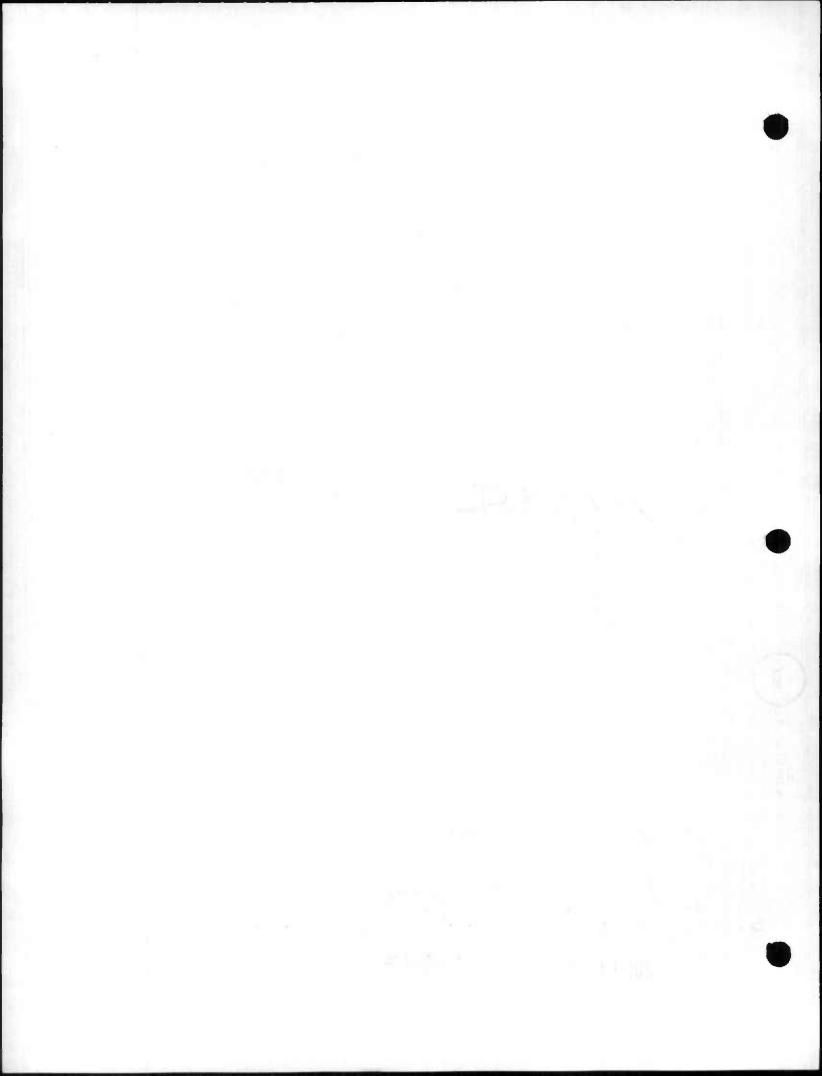
	1. DECEDENT'S NAME (First,	Middle, Last)				ICATE OF	HEALTH AND DEATH	2. DATE OF	REG. NO.	T	3. TIME OF DEAT
	Michae	Wood, Edd	A Rthur		TU.	Ner		MONTH	DAY	YEAR	3. TIME OF DEAT
	4. SOCIAL SECURITY NUME	BER	5. SEX		yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		6. BIRTHP	Georget
	217-72-2859	MONTHS DAYS	HOURS MIN.	Sept.	29,1956	Guyan	a,South				
Œ	HOLY Cross H	atitution, give Hospit	street and number)				OR LOCATION OF E	EATH		VIGOME	ATH MINCE
2	RESIDENCE OF DEC										
DIRECTOR	MARYLAND	10b. COUNT			1000	Y, TOWN OR LOCA					10d. INSIDE CITY
	10e. STREET AND NUMBER	MOMIN	GOMERY -		5	ILVER S	PRING M. ZIP CODE				XXYES 2 [
ERAL	13832 CASTL	E BLVI	D. #104				20904		10g. C	USA	HAT COUNTRY?
FUN	11. MARITAL STATUS 12. WAS DE FORCE			EVER IN	U.S. ARMED		CENDENT OF HISPA				- American Ind
BY	1 Never Married 2 3 Widowed 4 Divo		TATTYES, GIVE WE	TYES OR DAT 76-1	TES		pecific Cuban, Mexic S 2 X NO Speci		n, etc.)	Specify	White, etc.
TEO		UCATION le completed)		16a. DECEDENT'S	USUAL OCCUPATI	ION ost of working	16b. Kif	OF BUSINESS/II	NOUSTRY		
LET	Elementary/Secondary (8-12) College (1-4 or 5-					work done during more retired.)	dinator		PVT.		
COMPL	17. FATHER'S NAME (First, M	operaci	0110 0001			le, Maiden Surname					
Ш	CLEMETH TO				DE EMBF						
TO B	196. INFORMANT'S NAME (I		LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1. Medwick Drive Hyattsville, Maryland 20783								
	20s. METHOD OF DISPOSITI	noval from State		ATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 7 Veterans Cemetery 7-20 Cheltenham, Maryla							
	4 Donation 5 Other		IOTHORY.	Ma	rytano			-			
	Mime	elle	1 CBI	11	140		NO ADDRESS OF F	duly J.E	. Jenkir	ns Fun	eral H
	23. PART I. Enter the di	season br	complications that	caused	the death Do		Landover				
	23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Findisesse or condition resulting in death)	eart fellure.	a	le on eed	the death. Do rich line.	not enter the me					Approxim
ERTIFICATION	immediate cause (Findisease or condition	ions, diate	a. OUE TO (OR AS A C	ch iine.	not enter the me					Approxim
O	shock, or he immediate CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injut that initiated events	ions, diate NG rry	a. DUE TO (DUE TO (DUE TO (DUE TO (OR AS A COOR AS A CO	CONSEQUENCE OF	F):	ode of dying, su	ch as cardiec	or respiratory a	Y 24b. Y	Approxin Interval E Onset an
O	snock, or he immediate CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Input that initiated events resulting in death) LAS	ions, diate NG rry	a. DUE TO (DUE TO (DUE TO (DUE TO (OR AS A COOR AS A CO	CONSEQUENCE OF	F):	ode of dying, su	ch as cardiec	or respiratory a	Y 24b.	Approxin Interval I Onset an
MEDICAL C	snock, or he immediate CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Input that initiated events resulting in death) LAS	ions, diate NG rry	a. DUE TO (DUE TO (DUE TO (DUE TO (OR AS A COOR AS A CO	CONSEQUENCE OF	F):	ode of dying, su	ch as cardiec	a. WAS AN AUTOPS PERFORMED?	Y 24b.	Approxin Interval E Onset an WERE AUTOPSY WARLABLE PRIOR COMPLETION OF DEATH?
MEDICAL C	shock, or he iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Input that initiated events resulting in death) LAS PART II. Other significations.	ions, diate NG rry	a. DUE TO (DUE TO (DUE TO (DUE TO (OR AS A COOR AS A CO	CONSEQUENCE OF	not enter the mo	ode of dying, su	oh as cardiec	a. WAS AN AUTOPS PERFORMED?	Y 24b.	Approxim Interval E Onset an WERE AUTOPSY F MARLABLE PRIOR OFFICENCY COMPLETION OF
MEDICAL C	snock, or he immediate CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Input that initiated events resulting in death) LAS	ions, diate NG rry	a. DUE TO (DUE TO (DUE TO (C. DUE TO (DUE TO (OR AS A COOR AS A CO	CONSEQUENCE OF	F): F): in the underlyin Co. P OTHER:	ng cause given in	Part i. 24	a. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b.	Approxim Interval E Onset an WERE AUTOPSY I MARLABLE PRIOR COMPLETION OF DEATH?
MEDICAL C	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the condition o	ions, diate NG rry	B. DUE TO (DUE	OR AS A COOR AS A CO	CONSEQUENCE OF	F): F): In the underlyin ### Cother: 4 Nursing Hon E OF 28c. IN.	ng cause given in	Part i. 24	a. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b.	Approxim Interval E Onset an WERE AUTOPSY I MARLABLE PRIOR COMPLETION OF DEATH?
PHYSICIAN: MEDICAL C	SHOCK, Or he IMMEDIATE CAUSE (Fird disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or Institute of the condition of the cause. The cause of the ca	ions, diate NG rry	a. DUE TO (DUE	OR AS A COOR AS A CO	CONSEQUENCE OF	pot enter the me	ng cause given in	Part i. 24	a. WAS AN AUTOPS' PERFORMED? YES 2 NO	Y 24b.	Approxin Interval E Onset an WERE AUTOPSY WARLABLE PRIOR COMPLETION OF DEATH?
ED BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS PART II. Other signification in the sequents resulting in death) LAS 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 3	ions, diate ing ry T ont conditio	B. DUE TO (1) DUE	OR AS A COOR AS A CO	CONSEQUENCE OF CONSEQ	pot enter the me	ng cause given in	Part i. 24 1 Part i. 24 1 1 2 2 2 Check only one) 2 2 2 2 2 2 2 2 2	a. WAS AN AUTOPS' PERFORMED? YES 2 NO	Y 24b.	Approxin Interval I Onset an WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the condition o	ons, diate NG Iny T Int condition Could not be determined IFYING PHYS	a. DUE TO (b. DUE TO (c. DUE TO (d. DUE TO (d. DUE TO (d. DE TO (d. DUE	OR AS A COOR AS A CO	tient 3 DOA 28b. TIM INJ	in the underlyin 26. P OTHER: 4 Nursing Hon E OF 28c. IN. WY M 1 Street, factory, office	ng cause given in LACE OF DEATH (C me 5 Residence JURY AT ORK? YES 2 NO ca	Part I. 24 1 Part I. 24 1 Check only one) 6 Other (Sc 28d. DESCRI	a. WAS AN AUTOPS PERFORMED? YES 2 NO Decify) BE HOW INJURY O	Y 24b. Y CCUREO	Approxin Interval E Onset an NERE AUTOPSY I MARILABLE PRIOF COMPLETION OF DF DEATH? 1 YES 2 unter Number,
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list conditif any, leading to immercause. Enter UNDERLY CAUSE (Disease or Injurthat initiated events resulting in death) LAS PART II. Other signification of the condition of the condi	ions, diate NG Int condition of MEDICAL Pending Investigation Could not be determined IFVING PHYS ICAL EXAMIN	a. DUE TO (DU	OR AS A COOR AS A CO	tient 3 DOA 28b. TIM INJ	in the underlyin 26. P OTHER: 4 Nursing Hon E OF 28c. IN. WY M 1 Street, factory, office	ng cause given in LACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ca a and place, and du death occured at the	Description of the cause of time, data and	a. WAS AN AUTOPS PERFORMED? YES 2 NO Decity) BE HOW INJURY O	CCURED cr or Rural Ro tated.	Approximinterval E Onset an Interval E Onset a
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the condition o	ions, diate NG Int condition of MEDICAL Pending Investigation Could not be determined IFVING PHYS ICAL EXAMIN	a. DUE TO (DU	OR AS A COOR AS A CO	tient 3 DOA 28b. TIM INJ	in the underlyin 26. P OTHER: 4 Nursing Hon E OF 28c. IN. WY M 1 Street, factory, office	ng cause given in LACE OF DEATH (C me 5 Residence JURY AT ORK? YES 2 NO ca	Description of the cause of time, data and	a. WAS AN AUTOPS PERFORMED? YES 2 NO Decity) BE HOW INJURY O	CCURED cr or Rural Ro tated.	Approxim Interval E Onset an NERE AUTOPSY I MARILABLE PRIOR COMPLETION OF DF DEATH? 1 YES 2 unter Number,
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list conditif any, leading to immercause. Enter UNDERLY CAUSE (Disease or Injurthat initiated events resulting in death) LAS PART II. Other signification of the condition of the condi	ons, diate NG Interest of the NG	B. DUE TO (DUE	OR AS A COOR AS A CO	tient 3 DOA 28b. TIM INJ	The underlying 26. P OTHER: 4 Nursing Hone E OF 28c. IN. WY M 1 Introduction, in my opinion, or	ng cause given in LACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ca a and place, and du death occured at the	Description of the cause of time, data and	a. WAS AN AUTOPS: PERFORMED? YES 2 NO POSCHY) BE HOW INJURY OF THE PROPERTY O	CCURED CCURED ATE SIGNED (1	Approxin Interval E Onset an WERE AUTOPSY I MARILABLE PRIOR COMPLETION OF OF DEATH? I YES 2 une Number, and menner se Month, Day, Yeer, 7 2



0	
OBED.	
RE	
VITAL	
OF	
DIVISION	
0	
	-

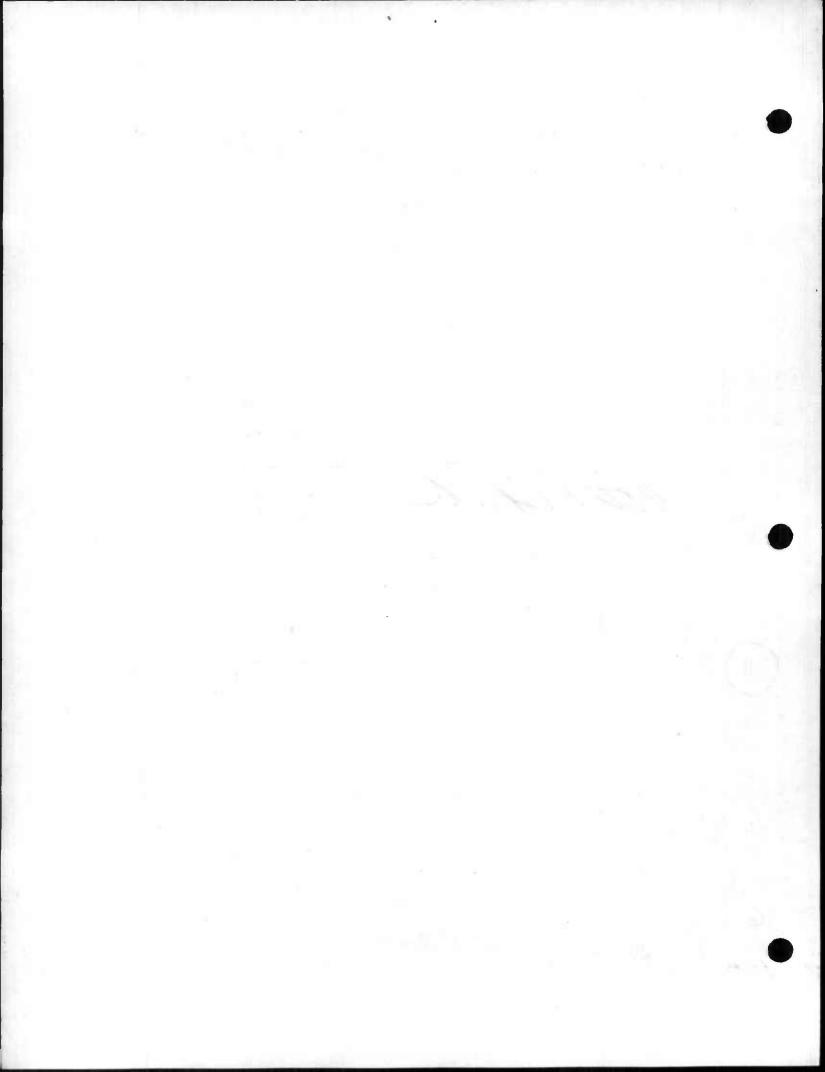
	1 - STATE REGISTRAR	STATE OF MARY	LAND /	DEPART	MENT OF	HEALTH AND	MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	TH	3. TIME OF DEATH			
	MARY E	ELLEN Twom	ey				July	1 2 1	992 7:45D.			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leas birthday) 1. FUNDER 1 YEAR 1. FUNDER 24 HRS. 7. DATE OF BIRTH							H	8. BIRTHPLACE (State or Foreign			
	024-40-3379	1 □ M 2 🙀 F	79	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Ye 4 - 7 - 3		Country) Mass.			
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
DIRECTOR	8404 Deborah	Street			Cli	nton		Dr	ince George			
្ត្រ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT							1	Thee deorge			
E				10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
	Md. Pr	ince Georg	e's	C	linto				1 TES 2 NO			
RA					10	f. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?			
FUNERAL	8404 Deborah					20735			USA			
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. AR	MED IO	13. WAS DE	CENDENT OF HISPAN Hecify Cuben, Maxica	IIC ORIGIN? (Specia	y Yee or No —	14. RACE — American Indian, Black, White, etc.			
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES			2 X NO Specify		~)	Specify: White			
	15. DECEDENT'S EDI	HCATION	L 40 - DE									
	(Specify only highest grad	ie completed)	(Gi	Ve kind of wor Do NOT use r	WAL OCCUPATI k done during metired.)	ON ost of working	16b. KIND O	BUSINESS/IND	USTRY			
14	Elementary/Secondary (0-12)	College (1-4 or 5+)			abled							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			DISC	потец			/A				
	John Twomey					The second secon	ME (First, Middle, Mi					
H	19e. INFORMANT'S NAME (Type/Print)	_	Las	Secondary of			Savag					
2	Julia J. Keni	vban	198	. MAILING AS	ODRESS (Street	and Number or Rural F	loute Number, City o	Town, State, Zip	Code)			
	20a. METHOD OF DISPOSITION					10a10						
	Comparison 2 Cremetion 3 Ren					ame of 7 - 17 -			Cify or Town, State			
	4 Donation 5 Other (Specify)	Conser .	mmac	culat	e Con	ception	Cem.	Lawre	nce Mass.			
ш	////	10			6.6.2.2	ND ADDRESS OF FAC	Lee	Funera	l Home, Inc.			
	Clinton, Md. 20735											
	23. PART. Enter the diseases, or complications hat caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one-ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Arteriosclerotic cerebro-cardiovascular disease e											
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant condition	ns contributing to deeth I	out not re	sulting in t	he underlyin	g ceuse given in i	PEF	S AN AUTOPSY RFORMED? S 2 X NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ		<u> </u>							1 YES 2 NO			
ż					to ye		-					
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL.				ACE OF DEATH (Che	ck only one)					
70	EXAMINER? HOSPITAL: OTHER:											
5	27. MANNER OF DEATH 290 DATE OF INJURY								Other (Specify) DESCRIBE HOW INJURY OCCURED			
PHYS	v	28a. DATE OF INJURY		26b. TIME O		URY AT	26d. DESCRIBE HO	W INJURY OCC	JRED			
Y PHYSICIAN:	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		26b. TIME O	WO		26d. DESCRIBE HO	OW INJURY OCC	URED			
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY	/ — At hon	INJURY	M 1 🗆	URY AT RK? /ES 2 NO	28f. LOCATION (St	pet and Number of				
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	f — At hon	INJURY	M 1 🗆	URY AT RK? /ES 2 NO		pet and Number of	URED or Rural Route Number,			
BY	Y Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined	(Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spe	спу)	INJURY	M 1 WC	URY AT RK? /ES 2 NO	281. LOCATION (Sti City or Town, S	vet and Number (tate)	or Rural Route Number,			
BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be datermined 29s. CERTIFIER (Check only 1 CERTIFYING PHYS)	(Month, Day, Year) 28e. PLACE OF INJUR's building, etc. (Spe	rledge, dea	INJURY	M 1 1 1	URY AT RK? FES 2 NO	28f. LOCATION (Sh City or Town, S	eet and Number of tate)	or Rural Route Number,			
COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide 298. CERTIFIER (Check only one) 298. MEDICAL EXAMINE	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spe ICIAN: To the best of my know ER: On the basis of examination	rledge, dea	INJURY	M 1 1 1	URY AT RIC? (ES 2 NO and place, and due seath occured at the l	28f. LOCATION (Sh City or Town, S to the cause(e) and lime, date and place	eet and Number of tate)	or Rural Route Number,			
BE COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide 6 Could not be datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 28b. GIGNAPUTE AND TITLE OF CERTIFIE	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe ICIAN: To the beat of my know ER: On the beels of examination	riedge, dea	th occurred a	M 1 WO	URY AT RK? FES 2 NO	28f. LOCATION (Sh. City or Town, S	menner as atate , and due to the	or Rural Route Number,			
COMPLETED BY	1 Natural 2 Accident 3 Sulcide 4 Homicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 28b. SUGNATURE AND TITLE OF CERTIFIER	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe ICIAN: To the beat of my know ER: On the beels of examination	riedge, dea	injurn	M 1 WO	URY AT RK7 RK7 (ES 2 NO) and place, and due to eath occured at the I	28f. LOCATION (Shing of Town, Shing of the cause(e) and lime, date and place	menner as atate , and due to the 29d. DATE 7 /	d. cause(e) and menner as stated. SIGNED (Month, Day, Year) 13/92			

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS P.O. BOX 68760, ID THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires for the deal certificate be executed within 24 ID THE FUNERAL DIRECTOR: After this certificate has been support to the completely fill the filed within 72 hours after death with the State Dept. of Hero committee prior to burial, cremation iMPORTANT: It item 28 is marked, or item 23 shows injugate or other traumatic event, the	DIVISION OF VITAL RECORDS P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requirement the ones certificate be executed within 24 NO THE FUNERAL DIRECTOR: After this certificate has been stored to the attention physician and completely fill the field within 72 hours after death with the State Dept. of the comments proper prior to burial, cremation IMPORTANT: It liem 28 is marked, or Item 23 shows in Injury or other traumatic event, the	BALTIMORE, MARYLAND 21215-0020	HOSPITAL DR ATTENDING PHYSICIAN: The law requirement the ones certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. UNERAL DIRECTOR: After this certificate has been upper to the properties and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Heave the principle prior to burial, cremation, or removal. ANT: It item 28 is marked, or item 23 shows a injury or other traumatic event, the medical examiner must be notified at once.	
(()	/ /	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requirement the one certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been support to the physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of the complete price prior to burial, cremation, or removal. IMPORTANT: It litem 28 is marked, or item 23 shown as injury or either traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND I	MENTAL HYGIE		F Eva	100	£_	
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH			TIME OF DEA	TN	_
	WILLIAM CARL TAYL	OR					3 19	92 5	7:45	A	М
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN			VCE (State or F		_
	233-20-0508	1√2 M 2 □ F	7.4 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)		111	
	9a. FACILITY NAME (If not institution, give str			95 CITY TOWN	OR LOCATION OF DE	4-22-1	9c. COUNTY		t Va		_
Œ									N .		
DIRECTOR	Perry Point Ve	terans Hos	pital	Per	cy Point		Ce	ecil			
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			100	I. INSIDE CIT	7	_
ā	Md. Prin	ce George'	c m	emple	uilla				LIMITS?		
	10e. STREET AND NUMBER	ce deorge	5 1		ITTTTS		10m CITIZE		YES 2	Mio	_
8	2809 Colebrook	Desires		1		0			COUNTRY		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	IIS ADMEO	42 WMC OF	2074			USA			_
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	II yes, s	secify Cuban, Mexicar	IIC ORIGIN? (Specify Y	es or No- 14	Black, WI	American Indi hite, atc.	an,	
B	3 Widowed 4 Divorced	1941-194		1 TYE	3 2 XNO Specify			Specify:	White		
	15. OECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPAT	ON	165 KIND OF B	USINESS/INOUS		MIIT LE	-	_
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	vork done durina m	ost of working	100. KIND OF B	USINESS/INUUS	IHY			
4	1 2	College (1-4 or 5+)	Chio	f Forma	200	27	D .				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		CIIIE	L POLIII		ME (First, Middle, Maide	y Dept				_
	William C. Ta	vlor					,				۱
BE	19a. INFORMANT'S NAME (Type/Print)	y I O I	105 114 11 1140	10000000		Stewar					_
2			1			Noute Number, City or To	wn, State, Zip Co	de)			
	Colleen Taylor				0a10f						
	Burial 2 Cremelion 3 Remove	val from Stala 20b.	tery, crematory or of	OF DISPOSITION (N ther place)	ame of 7 - 16,	1,9972 200.1	OCATION — City				
	4 Donetion 5 Other (Specify)	Mr.) Stai	te Vet	erans Co	em. Ch	eltenl	nam.	Md.		
- 1	1////	TIMI	/	22. NAME A	NO ADDRESS OF FAC	Lee Fu	neral	Hom	e, Inc		
	11/01/1	(Jac		Clin	OLG ALE	Lee Fuexander 20735	Ferry	Roa	d ·		
	23. PART I. Enter the diseases, or co	mplications that caused	the death. Do n	ot anter tha me	de of dying, such	as cardiec or res	piratory arrest	. 1	Approxim		-
	shock, or heart failure. L	ist only one cause on ee	ch lina.						Intervel B	etweer	
	disease or condition resulting in death)	Aspiration	Pneumon	in				j	Oliset alle	Deati	'
	to southing in death)	Aspiration OUE TO (OR AS A	CONSEQUENCE OF):		<u> </u>					\dashv
z	C h	Alzheimer's	s Diseas	e				İ			
RTIFICATION	Sequentielly list conditions, if sny, leading to immediate	OUE TO (OR AS A								-	-
<u>ა</u>	CAUSE (Disease or Injury C.	Congestive	Heart F	ailure				!			1
<u> </u>	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							1
CER	d.										
- 11	PART II. Other significent conditions	contributing to death bu	t mat monulature t	a the sectors							
SAL		contributing to death bo	t not resulting i	n me undariyin	g cause given in I	PERFO	RMED?		RE AUTOPSY FI		
MEDIC						1 X YES	2 🗌 NO		APLETION OF C DEATH?	AUSE	1
						_		1 [YES ZX	40	1
BY PHYSICIAN:											-[
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		25. P	ACE OF GEATH (Chec	ck only one)					1
2	1 YES 2 YNO	Inpatient 2 ER/Outpat	lent 3 DOA		e 5 🗆 Residence 8	B ☐ Other (Specify)					ı
E	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED			1
	1 K Netural 5 Pending 2 Accident Investigation			M 1 🗆	rES 2 NO						1
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specif)	At home, ferm, s	treet, fectory, offic	•	281. LOCATION (Street City or Town, State	and Number or F	tural Route	Number,		1
COMPLETED											
5 1	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowled	ige, death occurre	d at the time, date	and place, and due t	in the cause(s) and mu	oper se stated				4
5	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation	n, in my opinion, d	eath occured at the II	lme, deta end place, a	nd due to the ce	use(a) and	mannar as a	etad	١
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	2/6								ateo.	4
4	10				29c. LICENSE NUME		29d. DATE SI	SNED (Mon	th, Day, Year)		1
2 ∦	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	H (ITEM 27) CT=	Onine)	(NY) 153	023-I	7-	13.	70		
į,											
-	SURINDERPAL SODHI, 31. DATE FILEO (Month, Day, Year)	M.D., VA Med	dical Ce	nter, P	erry Poin	t, MD 21	902				
	Jul 1 6 1992	32. REGISTRAR'S SIGNAT	son-Randa	20							
L	AUL + 0 100C		-								
									DHMH-16	Rev 1/8	19



Thelma	A.	Taylor

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 21033

		1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
		THE	LMA A	LINE TA	YLOR						монтн 0.7	DA		YEAR	P
		4. SOCIAL SECURITY NUME		5. SEX	T	s. lest birthdey) IF UNDE	R 1 YEAR	IF UNDER	24 HRS	7 DATE OF	BIRTH		992	10:30 M IPLACE (State or Foreign
		213-18-59	17	1 M 2 F		72 YRS.	MONTHS	7		MIN.	(Month, D	-192	^	Countr	(Y)
pino		Se. FACILITY NAME (If not in		street end number)			9b. CIT	Y TOWN	OR LOCATI	ON OF DE			9c. COUNTY OF DEATH		
3 should	E.			Sallice Licese	a		32. 01.				-AIII		1.11		
1, 2,	18	Salisbury Nur RESIDENCE OF DEC	EDENT	Renabilita	ition Ce	nter		Sal	isbur	У			W	icom	100
sades	DIRECTOR	10e. STATE	10b. COUNT			10c. C	TY, TOWN	OR LOC	ATION			_			10d. INSIDE CITY LIMITS?
<u>ئ</u>		MARYLAND	WIC	OMICO		SALISBURY							1 TES 2 NO		
prystrani. burial-transit permit. Pages	FUNERAL	10e. STREET AND NUMBER						1	let. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
ansit	Ë	RT.# 5	BOX	374					218	301			τ	J.S.	Α.
rial-tr	J.	11. MARITAL STATUS		12. WAS DECEDED	T EVER IN U.S	ARMED	13.				IIC ORIGIN? (or No-	14. RACE	E — Americen Indian, k, White, etc.
2 2	ВУ	1 Never Married 2 3 Divo		IF YES, GIVE	MAR OR DATES				ES 2 X NO			ari, etc.)		Speci	
for use as the			EDENT'S EDU	I CATION	1.0		1								7122 2 2
nse	H	(Specify only	highest grade	completed)		(Give kind o	S USUAL (Work done	during r	nost of workir	og .	166. KI	ND OF BUS	BINESS/IN(JUSTRY	
Q pa	P. I	Elementary/Secondary (0	-t2)	College (1-4 or 5	+)	HOME					1	OWN	HOM	r E	
detach once.	COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18 MOTI	HED'S NA	ME (First, Mick			115	
0 0 To	Ü	GRANT T									E TAY		Surname)		
5 should be detached notified at once.	18	19a. INFORMANT'S NAME (7				196. MAILIN	G ADDRES	S (Stree			Poute Number,		n. State Zir	n Code)	
5 st	2	OSCAR TA	AYLOR												D 21801
page t be		20a. METHOD OF DISPOSITE			20b. PLA	ACE AND DATE	OF DISPO	SITION /	Name of	DA	DATE			City or To	
ector, p		1/ Buriel 2 ☐ Cremation 4 ☐ Donation	(Specify)	oval from State	cameter W T	COMI	O M	EM.	PAR	K					
al dir		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Competent Competent													
the funeral director, page year.		Nau	11	N/2	Smil.	-1 -X	17	05	EAST	MA	TN ST	ים אטי	O FU	NEK	AL HUME
n by the removal.		705 EAST MAIN ST. SALISBURY 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,													
		anock, or no	eert fallure.	List only one car	use on eech	ilne.	not ente	rthen	tode of dy	ng, auci	h aa cardled	or reapl	ratory an	rest,	Approximata Interval Between
filled ion o	1 1	MMEDIATE CAUSE (Final Onset and Death													
completely fille ial, cremation, event, the		resulting In deeth) a. CERUICHE CANCOL DUE TO (OR AS A CONSEQUENCE OF):													
and comp o burial, c	- 1	DUE TO (UT AS A CONSEQUENCE UP):													
to build	CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
Tendon physician Hydene prior t	8	cause. Enter UNDERLYING													
nding physicia Hygiene prior ir other trau	Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
By P		resulting in death) LAS	' (d											
y the atte of Mental Injury,		PART II. Other algoritice	nt condition	a contributing to	death but n	ot enquiting	in the u	ndoriui		aluan In	Dani I a				
th sed any in	MEDICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. Reprint in College And Blocker of Trule 1 Ves 2 Theorem										246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
				wesh	1804	18 to rector 1 Tes 2 THO						OF DEATH?			
DE	- 1	5/4	119	Neyser	recor	-		-			_				1 TYES 2/8 NO
1	A	25. WAS CASE REFERRED TO	MEDICAL	+ (y per	Tonsel	200									
State	PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL;			OTHE	R:	PLACE OF D						
to the	14S	1 YES 2 NO		1 Inpetient 2			_	Y		sidence	8 Other (S				
is is			Pending	(Month, L	Day; Year)	28b. Ti	JURY M	W	VORK?	1,40	28d. DESCR	IBE HOW IN	IJURY OC	CURED	
After death ma	B	2 Culate	nvestigation	28e, PLACE C	F INJURY — A	t home form	Street for		YES 2	NO	204 LOCATIO	DAL (Charles			
after d	8		Could not be satermined	building,	etc. (Specify)		wii 991, 180	tory, on	ica		City or 1	own, Stele)	na Number	or Hurai H	loute Number,
DIRECTOR: After the hours after death vitem 28 is mart	LET	29e. CERTIFIER					_								
12 K	COMPL	(Check only		ICIAN: To the best of											
FUNERAL within 72 I	8				Ammination enc	3/or investigat	on, in my	opinion,	death occur	ed at the	time, date an	d place, end	d due to th	e cause(e) end manner ee stated.
TO THE FUNERAL be filed within 72 i	BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R	2				29c. LICE	NSE NUM	_		29d. DAT	E SIGNED	(Month, Day, Year)
2 2 2	2	20 MANE AND ADDRESS OF	10	- ory	/				12	37	813			7/	9/92
		30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	SE OF DEATH	(I ТЕМ 27) <i>(Тур</i>	. 1		1.		3	0	,	`	ry, Md
	0	31. DATE FILED (Month, Day,	JAT T	122 25010-	4	104	He	al	Thw	ay	DR	, 54	His	bu	ry, Md
	0	IIII 1 0 19	,	Julia David	AR'S SIGNATUR	della									
		1111 T 11 IV	1.7/	A MANAMA	Man. al										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the cash cathed virthin 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health, a manual by ane prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any manual or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First Middle, Last)	Robert Kenneth Tracey	2. DATE OF DEATH

	TIEGISTIAN					OI DI		TILU.	140.			
	1. DECEDENT'S NAME (First Middle, Leet) Robert Kenneth Tracey 2. DATE OF DEATH MONTH DAY YEAR 9 2 3. TIME OF DEATH								3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las										IPLACE (State or Foreign	
	218-32-8176		55	YRS.	7	MYS HOU		(Month, Day, Yo. 7 26		Count	ny)	
1	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, T	OWN OR LO	CATION OF D	EATH	9c. CO	UNTY OF E	EATH	
۳	Carroll County	Gen. Ho	spita	1	We	stmi	nster	2	C	arro	11	
١ĸ	RESIDENCE OF DECEDENT		- I						1 0	Jerrott		
lй	10a. STATE 10b. COUNT	Υ		10c. CITY	, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?	
. DIRECTOR	MD Carroll			Westminster				?	1 _ YES 2 _			
FUNERAL	100. STREET AND NUMBER 183 W. Main Street				101. ZIP CODE 21157				10g. CITIZEN OF WHAT COUNTRY?			
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR							C ORIGIN? (Specify Yea or No. 14. RACE - American II			E American Indian	
BY FU	1 Mever Merried 2 Merried 3 Widowed 4 Divorced Merried Merried Merried Merried Divorced Merried Merri				If yes, specify Cuben, Maxican, Puerto Rican, a 1 YES 2 NO Specify:			ند) ند)	Black, White, etc. Specify: White			
	15. DECEDENT'S EDI	JCATION	18a, DE	CEDENT'S	USUAL OCC	UPATION	CVCs.	18b. KIND O	F BUSINESS/II		ıı te	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	Do NOT us	ork done du e retired.)	ing most of t	working					
COMPLETED	12	30110g0 (1-4 01 0 +)	C.	ater	er			foo	food/entertainment			
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden Surname)			
	Thomas Edward	Tracev				11 27	Grane	Colle	++			
H	19a, INFORMANT'S NAME (Type/Print)	ITacey	401	MAII INIO	1000500 (_		Route Number, City of		Pr- 0	04777	
2	The state of the s	M-0000									21776	
	Mr. Thomas F.							ad, Ne				
	A Donation 5 Other (Specify)	noval from State	other pla	ace)	's I	uthe	ran (hurch	e. LOCATION -	inst	er. MD	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND A							theran Church Westminster, MD AND ADDRESS OF FACILITY tts Funeral Home & Chapel					
	P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	T) 1 1 1 1 1 1			FI	TOP	5 run	erar Ho	me «	Cha	beT	
	Robert K.				4	2 W8	asnin	gton Ro	., We	stm.	Inster, MD	
CERTIFICATION	23. PART I. Enter tha diseases, or complications that caused the death. Do not antar tha mode of dying, such as cerdiec or respiratory arreat, abock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)											
	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
	PART II. Other algnificent condition	na contributing to de	ath but not r	resulting i	in the und	erlying ca	use given in	Part I. 24a. W	AS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	
EDICAL									15 450 05 40		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							OF DEATH?					
4≥	1 YES 2 NO											
Ž												
िं	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATH (Check only one)											
S	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
PHYSICIAN:	27, MANNER OF DEATH 1 Natural 5 Pending											
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	le 8 Could not be 28a. PLACE OF INJURY — At home, farm, building, atc. (Specify)					street, factory, office 28f. LOCATION (City or Town			N (Street and Number or Rural Floute Number, wn, State)		
E	29a. CERTIFIER											
COMPLET	Centifying PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Centifying PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
BEC	296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)											
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)											
	31. DATE FILED (Month, Pas Year) 200 32. REGISTRARYS SYGNATURE											
	7-100-202	92 8	إساقة رمادر	day P	W,	21	ng	Ino				

1 - I G- 15

77 3 2 2 1 . 7 . 1 . ()

Later St. 19 The Later St. 19

1	E E	5
BALTIMORE, MARYLAND 21215	40	
2	0	3
-	ital	4
=	osb	4
5	-	ş
4	Ě	P
\leq	3	2
0	8	2
V	aju	2
Σ	E	M
	2	9
Щ	3	20
E	E	2
0	9	2
2	30	f
E	ar.	3
_	ath	8
A	9	9
ш	te.	#
	60	£
	Š	5
	#	ļ
	2	4
o.	喜	etel
9	€	OH.
7	B	00
89	200	72
~	8	7
0	8	Siar
3	ate	· iz
_	ji ji	do
O. BOX 68760,	ertificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten-	ind physician and completely filled in by the funeral director name & charitch he described to use so

DIVISION OF VITAL RECORDS,

DR ATTENDING PHYSICIAN: The law requir

분

PHYSICIAN:

ВУ

COMPLETED

2

280. SIGNATURE AND TITLE OF CERTIFIER

Mosk

Q

Muesh

55 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO THE FUNERAL DIRECT Hed within 72 hours a IMPORTANT: If Item 2

4 hours after death. Page 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit		notified at once.
5 may b	tor, page		ust be
. Page I	att acing physician and completely filled in by the funeral director,		from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
er death	the fune	25	ехап
ours aft	in by	r remo	nedica
24 PG	y filled	tion, o	The I
within	npleteh	сгета	vent,
ecuted	ind cor	burial,	atic e
ite be executed within 24 I	sician a	rior to	traum
rtificati	og phys	piene p	ther
ë,	10	E S	, or
Ď	I Ibe	j	injury
il.	9	ę	any
eguire	een sig	of Hea	hows
M	at he	Hat H	23 8
l Pe	ate h	tate [Tem
CIAN	ertific	the S	-
E S	this c	ath with the State Dept.	rked,
CING	After	death	EE :
EN	TOR:	after	28 14
OR A)IREC	OURS	E C
1	7	Ž	=

92 21035 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH JULY 11,1992 YEAR George Arichia WINDEAR 05:45 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 - F 96 MONTHS DAYS HOURS 578-32-1995 YRS Potomac MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR DOCTORS COMMUNITY HOSPITAL LANHAM PRINCE GEORGE'S RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Chapel Oaks Orince Georges 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZtP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 20743 5218 Addison Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 TYES 2 TINO IF YES, GIVE WAR OR DATES WAT 1 1 Never Married 2 Married BY Black 1 TES 27 XNO Specify: 3 ₩idowed 4 □ Divorced 1918 to 1919 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8th Federal government 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Windear Julia Harding BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING APDRESS STORE AND INSPOSE OF FORTH SQUEEN Authors, QN or Town, State, Zip Code) 2 Fore Edith W. Washington, D. C. 20011 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata OATE cemetery, crematory or other place)
Lincoln Memorial Cemetery 7-15 Suitland, 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home I 4217 9th Street, N. W., 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Home Inc Julia Washington. D. _C 20011 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, **Approximate** shock, or heart failure. List only one ceuse on each line. Interval Between CARDIAC ARREST Onset and Death 20 Mins IMMEDIATE CAUSE (Final disease or condition audie resulting in death) DUE TO (OR AS A CONSEQUENCE OF) years DUE TO (OR AS A CONSEQUENCE OF): years CERTIFICATION 0 Sequentially list conditions, If any, leading to immediate 10 cause. Enter UNDERLYING CAUSE (Disesse or Injury 16 ys DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 TOWO 4 🗆 Nı ig Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending Investigation M 1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the ceuse(a) and manner as stated.

29c. LICENSE NUMBER

al.

M D

MD

8164

Toled

o Terr

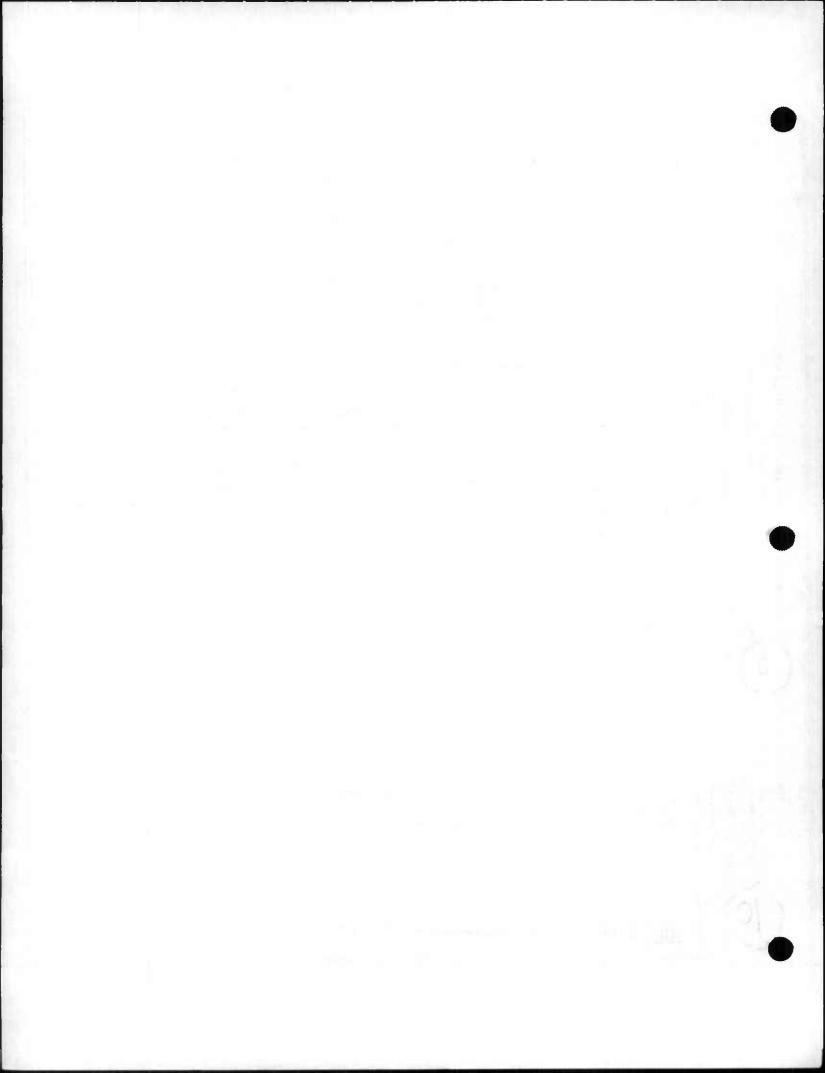
29d. DATE SIGNED (Month, Day, Year)

7/11

Sute A101

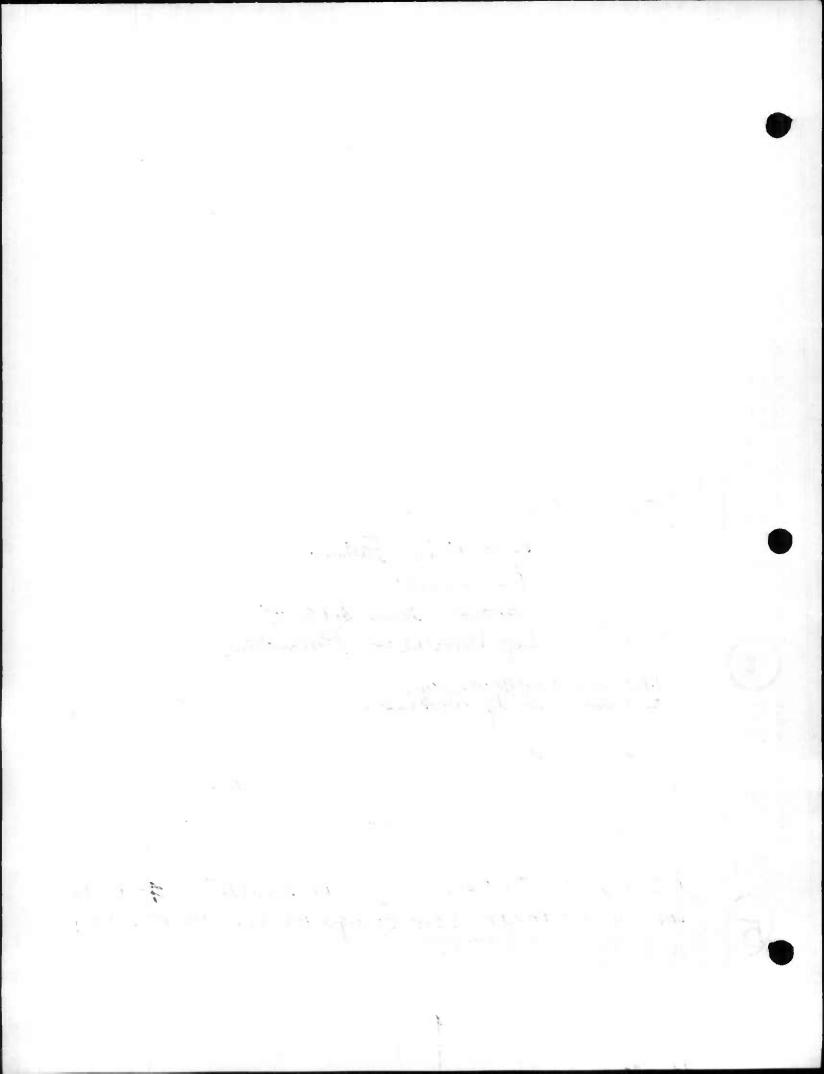
92

1 trotto we mig 207 m



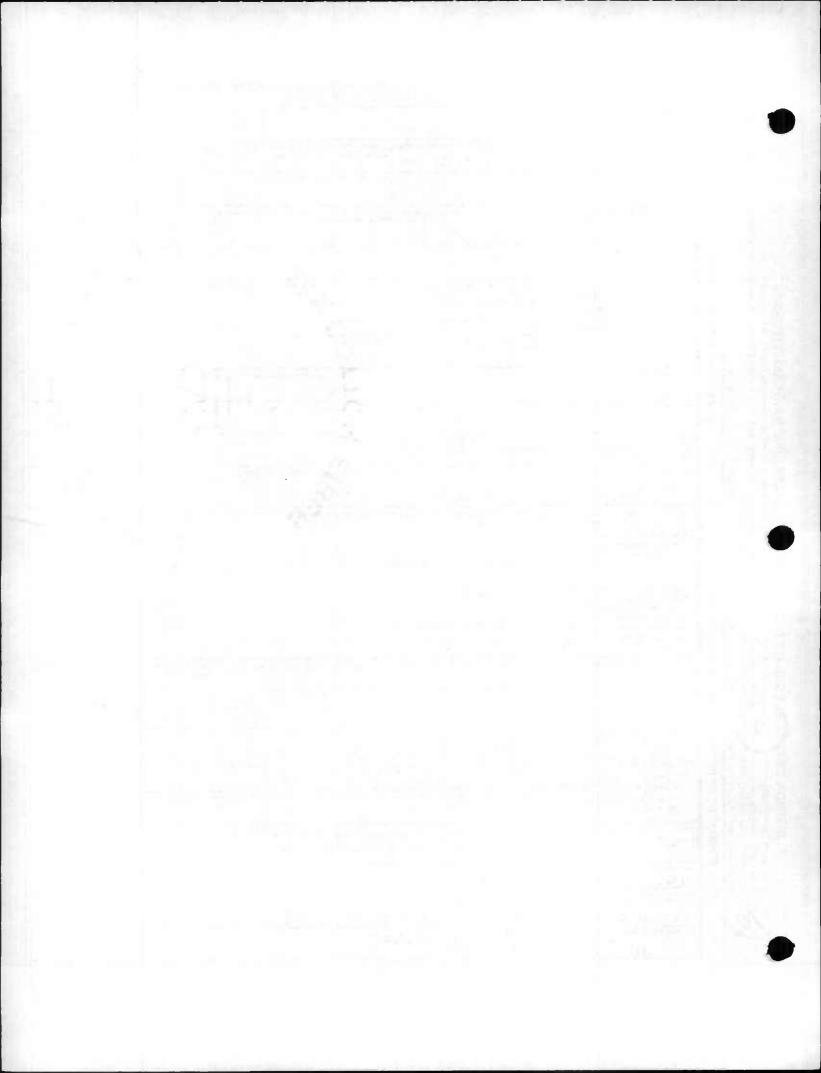
즲	pe	3	
ĕ	tach		69
The	90	3	10
6	Q P		B
alle	hou		He
9	40		5
2	3306		2
Ē	000		nst
96	rec		E
E.	al d		9
ERTH.	uner		E
0	the	2	9
di di	3	PMO	llea
200	S	00 70	Je E
THE TOTAL OF THE CONTROL OF THE STATE OF THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE POSTING AND THE	THE FUNERAL DIRECTOR: After this certifican has been signed by the manufactor and completely filled in by the funeral director, page 5 should be detached to	flied within 72 hours after death with the Start Dript or Hearth and Marie prior to burial, cremation, or removal.	MMPORTANT: If Item 28 is marked, or Item 23 shows any views from traumatic event, the medical examiner must be notified at once.
	letely	emal	nt,
2	omo	E C	eye
200	nd c	buri	atic
5	an a	2	E
8	-	8	=
Ì.	£	BUB	her
5	를	3	ď
Ė	ŧ	Ė	a
ě	ž	駔	3
6	B	ž	ď,
g	86	看	=
The same	20	Ŧ	MO
	差	ä	3
ř	Ħ	ă	2
	FCBB	ā	ä
2	certi	the	. 0
É	his	¥	ked
2	ter	ath	шаг
	A.	of de	-
2	Ē	afte	28
5	DIRE	SUDOL	Ti em
1	ME	12	=
2	INER	Pin	H
7	E FU	IM P	FE
215	E	file	2
e.	-	320	wE I

						(92 21036		
	1 - FOR STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	, <u> </u>			
	Ocia whitfield						YEAR 3. TIME OF OEATH		
			222		7 1	-	721 23/4 PMM		
	U. AGE	MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTNPLACE (State or Foreign Country)		
	579-14-7692 15xm20f 97	YRS.			2-20-1	895 G	oldsboro, NC		
	9e. FACILITY NAME (If not institution, give street end number)	96	L CITY, TOWN O	R LOCATION OF D	PEATH	9c. COUNT	Y OF DEATN		
DIRECTOR	Washington Adventist Hos	pital Ta	akoma	Park,	Md.	Mon	tgomery		
2	RESIDENCE OF DECEDENT					1	08011101		
2	D. C.		OWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	D.C.	Wash:	ingtor	ו			1 YES 2 NO		
A	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
FUNERAL	427 First St. S.E.			2000	3	US	A		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Ye	1			
	1 Never Merried 2 Merried FORCES? 1 YES	YES 2 NO If yee, specify Cuben, Maxic			en, Puarto Rican, etc.)		I. RACE — American Indian, Black, White, atc.		
ВҰ	3 XWidowed 4 Divorced	DATES	1 1 1 1	NO Speci	ry:		Specify:		
	15. OECEDENT'S EDUCATION	16a. DECEDENT'S USU	IAL OCCUPATIO	N .	16b. KIND OF BU		Black		
	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during mos tired.)	st of working	100. 11.10 01 00	3111E33/111D03	o i ni		
7	5TH.	Sewer H	Renair	·man	D.C.	Corrow	nmant		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	DCWCI I	repair		AME (First, Middle, Malder		mment		
	John Whitfield								
BE	190. INFORMANT'S NAME (Type/Print)				Whitfie				
2					Route Number, City or Tox				
	Eleanor Elleby				Washing	ton,	Md. 20744		
20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Compilery Committee) 20c. LOCATION — City or Town,									
	4 Donation 5 Other (Specify)	aryland N	Vation	al Mem	orial PK	Lau	rel. Md.		
- 0	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	O ADDRESS OF FA	Warsh Marsh	all's	Funeral		
77	Julia P. Tharshe	00	Home,	Inc.	4217 9th	. St.	N.W.		
	23. PATT I. Enter the diseases, or complications that cause	d the deeth. Do not a	enter the mod	te of dving eur	Washingt	on, d			
- 1	Interval Between								
	IMMEDIATE CAUSE (Final disease or condition	etaras.	taller	0.			Onset and Death		
	resulting in death)	0019	100-007						
_	herminela!								
CATION	Sequentially list conditions, Print TO (OR AS A CONSEQUENCE OF)								
A	if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF:	n/ In	tarik	/				
윤ㅣ	CAUSE (Disease or Injury	CONCEDIENCE OD	1	V 0	!				
RTIF	that initiated eventa resulting in death) LAST	To Chil an	/ A	contrar 1	· Luna				
ij	d	***************************************	- 0	12000	wn.				
ا بِ	PART II. Other eignificent conditions contributing to death to	out not reaulting in th	ne underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY /	24b. WERE AUTOPSY FINDINGS		
MEDICAL	1. Reval insuffeces	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE					
요ㅣ	1 - YES 2 THO OF						OF DEATH?		
	- January C	0 -0701 42			_		1 TYES 2 (1) NO		
SICIAN:									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
2	1 YES 2 NO 1 Inpatient 2 ER/Out			5 🗆 Residence	6 Other (Specify)				
27. MANNER OF DEATH 1							REO		
-	3 Suicide 6 Could not be 28e. PLACE OF INJURY	— At homa, farm, street							
4	4 Nomicide determined building, etc. (Specify)								
ן ב	290. CERTIFIER	CIAN: To the best of my knowledge death occurred at the three							
3 Suicide 6 Could not be determined 26f. LOCATION (Street and Number of City or Town, Stete) 29e. CERTIFIER (Check only one) 2/ MEDICAL EXAMINER: On the basis of examination and or location									
	The contract of the cause of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause								
296. SIGNATURE AND TITLE OF CERTAVIEW									
# I	290. SIGNATURE AND TITLE OF CENTRER AND TO	,		29c. LICENSE NUI	ABER DIQ	29d, DATE S	IGNED (Month, Day, Year)		
	Jana Howay No	1		29c. LICENSE NUI	28195	29d, DATE S	IGNED (Month, Day, Year)		
20	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE DAYLD A GOOTAT. MO.	ATM (ITEM 27) (Type, Frint,		no Do	28195	17	-16-92		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	6323 9		no Do	28195 Nw. Wan	17	-16-92		



10	2	2/	8	
BALTIMORE, MARYLAND 21215-0020	recurse that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	mentioned by the animation personal and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	tbon, or removal.	shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The requires that the death certificate be recoured within 2	ther this certificate filtr	be filed within 72 hours after death with the time the tree meant and derive impone prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, th

EGIORIES NAME (IN. NOME. LATE) ROOMS SCHOOL SECURITY NAMES (IN SECURITY NAMES) ROOMS SCHOOL SECURITY SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL SECURITY SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL SECURITY SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL SCHOOL SECURITY SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL SCHOOL SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL SCHOOL SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL NAMES (IN SECURITY NAMES (IN SECURITY NAMES) ROOMS SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL NAMES (IN SECURITY NAMES (IN SECURITY NAMES) ROOMS SCHOOL NAMES (IN SECURITY NAMES) ROOMS SCHOOL NAMES (IN SECURITY NAMES (IN SECURITY NAMES (IN SECURITY NAMES (IN SECURITY NAMES) ROOMS SCHOOL NAMES (IN SECURITY NAMES (IN SECURIT		1 - STATE REGISTRAR	SIAIE UF I			ICATE OF			MENIAL HYU	. NO.			
TO DO TO THE CONTROL AS EACH TO THE ASSOCIATION IN	1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA	TH		3. TIME OF DEATH	
THE PRINCE OF DESCRIPT THE REPORT AND NUMBER THE ADMINISTRATE AND NUMBER THE STREET AND			fayette			III						1:52 A M	
NOTIFICATION OF DESCRIPTION OF DESCR					birthday)				7. DATE OF BIRT	H	8. BIRTH	PLACE (State or Foreign	
POTINGE COUNTY PRINCE GOOTGES IND. STREET AND NUMBERS IND. STREET AN				23	YRS.	WOWTHS DAYS	HOURS	More,	9/28/	68	WAS	HINGTON DC	
2321 VIRGINIA AVE 2321 VIRGINIA AVE 2321 VIRGINIA AVE 1. MARCHAR SERVINE 1. MARCHA	œ	Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE	EATH	9c. COU	INTY OF D	EATH	
2321 VIRGINIA AVE 2321 VIRGINIA AVE 2321 VIRGINIA AVE 1. MARCHAR SERVINE 1. MARCHA	10	Prince Georges Ho	spital			Cheve	rly			Pri	nce (Georges	
2321 VIRGINIA AVE 2321 VIRGINIA AVE 2321 VIRGINIA AVE 1. MANUEL STATUS 1. MANUEL	EC	10a. STATE 10b. COUNT			10c. CITY, TOWN OR LOCATION								
STREET NO DIMENSER 222 V V RESIDENT AVE 20785 UNITED STATES 13. MANTAL STATUS 14. SUBGESTITES STATES 15. MANTAL STATUS 1	5	MARYLAND PRINC	CE GEORGE		LA	NDOVER				1X YES			
The state of the control of the control of the state of	AL	10e. STREET AND NUMBER				1	of. ZIP COD	E		10g. CIT	IZEN OF W		
The state of the control of the control of the state of	IER	2321 VIRGINIA	AVE				2078	35		UNI	TED	STATES	
The state of the control of the control of the state of	F					13, WAS DE	CENDENT (OF HISPAN	- American Indian,				
SECOND TO MADE (PAS SECOND TO MEDICAL LAST OF THE STANDARD CONTROL OF THE STAN										ly:			
DUWARD WALKER IT ALICE CUNNINGHAM		15. DECEDENT'S EDU	CATION	16a, DEC	EDENT'S	USUAL OCCUPAT	ION		16h KIND C	E BURNESS /IN	DUCTOV	BLACK	
DUWARD WALKER IT ALICE CUNNINGHAM	ET			(GA	e kind of	work done during n	ost of working	ng	TOOL KIND C	P BUSINESS/IN	DOSTRY	10.10	
DUWARD WALKER IT ALICE CUNNINGHAM	4												
DUWARD WALKER IT ALICE CUNNINGHAM	00				18. MOTHER'S NAME (First, Middle, Maide								
ALLCE CUNNINGHAM ALLCE CUNNINGHAM ALLCE CUNNINGHAM 2321 VIRGINIA AVE LANDOVER MD 20785 ALLCE CUNNINGHAM 2321 VIRGINIA AVE LANDOVER MD 20785 ALCOHOLOGO OF DESCRIPTION 1/2 PROPERTY CONTINUED OF DESCRIPTION 1/2 PROPERTY		EDWARD L WALKE	ER II		ALICE JACKSON CUNN							M	
230. METHOD OF DISPOSITION 230. METHOD OF DISPOSITION 230. METHOD OF DISPOSITION 231. METHOD OF DISPOSITION 232. MARK AND ADDRESS OF PROCESS 233. MARK AND ADDRESS OF PROCESS 234. MARK AND ADDRESS OF PROCESS 235. MARK AND ADDRESS OF PROCESS 236. METHOD OF DISPOSITION 237. MARKET DISPOSITION 238. MARK AND ADDRESS OF PROCESS 239. MARK AND ADDRESS OF PROCESS 230. MARK AND ADDRESS OF PROCESS 231. MARKET PROCESS 232. MARK AND ADDRESS OF PROCESS 233. MARK AND ADDRESS OF PROCESS 234. MARK AND ADDRESS OF PROCESS 235. MARK AND ADDRESS OF PROCESS 236. MARK AND ADDRESS OF PROCESS 237. MARKET OF DEATH Choice only one cause on each line. 238. MARK AND ADDRESS OF PROCESS 239. MARK AND ADDRESS OF PROCESS 240. MARK AND ADDRESS OF PROCESS 250. MARK AND ADDRESS OF PROCESS 260. MARK AND ADDRESS OF PROCESS OF PROCESS 260. MARK AND ADDRESS OF PROCESS OF PROCESS 260. MARK AND ADDRESS OF PROCESS 260. MARK AND ADDRESS OF PROCESS OF DEATH OF THE PROCESS 260. MARK AND ADDRESS													
SOBUSTIAL 2 Commission 3 Disterior State TARMONY MEMORIAL PARK 7/18 LANDOVER MD 21. SIGNATURE OF PARTAL SETIVICE LICENSEE ALEXANDOVER MD ALEXANDER S POPY ALEXA			1					LA	NDOVER 1	MD 207	85		
21. BICHATURE OF PINERAL SERVICE LICENSEE ALEADDER S POPE FUNERAL HOME 2617 PA AVE SE WASH DC 20020 23. PART I. Enter the diseases, or complices/one that glossed the desth. Do not enter the mode of dyling, such as cardiac or respiratory arreat, interval Batterian disease or condition. MMEDIATE CAUSE (Final disease) BOUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE		to XBurial 2 ☐ Cremation 3 ☐ Ram	novel from State	20b. PLACE A	NO DATE	OF DISPOSITION (I	lame of		1 .				
ALEXANDER'S POPE FUNERAL HOME 20020 23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dyling, such as cardiac or respiratory arrest, shock, or heart felture. List only one cause on each line. Approximate shock, or heart felture. List only one cause on each line. IMMEDIATE CAUSE (Final Research of Part I. List only one cause on each line. Approximate interval Between Onset and Death of Part I. Approximate interval Between Onset and Death of Part I. Due to (or as a consequence of):		1,7-1											
23. PART I. Enter the diseases, or complications that plaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one cause on each line. MMEDIATE CAUSE (final death)		10/15	(),	0							ME		
MMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR		Wex &.		11	,								
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PROPINGS ARLABLE PRING TO COMPLETED CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Multiple Gunshot Wounds											
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PROPINGS ARLABLE PRING TO COMPLETED CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PROPOSITY ARLABLE PRIOR TO COMPLETED CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ERTIFIC	that initiated events	DUE TO	(OR AS A CONSEQ	UENCE O	F):							
2 Accident investigation in estigation in investig		PART II. Other significant condition	ns contributing to	deeth but not re	suiting	In the underlyi	ng ceuse s	given in			24b.		
2 Accident investigation in estigation in investig	N: MEDIC									3.5.(3.4.3.4.2.2.3.4.3.4.2.3.4.3.4.3.4.3.4.3.		COMPLETION OF CAUSE OF DEATH?	
2 Accident investigation in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 298. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 298. SERNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 0. C. M. E. 0. T. 15 1992 0. T. 1	CIA						LACE OF D	EATH (Ch	eck only one)				
2 Accident investigation in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 298. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 298. SERNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 0. C. M. E. 0. T. 15 1992 0. T. 1	YSI	1 XYES 2 NO	1 Inpetient 2	ER/Outpatient 3	DOA		me 6 🗆 Re	rsidence	8 Other (Specify	()			
2 Accident investigation in estigation in investig	PH						JURY AT ORK?		26d. DESCRIBE	OW INJURY OC	CURED		
3 Suicide 8 Could not be determined 28s. PLACE OF HUNDY At home, farm, street, factory, office 29st. LOCATION (Street and Number or Rural Route Number, City or Town, Sine) 2300 blk. Virginia Avenue 29st. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 29d. DATE SIGNED MONTH 21201		The state of the s	0,7			JA -		ĭ NO	Subjec	t shot			
296. LICENSE NUMBER 297. (Month, Day, Year) 296. LICENSE NUMBER 297. (Month, Day, Year) 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (Month, Day, Year) 297. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE NUMBER 299. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE N		0 Could not be	28s. PLACE O building,	F INJURY — At horr atc. (Specify)	ne, tarm, s	street, tactory, off	ca		281. LOCATION (S City or Town,	State)	r or Runal A	oute Number,	
296. LICENSE NUMBER 297. (Month, Day, Year) 296. LICENSE NUMBER 297. (Month, Day, Year) 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (Month, Day, Year) 297. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE NUMBER 299. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE N	E	An Armiria				_						Avenue	
296. LICENSE NUMBER 297. (Month, Day, Year) 296. LICENSE NUMBER 297. (Month, Day, Year) 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (Month, Day, Year) 297. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE NUMBER 299. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE N	OMPL	(Check only										and manner as stated.	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DOWALD G, WRIGHT MD 111 Penn STreet, Baltimore Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				^			29c. LICE	ENSE NUN	IBER	29d. DAT	E SIGNED	(Month, Day, Year)	
Dowald G, Wright MD 111 Penn STreet, Baltimore Maryland 21201 31. Date Filed (Month, Dey, Year) 32. Registrary Signature 2			/				0.0	C.M.I	E .	0.	7 15	1992	
31. DATE FILED (Month, Dey, Year) 32. REGISTRAN'S SIGNATURE)	A44	T MD	111	Per	nn STree				vland 2		-114	
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	Paydon-V	fanda	02			a and halo	,			

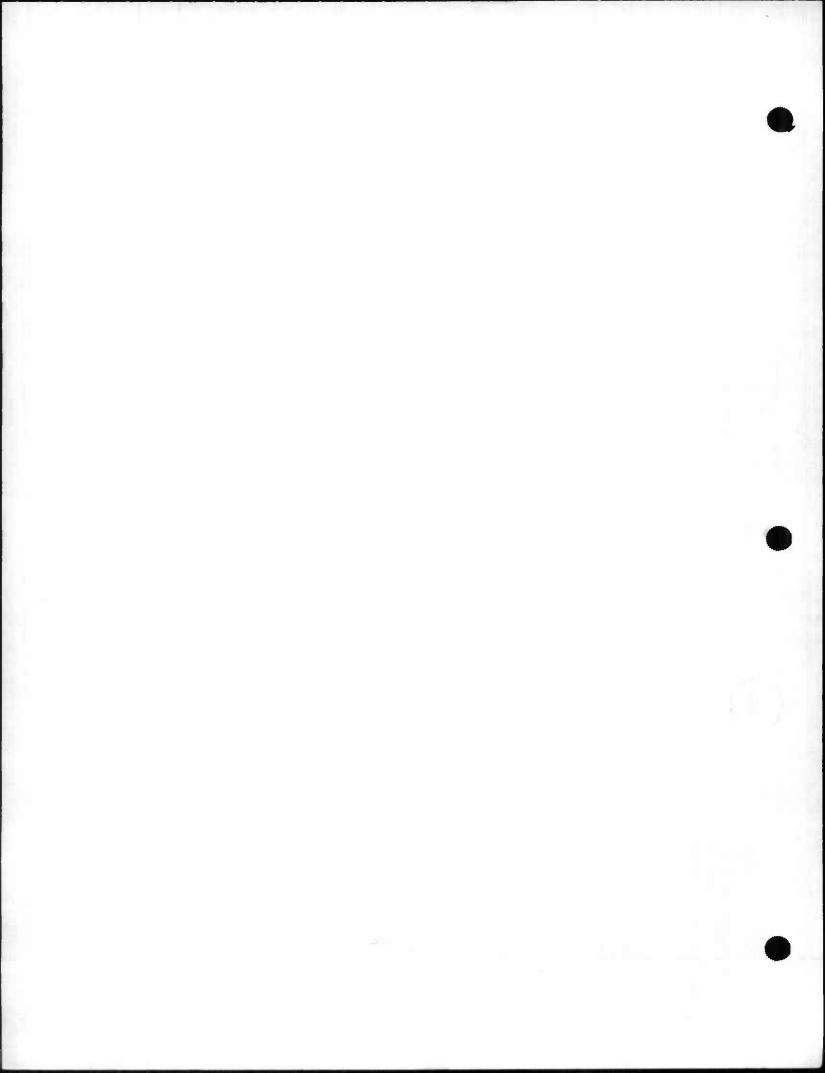


and himself the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and himself hygiene prior to burial, cremation, or removal.

In any infant, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certificate to be filed within 72 hours after death with the State Charles II frem 28 is marked, or item 23 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First		CARC)T		1.77	7 1170	777			2. DATE O	n	AV	YEAR	3. TIME OF DEATH
	PATRICIA						LHII	E			07 15 DAY		"	92 ^{EAR} 12 42 A M	
	4. SOCIAL SECURITY NUM		5. SEX		n yrs. lest i	-	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF	BIRTN Day, Year)		8. BIRTH Count	NPLACE (State or Foreign
	219 46 8832		1 M 2 X F	4	6	YRS.		-	Hoons	with.	12	23	45	Washington, DC	
	90. FACILITY NAME (If not in									ION OF DE	ATN		9c. COL	INTY OF D	EATN
5	GREATER BAI		E MEDICAL	CEN	TER		TO	OWSO.	N				BAL	TIMO	RE
Di Di	10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN (TOWN OR LOCATION					10d. INSIDE CITY		
DIRECTOR	MD	Princ	e George	¹s	COLLEGE PARK									LIMITS7	
	10e. STREET AND NUMBER							100	I. ZIP COD	E			10g. CI	IZEN OF	WHAT COUNTRY?
FUNERAL	5112 ODESSA	RD							207	40				5.A.	ALEXTERNA .
20	11. MARITAL STATUS	_	12. WAS DECEDEN				13.	WAS DEC	ENDENT	OF NISPAN	IIC ORIGIN?	Specify Yes			E — American Indian, k, White, etc.
BY F	1 Never Married 2 3 Widowed 4 🖾 Divo		FORCES? 1)				m, Maxica Specify	n, Puerto Ric /:	an, stc.)		Spec	
0.00			l												"Y" White
	(Specify onl	EDENT'S EDU y highest grade	completed)		16a. DECE	e kind of v	vork done to retired.)	CCUPATIO during mo	ON ist of world	ng	16b. K	IND OF BU	SINESS/IN	OUSTRY	
COMPLETED	8th Grade		College (1-4 or 5								1 ,	m n 2 2 n .	11061	ا م	1
8th Grade Unavailable Unavailable 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)															
										2011					
BE	19e. INFORMANT'S NAME (1100	19b.	MAJLINO	ADDRESS	S (Street e			Route Number			-	OIK
2	Martha S. W	rights	son								Columb			21044	
1	200. METNOD OF DISPOSIT		minger (486		PLACEAN	DOATE	F DISPOS	SITION (Na		,	OATE			City or To	
	1 C Burial 2 Crematic		oval from State	Pan	rklav	atory or of	her place) emet	erv		7/	18/92	Rocl	kvi11	le. M	[arvland
	4 Donation 5 Other (Specify) Parklawn Cemetery 7/18/92 Rockville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Provided Prov														
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 207															
	23. PART I. Enter the d	seases, or	complications the	of coursed	the deat	th Do n	4 /	39 I	da of du	lmore	Ave.	,Hya	ttsvi	llle,	
	snock, or n	eert fallure.	List only one ceu	ise on ee	ch line.		or onto	the mo	de oi dy	ilig, suci	ii es ceruie	C Or respi	ratory sr	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE														
1	RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF):														
z			COPD	EXA	CERBA	ATIO	N								CYAG
CERTIFICATION	Sequentielly list condit if eny, leading to imme		DUE TO	(OR AS A	CONSEQU	ENCE OF):								
S	CAUSE (Disease or Inju		C												
늗	that initiated eventa resulting in death) LAS	т о	DUE TO	(OR AS A	CONSEOU	ENCE OF	7):								
员			d,												
	PART II. Other significa	nt condition	s contributing to	death bu	it not rea	ulting I	n the un	derlylng	cause	given in	Part I. 2	ta. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL	MUNTIPLE	CERN	rima	16)	SOL	DEC						PERFOR	IMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
											_ '	163 2	, and		OF DEATN?
-											-				TES ZANO
X	25. WAS CASE REFERRED TO	O MEOICAL						26. PL	ACE OF D	EATN (Che	ck only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpet	itlent 3 🗆	DOA	OTHER		• 5 □ Re	eldence	8 Other (S	Specify)			
PHYSICIAN:	27. MANNER OF DEATN		28s. DATE OF (Month, D		1	28b. TIMI	E OF	28c. INJ			28d. DESCR		NJURY OC	CUREO	
ВУ		Pending Investigation		-,,		1140	M		ES 2	NO					
288. LOCATION (Street and Number or Rural Route Number, building, size (Specific)									loute Number,						
	4 Nomicide	determined						-							
COMPLET			CIAN: To the best of												
S S	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	xamination	end/or inv	restigation	n, In my o	plnion, d	eath occur	red at the	tima, deta en	d place, en	d due to ti	ne cause(e) end manner es stated,
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	/						29c. LICI	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
10 B	L	ma	-	MD.					0.	530	34		•	7/16	192
F	30. NAME AND AODRESS OF														
	Up. Edward	Koza -	GBMC -	6701	N Ch	narl	es S	tree	et; T	OWSO	n MD	21204	1		
1	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNAT	TURE	Rand	202								
	JULI	7 199	- Jun	w Hunt	WJ07 V-1	1-10-									





BALTIMORE, MARYLAND 21215-0020 frer death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TITAL Beath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attein	TO THE FUNERAL DIRECTOR: After this certificate has been superationally physician and completely filled in by the funeral director, page 5 should be detached for use a	vin 72 hours after death with the State Dept. of the man when the prior to burial, cremation, or removal.	MADATTRATE 19 to marked on them 93 about 1 and the second of the market of anomalous maried for market of anomalous
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO	be filed within 72 hours aft	MADOUTANT. II It 96

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	RTMENT OF H	EALTH AND I DEATH	MENTAL HYGIEN	IE 9	2 21039							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER	WENS WELSH 5. SEX 6. AGE (In yrs. In 1 □ M 2 □ F 67	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country) SOUTH CAROLINA							
TOR	9a. FACILITY NAME (If not institution, give stre NATIONAL NAVAL M RESIDENCE OF DECEDENT	et and number)			R LOCATION OF OR	EATH	9c. COUN	MONTGOMERY							
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT		·	10d. INSIDE CITY LIMITS?								
	VIRGINIA FAIR 100. STREET AND NUMBER	i i		FALLS 101	CHURCH ZIP CODE		1 YES 2 NO								
BY FUNERAL	3233 SLEEPY HOLL 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	OW ROAD 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	RMED NO	2204 ENDENT OF HISPAN ocity Cuben, Mexica 2 X NO Specify	NITED STATES 14. RACE — American Indian, Black, White, etc. Specify: WHITE										
COMPLETED	TS. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)														
OMF	12 HOMEMAKER 17. FATHER'S NAME (First, Middle, Lest) WALTER A. OWENS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
BE (
2	DARCIE M. ALBRIGH	T	8049	OAK HOL	LOW LANE	FAIRFAX	STATI	ON. VA 22039							
	20e. METHOD OF DISPOSITION 1 □ Burial 2 ☆ Cremation 3 □ Ramov 4 □ Ponation 6 □ Other (Specify)	rai from State cemetery, ci	remetory or o	OF DISPOSITION (Na other place)		1		city or Town, State gton, Virginia							
	M. SIGNATURE OF FUNERAL SERVICE LICE		ern v	Murphy	-Falls C	church Fun	eral H								
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiretory erreat, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition														
	disease or condition resulting in death) a. ACUTE RENAL FAILURE Due to (or as a consequence of):														
SATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING b. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF):														
ERTIFICATION	CAUSE (Discess or Injury that Initiated events resulting in death) LAST														
BOICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2X NO 1														
PHYSICIAN: M		HOSPITAL:		26, PL	ACE OF DEATH (Ch	eck only one)									
BY PHYS	1 VES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 5 Pending													
-	20a CENTIFIED an			A - 50 - 50 - 50 - 50 - 50 - 50 - 50 - 5		29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner se stated.									
COMPLETED	(Check only 1 IX) CERTIFYING PHYSICI														
TO BE COMPLET	(Check only 1 IX) CERTIFYING PHYSICI					time, deta and place, e	29d. DATE								

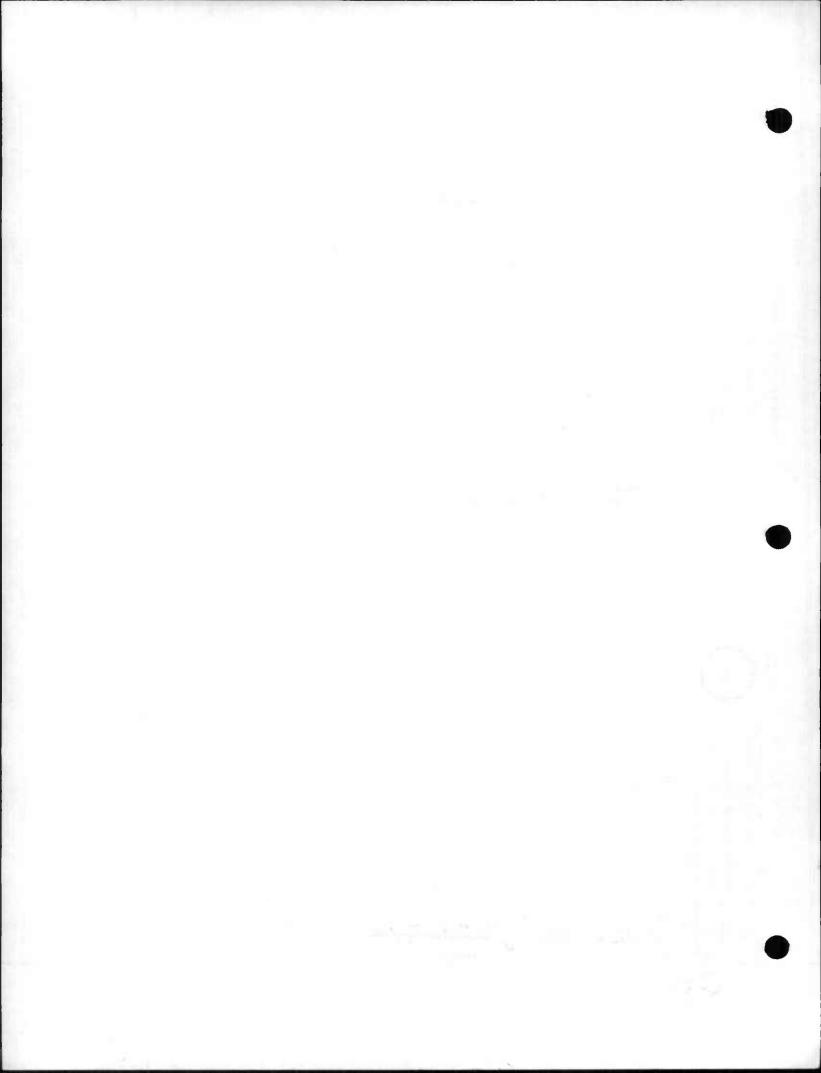
C, USNR
32. REGISTANTS AGNITURE - Randelle



M. WHEELER,
31. DATE FILED (Man Day Year)

LT, MC,

NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20889-5000



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the drawn certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

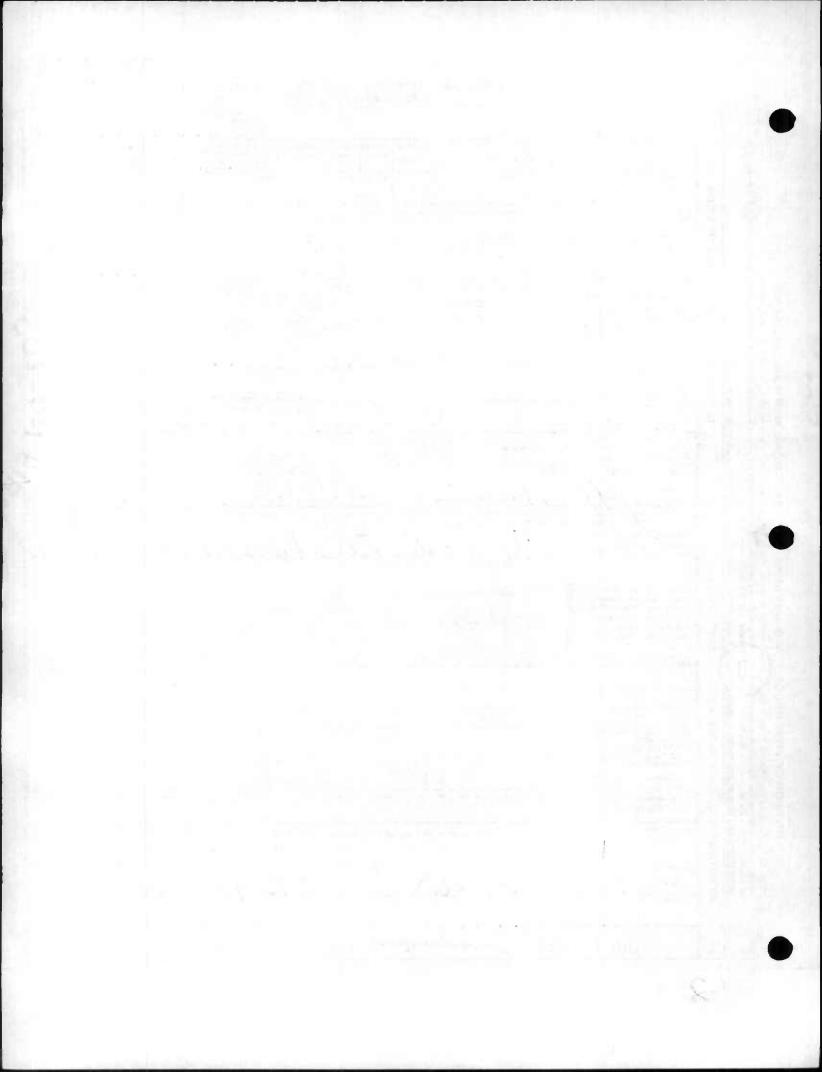
TO THE FUNERAL DIRECTOR: After this certificate has been should by the annualing physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Harm account Hydrone prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shown any injury or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	0	F DEAT	TH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		- 1.1040				
	1. DECEDENT'S NAME (First, Middle, Less Albert C. Wagn	•				2. DATE OF DEATH DATE OF JULY 10,	1992 YE	ar 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 220-34-3835 9a. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	99 YRS. MC		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 15, 18	8. E	HIRTHPLACE (State or Foreign country) LOWA				
TOR	5704 Seminole St				Heights	Arn		ce George's				
DIRECTOR		nce George's		yn Heig		100		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 5704 Seminole St	treet			20740		17.11.5	of what country?				
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TO YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECEI If yes, spec 1 YES 2	ify Cuban, Mexical	IC ORIOIN? (Specify Yes n, Puerto Rican, etc.)	or No — 14.	RACE — American Indien, Black, White, etc. Specify: White				
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		life. Do NOT use n	done during most stired.)	of working	16b. KIND OF BUS						
COMPLET	17. FATHER'S NAME (First, Middle, Lest) Charles Wagner	1.	Letter C		18. MOTHER'S NAME (First, Middle, Melden Surname)							
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Harriet Bur	·v			Lena Neitzel ESS (Street and Number or Aural Acute Number, City or Yown, State, Zip Code) Ona Street, Lanham, Maryland 20706							
	20a. METHOD OF DISPOSITION XXI Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State 20th cent	PLACE AND DATE OF C	DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State								
19	21. SUSPATURE OF FUNCTION SERVICE I	Macin		Rendon		anham Funer Road, Lani	ral Hom	ne i				
CERTIFICATION	23. PART I. From the diseases, or shock, or heart feilure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ratory argent.	Approximata interval Between Onset and Death									
MEDICAL	PART II. Other algnificant condition	ona contributing to death b	ut not resulting in t	ha underlying	cause given in	Part 1. 24s. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIORI TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Chi							
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJUI	RY AT	8 Other (Specify) 28d. DESCRIBE HOW IF	NJURY OCCURE	О				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre- ffy)	et, factory, office	ctory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
IO BE COMPLETED	296. CERTIFIER (Check only cone) AMDICAL CHAMIN CONE) AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) ADE PRI	n my opinion, dea	th occured at the	ilme, data and place, and	29d. DATE SIG	NED (Month, Day, Year)				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN Guha Da	ature vidson-Randa	82	v. Larrol	ton, Maryl	and 2	0784				





TO BE COMPLETED BY FUNERAL DIRECTOR

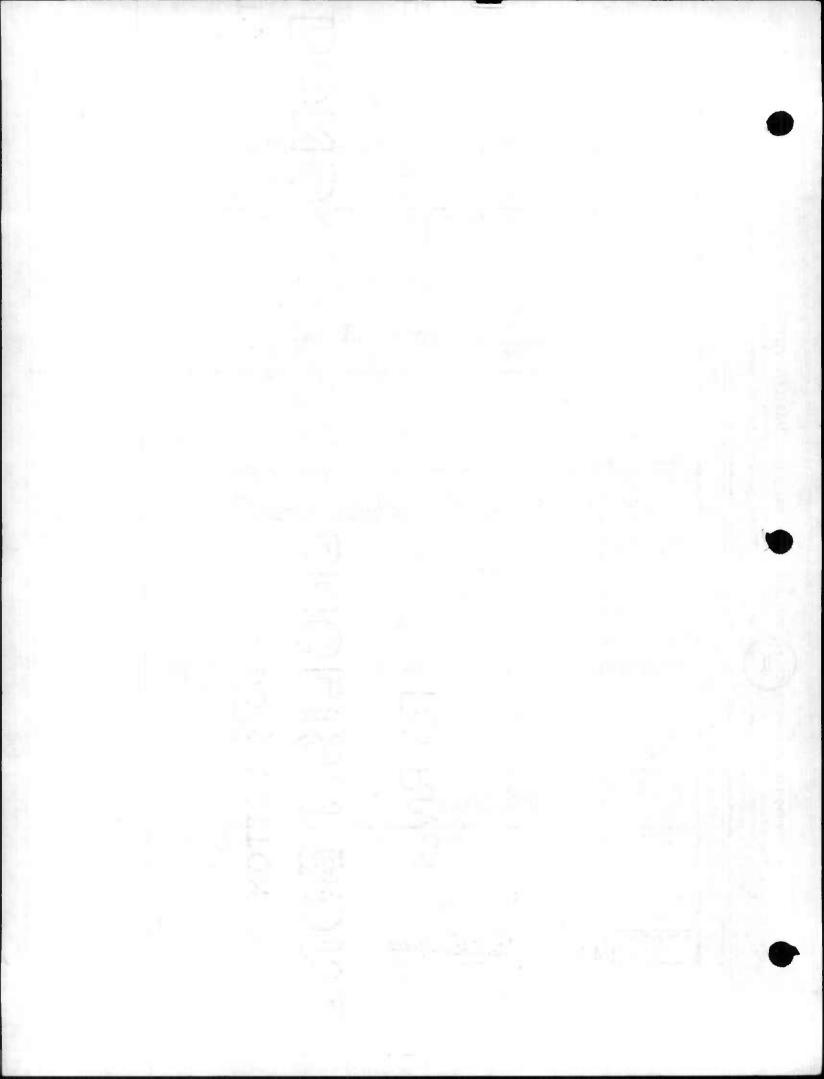
DIVISION OF VITAL REC THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires O THE FUNERAL DIRECTOR: After this certificate bens sign e field within 72 hours after death with the State Dept. of Heal MPORTANT: If Item 28 is marked, or Item 23 shows		DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that minimum is a manual to executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	br this certificate has been signed were attached provided and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and ment require prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	---	---	--	---

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAR CERTIF					MENTA	L HYGIEN REG. NO.	E	92	21041
1. DECEDENT'S NAME (First,	Middle, Last)	FEMALE	= 1	WILSON				7	2. DATE MONT	of DEATH	8	9 2EAR	3. TIME OF DEATH 12: 05 A
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (in	yrs. last birthday)	IF UNDER	DAYS	IF UNDER	MIN.	(Monti	OF BIRTH	000	Count	
9a. FACILITY NAME (If not in:	stitution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATION	41 ON OF D		17, 1		Ma1	Cyland
	EORGE:	S HOSPITA	AL				EVER					PG	
10a. STATE Maryland	10b. COUNTY	r ice Georg	e¹s	1000	ry, town o								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER						10	f. ZIP CODI	Ē			10g. CIT	IZEN OF	1 YES 2 NO WHAT COUNTRY?
509 68th Pl	ace						2074	3			IIn-	ted	States
11. MARITAL STATUS	400	12. WAS DECEDEN	T EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN	17 (Specify Yes		14. RAC	E - American Indien,
1XXNever Married 2 3 Widowed 4 Divo		FORCES? 1					ecify Cube			Rican, etc.)		Spec	k, White, etc. Black
	EDENT'S EDU			18a. DECEDENT'S	USUAL O	CCUPATI	ON		166	KIND OF BU	BINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	None	dung na	ost or workir	Ŋ		N/A	A		
17. FATHER'S NAME (First, M.							18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)		
Carlos W.									Jilso			_	
Rosa Wilson										ber, City or Tow sant, I			3
20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	of ce	PLACE AND DAT	y or other	place)			DAT				own, State
4 ☐ Donation 8 ☐ Other 21, SIGNATURE OF FUNERA		CENSON	- I Fo	ort Line	coln	Cem	etery	7 SS OF F	/ 11() / C	2 IBrei	ntwoo	od. N	Maryland
Meil	8.7	Piner	, M	100877	Fo	rt]	Linco	1n	Funer	al Hor Brentwo		-	
23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert fallure.	complications the	ise on ee		not ente	etu	ode of dy	Ing, suc	ch ss cen	diec or resp	iratory s	rest,	Approximate interval Between Onset and Death
	_	DUE TO	(OR AS A	CONSEQUENCE O	OF):	•							
Sequentially list conditi		bDUE TO	(OR AS A	CONSEQUENCE	OF):								
cause, Enter UNDERLY! CAUSE (Disease or inju		C		AS AB	8VG								
that initiated events resulting in death) LAS		d	(DR AS A	AS ABI	OF):								
PART II. Other significe	nt condition	ne contribution to	dooth hu	t not regulting	In the u	ndorbile		aluan In	Dort I	24- 480 44	ALITONON		WERE AUTOROV ENIONIOS
TANT II. Other agrinice		JWE.	- Geath Du	t not resulting		- Inderiya	g cause	giveii ii		24a. WAS AN PERFOI 1 YES 2	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						-		-					1 TYES 2. NO
25. WAS CASE REFERRED TO	O MEDIONI												
EXAMINER?	O MEDICAL	HOSPITAL:	☐ ER/Outpe	itient 3 🗆 DOA	OTHE 4 Nu	R:	ne 5 - R	- 11					
	Pending		Day, Year)	28b. TI	ME OF	W	JURY AT ORK? YES 2	N/A	28d. DE	SCRIBE HOW	INJURY O	CURED	
3 Suicide 8	Investigation Could not be determined	28e. PLACE	•	— At home, ferm,	17			_ NO	28f. LO	ATION (Street or Town, State	end Numb	or or Rural	Route Number,
				10/11						NH	7		
anni anni		ICIAN: To the best of ER: On the basis of											(e) end manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NU	IMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
45h	Mon	land	1	T11 (1771)			D3	099	34	\	> (0/18	192.
30. NAME AND ADDRESS OF	F PERSON WI	O COMPLETED CAL	A	001 Hos		1 Dr	ive	Che	ver1	v. Ma∽	vlan	d o	0785
31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNA	TURE,		- //	A.Y. Ve B	Jue	V-1-1	i i d	A LOUI	-	

DUKA 3001 HOSDI 32. REGISTRAR'S SIGNATURE Julia Davidson-Pandall

1992



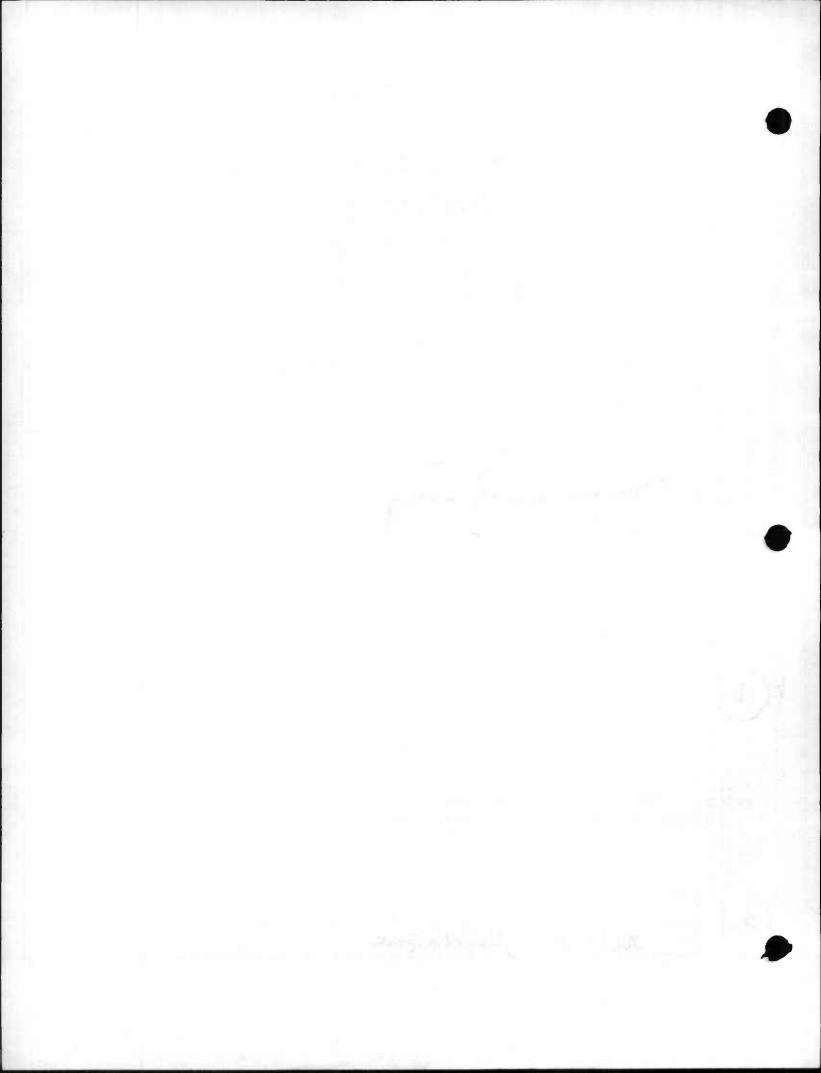
wury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Memal Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The same of the FUNERAL DIRECTIOR: After this certificate has be filed within 72 hours after death with the Stare DEIMPORTANT: If Item 28 is marked, or leam 20.

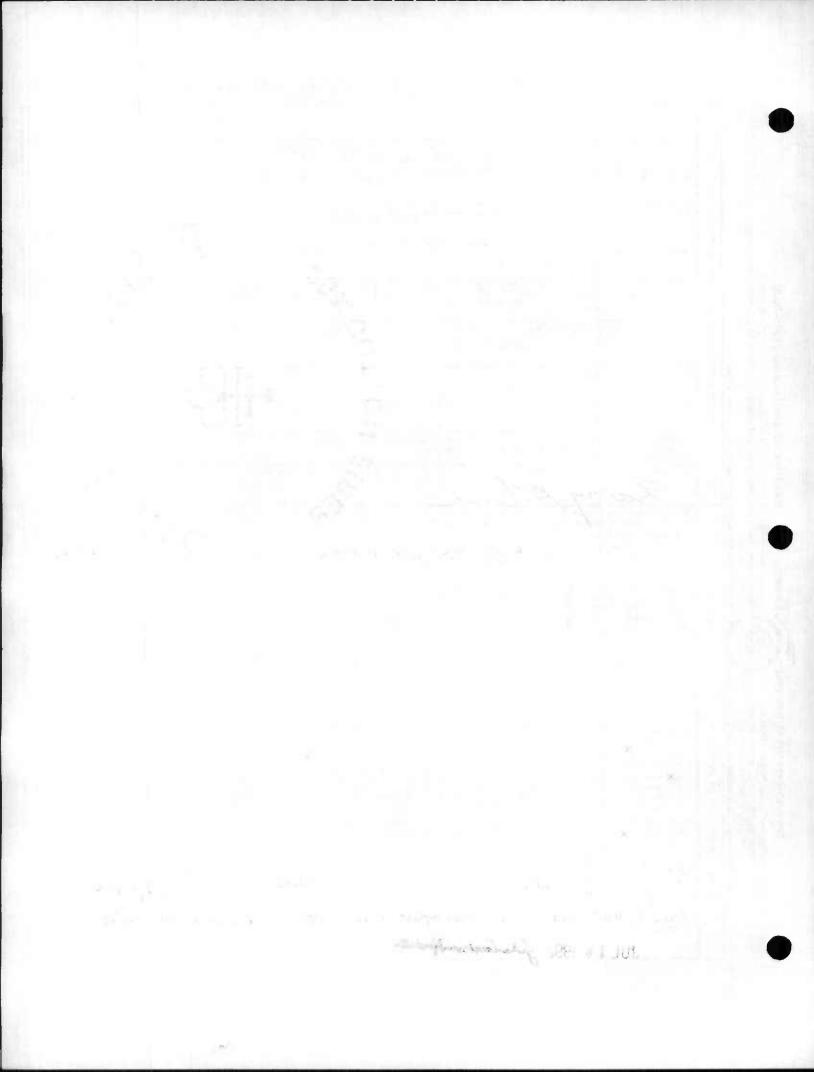
	1 - STATE OF MARYL	AND / DEPART			ENTAL HYGIENE	26	21046					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Town	3. TIME OF DEATH					
	Betty Jo watson				MONTH DAY	7-	8,20004 M					
		In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. 7	. DATE OF BIRTH		THPLACE (State or Foreign					
	578-54-6989 1 M 2 XF	79 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 07/28/4	Z Cour	Wash., D.C.					
DIRECTOR	Leland memorial Hos		-	rdale	H	PQ	DEATH Prince George's					
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY					
H	Ma Dodana Carres						LIMITS?					
	Md. Prince George	S I	emple	ZIP CODE		40- 01717511 05	1 YES 2 XNO					
R	4522 Old Decarb Assessed			20748			SA					
FUNERAL	4523 Old Branch Avenue		13 WAS DEC		ORIGIN? (Specify Yes		CE — American Indian,					
	1 Never Married 2 Merried FORCES? 1 YES		If yes, spe	cify Cuban, Mexican, I		Bla	ck, White, etc.					
В	3 Widowed 4 Divorced	VIES .	1 1 163	2 NO Specify:		Spe	White					
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S US	SUAL OCCUPATION done during mos		166. KIND OF BUSI	NESS/INDUSTRY						
E	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use i	retired.)									
MP	12	Haird	resser		Vince	nt & V	incent					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME	(First, Middle, Maiden S	iurneme)						
BE	Joseph Still			Nellie	e Hardy							
0	19e. INFORMANT'S NAME (Type/Print)				ite Number, City or Town,	Stete, Zip Code)						
	Russel R. Watson			s 10a								
	20a. METHOD OF DISPOSITION 133 Burlet 2 Cremation 3 Removal from State 20b. cem	PLACE AND DATE OF etery, cremetory or othe	DISPOSITION (Na	me of 7 - 14 - 9	DATE 20c. LOC	ATION City or	Town, State					
	1X Burle 2 Cremetton 3 Removal from Stata Cemetery, crematory or other place) Cedar Hill Cemetery Suitland, Md.											
	SI SIGNATURE OF TOTAL SERVICE EIGENSEE	1	6633	Old Ale	Thee Full	neral	Home, Inc.					
	Thannon W. Kan	muel	Clin	ton, Md.	exander 20735	rerry	Noau					
	23. PART i. Enter the diseases, or complications that chused shock, or heart failure. List only one cause on experience of the complex of the	the death. Do on	enter tha mo	de of dying, such a	as cardiec or respire	atory arrest,	Approximeta interval Between					
	IMMEDIATE CAUSE (Finel	U	/	,			Onset and Death					
		DUE TO (OR AS A CONSEQUENCE OF):										
	DUE TO (OR AS A	CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions,	CONSEQUENCE OF):										
K	if any, leading to immediate cause. Enter UNDERLYING	CONSCORLAGE OF J.										
E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF):										
F	resulting in daeth) LAST											
	PART II. Other significant conditions contributing to death b		Ab									
8	The symbol conditions contributing to death b	ut not resulting in	tne underlying	ceuse given in Pa	PERFORM		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
MEDIC					1 TYES 2	NO	OF DEATH?					
					-		1 TES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL		26 DI	ACE OF OEATH (Check	(an) (an)							
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inperient 2 ER/Outp		THER:									
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME (OF 28c. INJI		8d. DESCRIBE HOW IN.	JURY OCCURED						
ВУР	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR		RK?								
	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre	eet, fectory, office	20	8f. LOCATION (Street en	d Number or Rural	Route Number,					
COMPLETED	4 Homicide determined	ny)			City or Town, State)							
2	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowl	edge, death occurred	at the time, date	end place, end due to	the cause(s) and mann	or as stated.						
S O	one) 2 MEDICAL EXAMINER: On the besis of exemination						(a) end menner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBE			D (Monte, Day, Year)					
38 0	my my		_ 1	0211	79/	D 1/1	11/42					
5	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	rint)	1.0	2 3	1001						
1	1021 BEART 100	MA	HUNK	71)	LO to	7						
4	31. DATE FILEO (MONTH, Day Year) 101 16 1992 32. REGISTRAR'S SIGN. JUL 1 6 1992 Julia Davi	dson-Randel	2									
	201 - 0 1005 Janopar	MODI W- Novi (MODE										



ing physician.	the burial-transit permit. Pages 1, 2, 3 should	
the precured witten 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	demonstrated as and completely filled in by the function page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should make imperent to burial, committion, or removal.	iner must be notified at once.
can be executed within 24 hours after death	Presiden and completely filled in by the fune energings to buriel, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING PHYSICIAN: The law regains that the death of	ortificate has been signed by the the State Dept. of Health and the	ed, or item 23 shows any injury, or of
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this or be filed within 72 hours after death with	IMPORTANT: If item 28 is marke

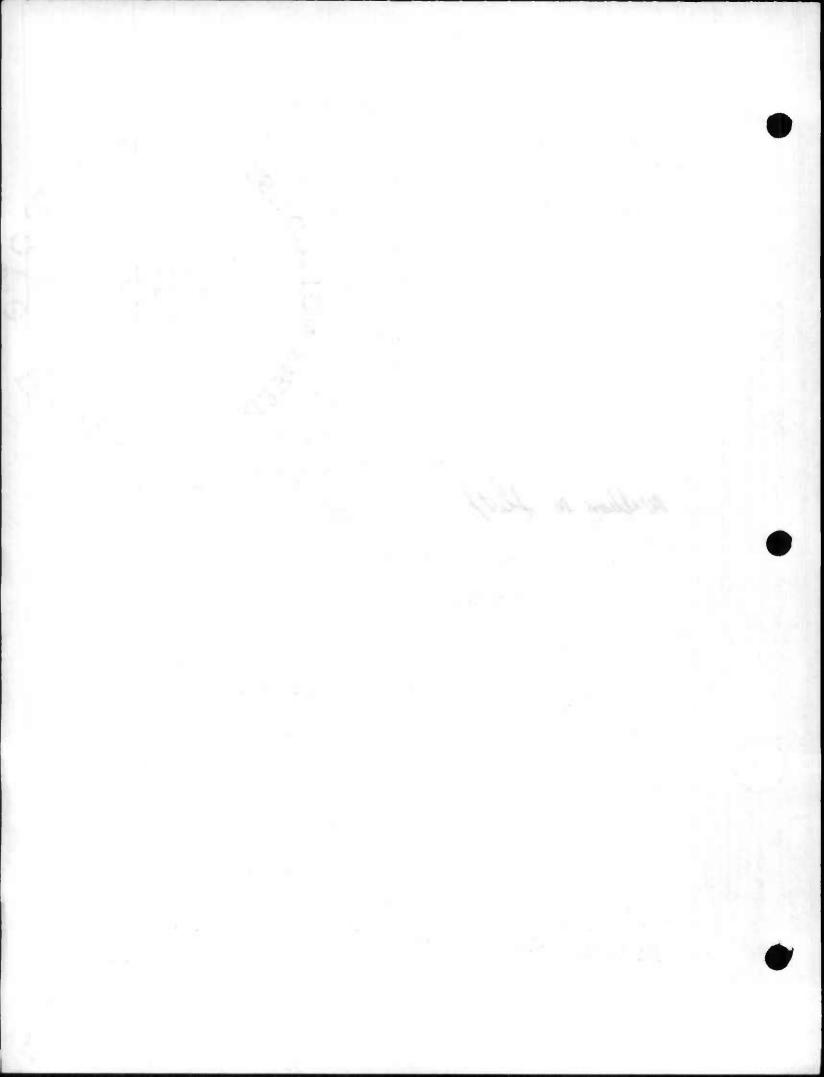
DIVISION OF VITAL RECORDS, PLOT BOX 68760,

	HEGISTHAR		UE UE	THIF	CAIL	= Ur	DEA	ın		REG. NO.			
į.	1. DECEDENT'S NAME (First, Middle, Last)	ALLEN W	HITE						2. DATE	0F DEATH	02	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER									14 17	72		M
	216-18-5639	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	(Month	OF BIRTH (, Day, Year) 27 19	22	Country)	ACE (State or Foreign
- 3	9e. FACILITY NAME (If not institution, give st	met and number)			ah CITY	TOWARL	010017	ON OF DE		2/ 19		D.C	
œ	107 SEVERN AVENU					· Seattle			AIN				
2	RESIDENCE OF DECEDENT	E			A	NNAL	OLIS				AN	INE AR	RUNDEL
E	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCAT	ION		-			1 10	d. INSIDE CITY
DIRECTOR	MARYLAND ANN	E ARUNDE	т.	ANNAPOLIS						LIMITS?			
	10e. STREET AND NUMBER	2 111(011)21		101. ZIP CODE							OFT		T COUNTRY?
FUNERAL	107 SEVERN AVENU	E .				100							I COUNTRY?
N	11. MARITAL STATUS					\perp	214	-				S.A.	
5	1 Never Married 2 Married		TEVER IN U.S. ARM	MED 0	1	If yes, sp	ecity Cuba	n, Mexican	, Puerto P	? (Specify Yes	or No-	14. RACE — Biack, W	American Indian, hite, atc.
B	3 X Ndowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TES	2 NO	Specify:				Specify:	
	15. DECEDENT'S EDUC	CATION	16a DE/	ENENTIE	DENT'S USUAL OCCUPATION 16b.					KIND OF BUS		BLAC	K
E	(Specify only highest grade	completed) College (1-4 or 5 +	(GA	o kind of y	vork done (during mo	at of working	ng		S. NA			77
7	Elementary/Secondary (0-12)		10.	S. NA	VAL A	CADEM	Y						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		JCK DRIVER						-				
	ELIJAH H. WHIT		18. MOTHER'S NAME (First, Middle, Melden DELLA BROWN						Sumame)				
BE	19a. INFORMANT'S NAME (Type/Print)	106	MAILING	ADDOSES	/Compt o	ad 86			er, City or Town	0			
2	RAMONA WHITE												771
	20s. METHOD OF DISPOSITION												
	1 X Suriel 2 Cremetion 3 Removal from State												
	PINELAWN MEM. PARK 7/18/92 ANNAPOLIS, MD.												
		110								JARY.	P.A.		3
REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401													
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplications the	ceused the dec	th. Do r	ot enter	the mo	de of dy	ing, such	ss card	lec or reapl	retory sm	eat,	Approximats
	IMMEDIATE CAUSE (Finel	List Oilly Olle Ceu	se on each line.										Interval Between Onset and Death
	disesse or condition . AGUTE myte oggacus leukempa 14ear												
- 1	resulting in death) s. NGUTS MY OSQUEST CUNOMIA OUE TO (OR AS A CONSEQUENCE OF):											Jean	
Z	Carrientially, list conditions b.												
Ħ	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or Injury												
1	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
CERTIFICATION	Todaling in dealing Exist												
	PART II. Other significant conditions	s contributing to	deeth but not re	sulting i	n the un	derivino	Ceuse o	alven in F	Part I	24a. WAS AN	ALITOPEV	245 WE	RE AUTOPSY FINDINGS
EDICAL										PERFOR		AWA	AILABLE PRIOR TO
		*								1 YES 2	□ NO		DEATH?
Σ		-							_ [1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
ō	EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATH (Chec	ck only on)			
KS	1 YES 2 NO		ER/Outpetient 3		4 🗆 Nun	ing Hom	-	eldence 8	B ☐ Other	(Specify)			
	1 Natural 5 Pending	28e. DATE OF (Month, De		28b. TIMI INJ	URY		RK?		28d. OEŞ	CRIBE HOW IF	JURY OCC	URED	
B	2 Accident Investigation				М		ES 2] NO					
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At horr atc. (Specify)	ne, ferm, s	treet, facto	ory, office	E.			TION (Street e	nd Number o	or Rural Route	Number,
COMPLETED													
립	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, dea	th occurre	d at the ti	me, date	end place.	end due 1	the caus	se(s) end man	ner as state	id.	
8	MEDICAL EXAMINER	R: On the basis of ax	amination end/or in	vestigatio	n, In my o	pinion, d	eath occur	ed at the ti	lme, date	end place, end	due to the	cause(a) and	d menner as atated.
EC	295 SIGNATUJE AND TITLE OF CERTIFIER						29c. LICE	NSE NUME	BER		29d DATE	SIGNED (Ma	onth, Day, Year)
0	Eve / horns	1.0.					1940				> 7	1. 1-	
임	30. NAME AND ADDRESS OF PERSON WHO		E OF OEATH (ITEM	27) (Type	Print)							1519	`
	ERIC ROUNS M. D.		JOHN Hop			de u l	A		R. I	timore	Mn	2126	
1	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	,,,	02/01	77	~~\s\		PUL	GIFFILL	1.40	ac 1 a0	2
	JUL 1 6 1992	deix		de Co									
	101-1-158/												



). BOX 1314	ertificate be executed	ing physician and cor	grene piror to nuriai.	other traumatic e
RECORDS, P.(aw requires that the death of	s been signed by the attend	pt. or nearth and mental m	3 shows any injury or
DIVISION OF VINAL RECORDS, P.O. BOX 1314	TO THE HOSPITAL OR ATTEND AS PHYSOLUM TO IAW requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: American comments been signed by the attending physician and con	be filed within 72 hours after deally and a leg	Manager of Item 28 is marked as Item 2.

1	FOR STATE REGISTRAR	S	TATE OF M	ARYLA	ND / DEP CERT	ARTMEN IFICAT	T OF H E OF	DEAT	AND N H	IENTAL	HYGIENE REG. NO.			
	1. OECEDENT'S NAME (First, Madeline		ato	. •						2. DATE O	OF OEATH DAY	199	YEAR	10:40 am
	4. SOCIAL SECURITY NUMBER			8. AGE (In	yrs. lest birthd	ay) IF UND	R 1 YEAR	IF UNDER 2	4 HRS.	7. DATE C	F BIRTH	T	6. BIRTHPI	ACE (Stete or Foreign
	222-25-2989	1 0	M 2 🛣 F	69	YR	MONTHS	DAYS	HOURE	MIN.	7-29	Day, Year) - 192	2	De.	1 8 9
œ	Se. FACILITY NAME (If not ins	titution, give street a	nd number)			9b. C(1	Y, TOWN C	R LOCATIO	N OF DE	ATH		9c. COUN	TY OF DEA	ATH
Ē	Deer's He	ad Cente	r			S	alis	bury_				Wi	comi	
DIRECTO	De.	Sussex			1007	aurel	OR LOCAT	NON						LIMITS?
100	10e. STREET AND NUMBER	DUSSEA				aurer	101	. ZIP CODE				10g. CITIZ		IAT COUNTRY?
FUNERAL	135 Locust							1995	6			USA		
B	11. MARITAL STATUS 1 Never Merried 2 X 3 Wildowed 4 Divor	majireu	WAS DECEDENT FORCES? 1 IF YES, GIVE W			1:	If yes, sp	ENDENT OF ecity Cuben 24 NO	, Maxicar	, Puerto A	(Specify Yee Ican, atc.)	be or No— 14. RACE — American Indian, Black, Whita, atc. Specity: WHITE		White, atc.
LETED	(Specify only Elementary/Secondery (0-	DENT'S EDUCATIO highest grade comp		,		of work don OT use retired	OCCUPATION during mo	ON ost of working	9	16b.	KIND OF BUS	INESS/IND	JSTRY	
COMPL	9 17. FATHER'S NAME (First, Mi	1.11			Homema	ker		I do MOTIV	EDIO NA	ME (First A)	Home	Sumama)	_	
BE CO	Unknown 190. INFORMANT'S NAME (7)				405 1441	INC ADDRE	DD /Ctmat /	Eli	zabe	th M	oore I	Peter		
2	James T. Wi										. 1995		C008)	
	20a, METHOD OF DISPOSITI	ON	from State	20b.	PLACE OF DI					., 20	_	CATION —	City or Tow	n, State
	4 Donation 5 C Other							Laurel Hill Cemetery L.						
	21. SIGNATURE OF FUNERAL	SERVICE LICENSI	Ma	th		S	hort	Wind	sor	Dish	aroon 1, De			Home, Inc.
CERTIFICATION	iMMEDIATE CAUSE (Findisesse or condition resulting in death) Sequentielly list condition and the cause. Enter UNDERLY! CAUSE (Disease or injusted in the tinitiated events	a	Hypnex	erte:	lure consequent nsion consequent	CE OF):	epsi	S						Onset and Dec
ERTI	resulting in death) LAS	T												
MEDICAL	PART II. Other significa Congesti Malnutri	ve Heart	Failu			_					24e. WAS AN PERFOI 1 YES 2	RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO EXAMINER?	H	OSPITAL:			ОТН	ER:	LACE OF D	-,					
Y PHYSICIAN:	-Y	Pending Investigation	28a. OATE OF (Month, D	INJURY		TIME OF	28c. IN	JURY AT ORK? YES 2			CRIBE HOW	INJURY OC	CURED	
TED BY	2 Accident 3 Suicide 8 Homicide	— At home, f	erm, street, 1	actory, offi	ce			ATION (Street or Town, State)		or Rural R	oute Number,			
COMPLETED	const.	ICAL EXAMINER: 0	-) and manner ee stated
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER WEST	la M	Δ					6278			29d, DAT	E SIGNED	(Month, Day, Year)
TO BE CO!	30. NAME AND ADDRESS O						018.	-1-7			d. 21	1802	//	
4	JUL 1 3	1992 9	Deer's	AR'S SIGN	Janda 82									



TO THE HOSPITAL OR ATTENDING PHYSICIAN. IN Law made so that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certifice has been about the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the Sare Differ. He had Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or than 23 should any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

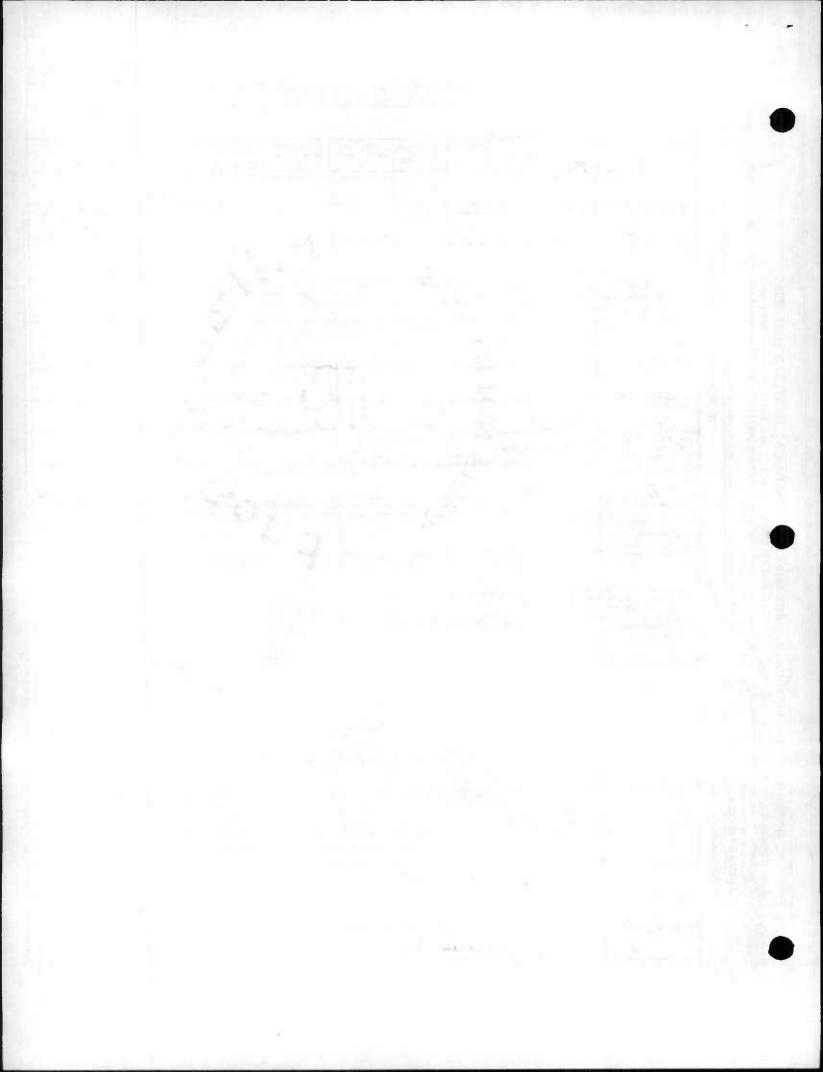
	1 - STATE REGISTRAR	STATE OF MA		PARTMEN				MENTAL HYGIEN		36	21040
		arles Watt	s, Sr.					2. DATE OF DEATH		FAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 535-22-2510	1 💢 M 2 🗆 F	AGE (In yrs. lest birth	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day Year) Dec. 16,	1927	BIRTHPL Country) Kans	ACE (State or Foreign
OR	9a. FACILITY NAME (if not institution, give at Carroll Luther:		y			inst		АТН	9c. COUNTY		тн
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c	CITY, TOWN	OR LOCA	TION				- 4	d, INSIDE CITY
DIRECTOR	Md.	Carroll			mins						LIMITS?
FUNERAL	10a. STREET AND NUMBER 205 St. Mar	k Way, Apt	. 419		10	211			10g. CITIZEI	U.S.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT E FORCES? 1 1 IF YES, GIVE WAR 1946-1	OR DATES	13.	If yes, sp	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: White					
9	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a, DECEDE	NT'S USUAL O	OCCUPATIO	ON ast of workin	ng .	16b. KIND OF BU	SINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do Ni	of use retired.)			•	Unite	ed Meth	odi	st
COMPLETED							IER'S NAI	ME (First, Middle, Malden	Sumame)	Wrig	zht
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) E.C. Watts, Jr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1018 Oak Drive, Westminster, Md. 21158											
	20e_METHOD OF DISPOSITION 1	wal from State	20b. PLACE AND D	ATE OF DISPO	SITION (NE	me of	s 07	OATE 20c. LO /22/92 Fil	ocation — ch	or Town,	, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	hardt	2101810		NAME AL	hard	t Fu	neral Cha	oel		21117 Mills, Md.
CERTIFICATION	23. PART I. Enter the diseases, or canock, or heart feilure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR	on each line.	E OF):					ratory arrest	•	Approximate Interval Between Onset and Death Sypous
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions	contributing to dea	ath but not resulting	ng in the u	Oct	o conse à	piven in	Part I. 24a, WAS AN PERFOI	RMEDA	CO OF	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF OR	EATH (Che	ick only one)			
YS	1 TYES NO	1 Inpetient 2 ER		A 4 Nu	rsing Hom		sidence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Dending	(Month, Day, Y		TIME OF INJURY M		RIC?	I NO	28d. DEŞCRIBE HOW	NJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number. City or Town, State)								e Number,	
COMPLETED		IAN: To the best of my								ense(s) st	nd menner as stated.
TO BE C	SHIP THE AND THE OF CENTIFIER	nacho	Leb	1		29C LICE	NSE NUM	LO79	29d. DATE SI	GNEO (MO	onth Day, Year)
-	38. HAME AND ADDRESS OF PERSON PHO	COMPLETED CAUSE O	F DEATH (THEM 27)	Print)						1	
	31. DATE FILED (Month, Day, Year)										

• (14 . K. . 24 II . • • residente al la Baltico I Michigan Stratto and control attempts of THE PLANT OF THE SHIP.

seminant cenflicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the prior to burial, cremation, or removal. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law recommendation of the control of the control of the control of the law retained by the hosp to the control of the control o

1 - STATE REGISTRAR	STATE OF MARYI		TE OF DEATH		EG. NO.		
1. DECEDENT'S NAME (First, Middle,	(Last)			2. DATE OF E			E OF DEATH
Junior	AP0 14		White	0.7	18 19	92 12	:02 A
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday) IF UN	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF B			(State or Foreign
232-50-789	1 M 2 D F	59 YRS. MONTH	IS DAYS HOURS MIN.	(Month, Day	(Year)	Country)	10
Ss. FACILITY NAME (If not institution	Cha street and number		YEN TOWN ON LONGTON	027	1-1933	W.	M.
			TTY, TOWN OR LOCATION OF	DEATH	100000000000000000000000000000000000000	Y OF DEATH	
Memorial Hospi	tal	Cı	mberland		ALL	EGA	NY
10a. STATE 10b. C	COUNTY	I son CITY TOW	N OR LOCATION				
						L	NSIDE CITY IMITS?
	YAMPSHIRE	HU	6USTA			121	FES 2 NO
10e. STREET AND NUMBER	111		101. ZIP CODE		10g. CITIZI	EN OF WHAT CO	OUNTRY?
P.D. BOX 4	161		2670	4		USA	
10e. STREET AND NUMBER P.D. BOX 4 11. MARITAL STATUS 1. Never Married 2 Planting	12. WAS DECEDENT EVENT FORCES? 1 YES		13. WAS DECENDENT OF HISP			4. RACE - Am	erican Indian,
. Diversi mention 7 50 mention	IF YES, GIVE WAR OR I	DATES	If yes, specify Cuban, Mexi 1 ☐ YES 2 ☑ NO Spec		, atc.)	Black, White Specify:	
	LOREAL					W	HITE
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) SPADE SCHOOL 17. FATHER'S NAME (First, Middle, La	'S EDUCATION	16a. DECEDENT'S USUA	OCCUPATION	16b. KINI	OF BUSINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use retire	ne during most of working d.)	00	COLL WA	ITON	P.E
GRADE SCHOOL		TRUCK	DRIVER		TEUCKIL		
17. FATHER'S NAME (First, Middle, La	nst)	7.70		AME (First Middle	Maiden Surname)	المال هي ر	-
111164 111	HITE		NOS				
19a. INFORMANT'S NAME (Type/Print		400 1444 1100 4000		100	LSON		
	11-	'O. I C. I C	ESS (Street and Number or Rura	-	ty or Town, State, Zip C	iode)	
JEAN WI	MILE	HU60571	9 W.V. 2616	14 15	0x 461		
20s. METHOD OF DISPOSITION 1 To Burlai 2 Cremation 3		b. PLACE AND DATE OF DISI metery, crematory or other pla		OATE	20c. LOCATION - CI	ty or Town, Sta	ts
4 Donation 5 Other (Specify		TEARCORT	CEMETERY	21	AUGU57	A	
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22. NAME AND ADDRESS OF	ACILITY			
1/2 7	W. Heright		110 01	0 1-	//		
Having C	s, or complications that couse		HAIGHT F.H.	40× 19:	SektSVII	LLE, M	0.21184
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Mult	nels in	ubo ES			10	
	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	y works			10	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	yworks			10	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	underlying cause given i		WAS AN AUTOPSY		
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF): A CONSEQUENCE OF):	underlying cause given i	n Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE / AMAILA	AUTOPSY FINDINGS BLE PRIOR TO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF): A CONSEQUENCE OF):	underlying cause given i	n Part I. 24a.	WAS AN AUTOPSY	24b. WERE / AMALA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF): A CONSEQUENCE OF):	underlying cause given i	n Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE / AMALA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con	bDUE TO (OR ASDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	underlying cause given i	n Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE / AMALA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the	26. PLACE OF DEATH (C	n Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE / AMALA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con	bDUE TO (OR ASDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the	26. PLACE OF DEATH (C	n Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE / AMALA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE
disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the	28. PLACE OF DEATH (C IER: tursing Home 5 ☐ Rasidence 28c. INJURY AT	n Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE / AMAILAI COMPLOF DEPT	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEOKE EXAMINER? 1 XES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the lipstient 3 DOA 4 DI INJURY	28. PLACE OF DEATH (CIER: **Unraing Home 5 Residence **28c. INJURY AT **WORK?	n Part I. 24a. 15 Check only one) 8 Other (Spa 28d, DESCRIB	WAS AN AUTOPSY PERFORMED? DYES 2 NO	24b. WERE / AMAILAI COMPL OF DEED	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITH? ES 2 □ NO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEOKE EXAMINER? 1 XES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation (Investigation)	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the lipstlent 3 DOA OTH 1 DOA INJURY 9:47 PM	26. PLACE OF DEATH (C IER: tursing Home 5 ☐ Residence 28c. INJURY AT WORK? 1 ☑ YES 2 ☐ NO	n Part I. 24a. 1 Scheck only one) 6 Other (Special Describe Motor	WAS AN AUTOPSY PERFORMED? DYES 2 NO city) E HOW INJURY OCCU Vehicle	24b. WERE / AMAILAN COMPLO OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITHE
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEOKE EXAMINER? 1 XES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the light of th	26. PLACE OF DEATH (C IER: tursing Home 5 ☐ Residence 28c. INJURY AT WORK? 1 ☑ YES 2 ☐ NO	n Part I. 24a. 192 Check only one) 8 Other (Spa 28d. DESCRIB MOCOY 28d. DOATION Chy or Row	WAS AN AUTOPSY PERFORMED? DYES 2 NO CHy) E HOW INJURY OCCU Vehicle (Street and Number of In, State)	24b. WERE / AMAILAN COMMPL OF DEA 1 1 2 5 Y	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH? ES 2 \(\text{NO} \) NO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 XES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig Investig 1 Netural 1 Netural 2 Could no determine the condition of the could not determine the could not be could not determine the could not dete	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the light of th	28. PLACE OF DEATH (CIER: Nursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	Check only one) Sell Other (Special Described Motor 281. LOCATION City or Real Rt. 1	WAS AN AUTOPSY PERFORMED? DYES 2 \(\text{NO} \) E HOW INJURY OCCU Vehicle I (Street and Number of In, State) 35 east.	24b. WERE / AMAILAN COMPLOF DEA 1 1 2 2 Y	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATHY ES 2 \(\text{NO} \) NO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEOKE EXAMINER? 1 XES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investig 1 Netural 5 Pending Investig 2 No 28. CERTIFIER Check only 1 CERTIFYING	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the light of th	28. PLACE OF DEATH (CIER: Nursing Home 5 Residence 29c. INJURY AT WORK? 1 YES 2 NO factory, office	Check only one) 6 Other (Spe 28d. DESCRIB MOTOr 28f. LOCATION City or 70m Rt. 1	WAS AN AUTOPSY PERFORMED? DYES 2 \(\text{NO} \) E HOW INJURY OCCU Vehicle (Street and Number or in, State) 35 east. and manner as stated	24b. WERE / AMAILAN COMPLOF DEA 1 1 2 2 Y	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH? SES 2 NO No.
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEOKE EXAMINER? 1 XES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investig investig and investig investig investig and investig investig investig investig and investig	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the light of th	28. PLACE OF DEATH (CIER: Nursing Home 5 Residence 29c. INJURY AT WORK? 1 YES 2 NO factory, office	Check only one) 6 Other (Spe 28d. DESCRIB MOTOr 28f. LOCATION City or 70m Rt. 1	WAS AN AUTOPSY PERFORMED? DYES 2 \(\text{NO} \) E HOW INJURY OCCU Vehicle (Street and Number or in, State) 35 east. and manner as stated	24b. WERE / AMAILAN COMPLOF DEA 1 1 2 2 Y	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH? SES 2 NO No.
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEOKE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 2 Accident 3 Suicide 8 Could n determine the condition of the cond	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the light of th	26. PLACE OF DEATH (CIER: Nursing Home 5 Rasidence 26c. INJURY AT WORK? 1 Ves 2 No factory, office re time, date and place, and du ny opinion, death occursed at the	Check only one) 6 Other (Spain Motor Chy or Row Rt. 1 19 19 19 19 19 19 19 19 19 19 19 19 19 1	WAS AN AUTOPSY PERFORMED? DYES 2 \(\text{NO} \) E HOW INJURY OCCU Vehicle (Street and Number of m., State) 35 east. and manner as stated place, and due to the	24b. WERE / APAILA COMPLOF DEA 1 1 2 2 Y	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITHY IES 2 NO No.
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the light of th	28. PLACE OF DEATH (CIER: Nursing Home 5 ☐ Residence 26c. INJURY AT WORK? 1 ☑ YES 2 ☐ NO factory, office te time, date and place, and do ny opinion, death occured at th	Check only one) Sell Other (Special Description of Reck only one) 28d. DESCRIPTION of Reck only or Reck only or Reck only or Reck only or Reck on the cause(s) are time, data and purpose of time, dat	WAS AN AUTOPSY PERFORMED? DYES 2 \(\text{NO} \) E HOW INJURY OCCU Vehicle (Street and Number or in, State) 35 east. and manner as stated place, and due to the inception of the inception	24b. WERE / AMAILAL COMPLOF DEA 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATTH? ES 2 NO No Int mber, ngton anner as stated. Day, Year)
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the lipstient 3 DOA 4 DISTRICT OF INJURY 9:47 PM Y — At home, farm, street, wiedge, death occurred at it on and/or investigation, in m	26. PLACE OF DEATH (CIER: Nursing Home 5 Rasidence 26c. INJURY AT WORK? 1 Ves 2 No factory, office re time, date and place, and du ny opinion, death occursed at the	Check only one) Sell Other (Special Description of Reck only one) 28d. DESCRIPTION of Reck only or Reck only or Reck only or Reck only or Reck on the cause(s) are time, data and purpose of the cause(s).	WAS AN AUTOPSY PERFORMED? DYES 2 \(\text{NO} \) E HOW INJURY OCCU Vehicle (Street and Number or in, State) 35 east. and manner as stated place, and due to the inception of the inception	24b. WERE / APAILA COMPLOF DEA 1 1 2 2 Y	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATHY ES 2 NO No.
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sulting in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 Xes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation of the condition	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the lipstient 3 DOA 4 DISTRICT OF INJURY 9:47 PM Y — At home, farm, street, wiedge, death occurred at it on and/or investigation, in m	28. PLACE OF DEATH (CIER: Nursing Home 5 ☐ Residence 26c. INJURY AT WORK? 1 ☑ YES 2 ☐ NO factory, office te time, date and place, and do ny opinion, death occured at th	Check only one) Sell Other (Special Description of Reck only one) 28d. DESCRIPTION of Reck only or Reck only or Reck only or Reck only or Reck on the cause(s) are time, data and purpose of the cause(s).	WAS AN AUTOPSY PERFORMED? DYES 2 \(\text{NO} \) E HOW INJURY OCCU Vehicle (Street and Number or in, State) 35 east. and manner as stated place, and due to the inception of the inception	24b. WERE / AMAILAL COMPLOF DEA 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATHY ES 2 NO No.
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigated Security (Check only one) 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CER 30. NAME AND ADDRESS OF PERSONAL EX 30. NAME AND ADDRESS OF PERSONAL EX	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the patient 3 DOA 4 DI 28b. Time Of INJURY 9:47 PM Y At home, farm, street, in manufacture of the course of the co	26, PLACE OF DEATH (CIER: tursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO factory, office re time, dete end place, end du ny opinion, death occured at th 29c. LICENSE Nt O.C.M.	Check only one) 6 Other (Spe 28d. DESCRIB MOTOY 28f. LOCATION City or Red Rt. 1 is to the cause(s) be time, data and p JMBER E.	WAS AN AUTOPSY PERFORMED? DYES 2 \(\text{NO} \) E HOW INJURY OCCU Vehicle (Street and Number or n., State) 35 east. and manner es stated place, and due to the color, and due to the color, and	24b. WERE / ANAILAI COMPLIA COMPLIA COMPLIA 1) SY RED ACCIDE Rural Route Nu Bloomil Couse(s) and ma	BLE PRIOR TO ETION OF CAUSE ITTHY BES 2 NO Note that the proof of th
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1	DUE TO (OR AS c	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the patient 3 DOA 4 DI 28b. TIME OF INJURY 9:47 PM Y—At home, farm, street, socily) Wedge, death occurred at the on and/or investigation, in manufactures and the contraction of the contraction	28. PLACE OF DEATH (CIER: Nursing Home 5 ☐ Residence 26c. INJURY AT WORK? 1 ☑ YES 2 ☐ NO factory, office te time, date and place, and do ny opinion, death occured at th	Check only one) 6 Other (Spe 28d. DESCRIB MOTOY 28f. LOCATION City or Red Rt. 1 is to the cause(s) be time, data and p JMBER E.	WAS AN AUTOPSY PERFORMED? DYES 2 \(\text{NO} \) E HOW INJURY OCCU Vehicle (Street and Number or n., State) 35 east. and manner es stated place, and due to the color, and due to the color, and	24b. WERE / ANAILAI COMPLIA COMPLIA COMPLIA 1) SY RED ACCIDE Rural Route Nu Bloomil Couse(s) and ma	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ATH? ES 2 \subsetent NO Int Int Int Int Int Int Int In



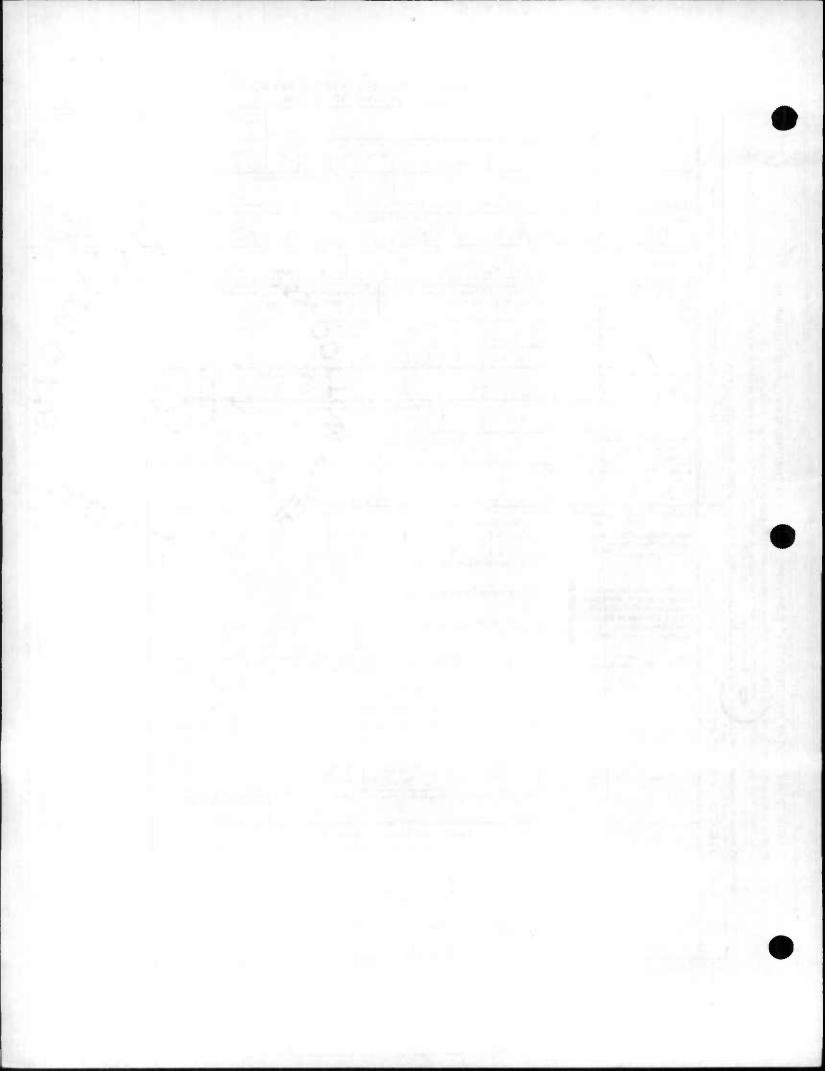
BALLIMOHE, MAHTLAND 21203-3148	a nours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the annual particular of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS P. O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirem that the duals continued within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the amount of the and completely fi	be filed within 72 hours after death with the State Dept. of Health and Letter through principle build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury or the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
*	Walter WIL	LIAM		,	Ward	July 16				
Í			In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign		
1	578-03-8794	M 2 □ F	77 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) APR.4.1		ountry) /IRGINIA		
ŀ	9a. FACILITY NAME (If not institution, give street a			9b. CITY, TOWN (PR LOCATION OF DEA		9c. COUNTY O			
DIMECTOR	Physicians Memor	ial Hosp	ital	La	Plata		Cha	rles		
3	10a. STATE 10b. COUNTY		10c. CITY.	TOWN OR LOCAT	ION			10d. INSIDE CITY		
	MARYLAND CHA	RLES	Т	NDIAN	HEAD			1 YES X X NO		
- 11	10e. STREET AND NUMBER	TELE DE			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
UNEHAL	40 GREENWOOD PLA	CF			20640	n	TT	S.A.		
ξl	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		F HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian,				
-	1 Never Married 2 Married	FORCES? 1 YES	XXNO	If yes, sp		fexican, Puerto Rican, etc.) Black, White, etc.				
מ	3 Widowed 4 □ Divorced				XX speen,	Specify: WHITE				
<u> </u>	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S U	JSUAL OCCUPATION done during mo		16b. KIND OF BUSINESS/INDUSTRY				
4		ollega (1-4 or 5+)	Ille. Do NOT use	retired.)	or or working					
COMPLE	10TH GRADE	y	CONT	RACTOR		SEI	LF EMP	PLOYED		
5	17. FATHER'S NAME (First, Middle, Lest)	ME (First, Middle, Maiden	Surname)							
H H	WALTER LEE WARD	E DONALD:	SON							
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, S								1		
LYNDA TOOLE 8141 HALPRIN DR. NORFOLK.VA. 23518										
	20a, METHOD OF DISPOSITION Burial 2 Cremetion 3 Ramoval	from State	other place)				CATION — City of			
	4 Donation 8 Other (Specify)		RINITY 1	MEM.GA	RDENS 7	-21-92 W	ALDORF	MARYLAND		
1	21. SIGNATURE OF FUNEBAL SERVICE LICENS	100	' /		ADDRESS OF FAC	ERAL HOMI	TNC			
	Muchoul	O. Ng	mod					TAND 20646		
	23. PART I. Enter the dieeeses, or company shock, or haert fellure. List			ot enter tha mo	de of dying, such	ss cardiac or respi	ratory arrest,	Approximata Interval Between		
	IMMEDIATE CAUSE (Final	Only one cause on e	acii iiile.	60				Onset and Desth		
	diseees or condition resulting in death)	Card	ac Um	the						
		DUE TO (OR AS A	CONSEQUENCE OF):						
Z	Sequantielly list conditions,	Lespi	istory	Fail	uu					
3	If any, leading to immediata	DUE TO (OR AS A	CONSEQUENCE OF).						
3	ceuse. Enter UNDERLYING CAUSE (Disease or injury	I hula	CONSEQUENCE OF	Midue	0					
HILLCALION	that initiated events resulting in death) LAST	0.0	CONSEGUENCE OF					j		
	d	U JUM	ung ce	rema						
AL	PART II. Other significant conditions co	ontributing to death b	out not reculting in	n the underlyin	g causa given in i	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	atten selente	1 least	, 1 Jun		lystence	4_ 1 TES }	(X)NO	COMPLETION OF CAUSE OF DEATH?		
	Carlennosal	in Alu	للل		a			1 TES 2 NO		
PHYSICIAN: MEDI	Dialute 1/2	Melilies					1			
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			LACE OF BEATH (Che	ok only one)				
		Mpetient 2 - ER/Outp	patient 3 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)				
H	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY 28c, IN.	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURE	ÍD .		
RΥ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
ا ۾	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	' — At home, tarm, s cify)	treet, factory, offic	en .	26f. LOCATION (Street a City or Town, State)		ural Route Number,		
COMPLETED	CONTROL DINY	: To the best of my know								
Š	one) 2 MEDICAL EXAMINER: O	n the beals of examination	n and/or investigation	n, in my opinion,	death occured at the	time, data and place, an	d due to the ca	use(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1			29c. LICENSE NUM			GNED (Month, Day, Year)		
O BE	latin	of 1 July	LM		D-0100)9	▶ 7-	16-92		
-	30. NAME AND ADDRESS OF PERSON WHO CO				0 -					
	Henry L. Burke, MD				.0. Box 5	591, La P1	ata, MI	20646		
	31. DATE FILED (MONTH), Day, Year) 92 32. REGISTRATURE Fulsa Day discon-Rendale									

92-4044-003

92 21048

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGI REG.	ENE			O
	1. DECEDENT'S NAME (First, Middle, Last) Donald LEE	In	<i>l</i> eaver		2. DATE OF DEATH	DAY Y	YEAR	ME OF DE	ATH P
	4. SOCIAL SECURITY NUMBER 213-52-5216	5. SEX	yrs. lest birthday) 1	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7, DATE OF BIRTH (Month, Day, Yea (6-27	-47	Gountry)	E (State or	-
TOR	9a. FACILITY NAME (If not institution, give so Anne Arundel General RESIDENCE OF DECEDENT		9	Annapolis	EATH		e Arui		
DIRECTOR	10a. STATE 10b. COUNTY			verna Pa	rK		-	INSIDE CI' LIMITS?	
FUNERAL	100. STREET AND NUMBER 401 Balsam 11. MARITAL STATUS	Drive		101. ZIP CODE 21146		0	SA		
ВУ	1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Mexico 1 YES 2 SCNO Specific	in, Puerto Rican, etc.	Yes or No — 14	Specify:	merican in	dian,
MPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) Coffege (1-4 or 8+)	16a. DECEGENT'S US (Give kind of wor life. Do NOT use n	k done during most of working etired.)	2 0 00	BUSINESS/INDUS		eat	な
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Herbert Lee	weaver		18. MOTHER'S NA	ME (First, Middle, Mei		211		
10	19a. INFORMANT'S NAME (Type/Print) Carolyn Wa		SAM	ODRESS (Street and Number or Rural	Route Number, City or	Town, State, Zip Co	xde)		Ġ
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from Stata come	PLACE AND DATE OF I	matory 7-	-23-92 (a tonsul	11-	m <u>D</u>	
		arando		BARRANCO A	NO SONS	SEVE	RNAI	PARK	me
	IMMEDIATE CAUSE (Final disease or condition	Arteriosc .Complicat	ch line. lerotic	Cardiovascu Surgical Ap	ılar Dis	ease	t,	Approxidinterval Onset a	Batwe
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
: MEDICAL CEI	PART II. Other algoliticant conditions	a contributing to death bu	t not resulting in	the underlying cause given in	PER	AN AUTOPSY FORMED?	AMAII COM OF D	E AUTOPSY LABLE PRIO PLETION OF DEATH? YES 2	R TO CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 🖾 Inpetient 2 🗆 ER/Outpet		26. PLACE OF DEATH (Ch THER:					
ву РНУ	27. MANNER OF DEATH XI (S) Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE NO	W INJURY OCCUP	REO		
ETED E	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, atc. (Specif	– At home, ferm, stre y)	et, factory, office	281. LOCATION (Str. City or Town, St		Rural Route I	Number,	
COMPLI				nt the time, data and place, and due in my opinion, death occured at the				manner aa	stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	orkem	0	29c. LICENSE NUI		29d. DATE S	20 19)
	3d NAME AND ADDRESS OF PERSON WHO	(F,M)	TH (ITEM 27) (Type, Pri	m) n Street, Balti	more Mar	yland 2	1201		
	JUL 2 0 1992	Juna Davidson	Pande 12						

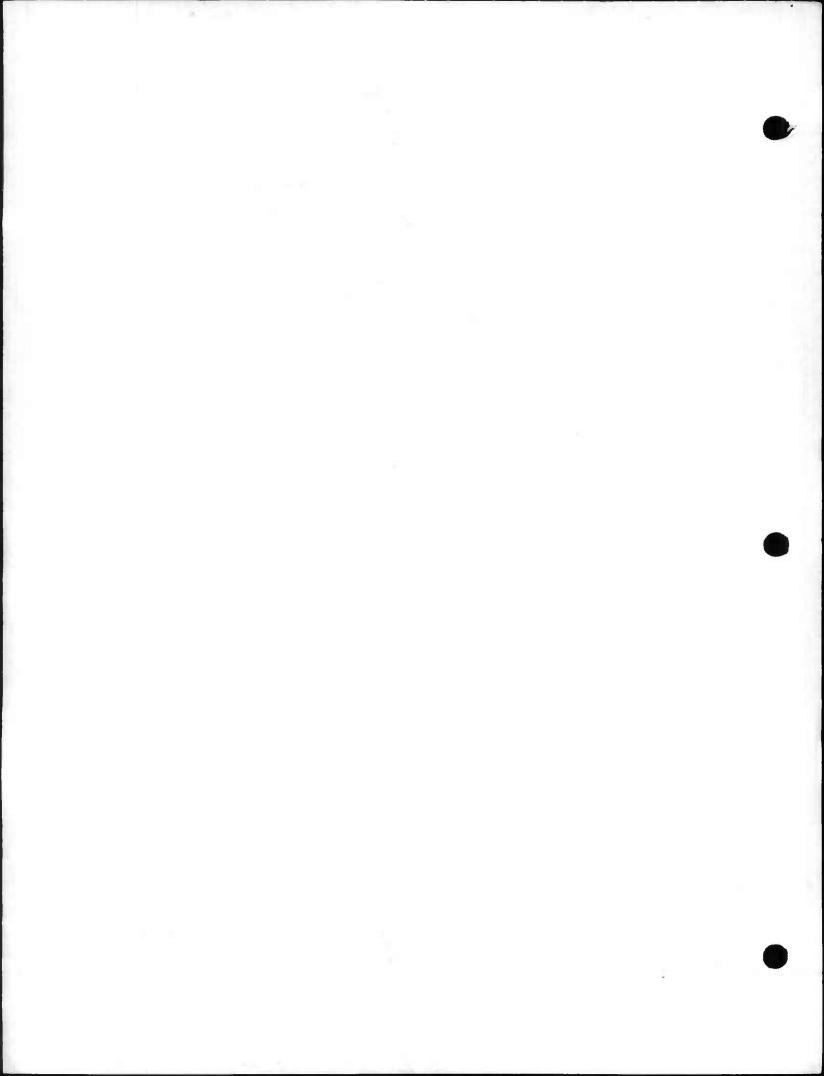


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	al, cremation, or removal,	d, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumat	

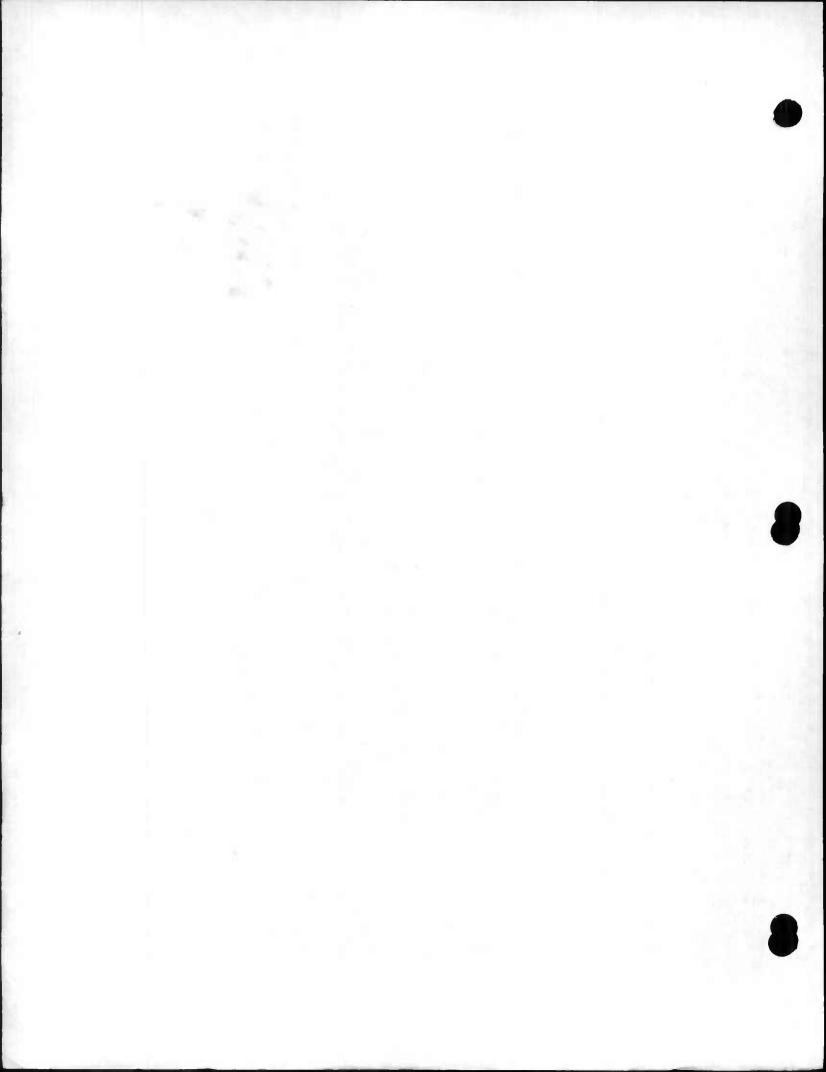
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND) / DEPAR	TMENT ICATE	OF H	EALTH DEA	AND I		IYGIEN REG. NO.	-	2	21049
	1. DECEDENT'S NAME (First, Middle, Last) EUGENE JOSEP	H BER	ES						2. DATE OF MONTH	DEATH 26,	1992	YEAR	3. TIME OF DEATH
200000000000000000000000000000000000000	4. SOCIAL SECURITY NUMBER 213-34-7051	5. SEX	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF (Morith, D. 01 - 20	BIRTH 9. Year) 9-193	34	8. BIRTH Count	IPLACE (State or Foreign y) Uland
TOR	90. FACILITY NAME (If not institution, give s 7833 Kavanagh Roa RESIDENCE OF DECEDENT	•					lalk	ION OF DE	EATH		Baltimore		
DIRECTOR	10e. STATE 10b. COUNTY Maryland Bal	timore			v, town of undal		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7833 Kavanagh Roa 11. MARITAL STATUS	d 12. WAS DECEDEN	IT FVFR IN II S	APMED	12 14		212	222	NIC ORIGIN? (S		Uni	citizen of what country?	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2	NO	14	yes, spe	ecity Cubi	en, Mexica Specify	in, Puerto Rica	n, etc.)	or No	Blaci Spec	E American Indian, k, White, etc. hy: (Uhito
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (D-12) 12TH GRADE N/A Music Salesman 16a. DECEDENT'S USUAL OCCUPATION (Globe kind of work done during most of working life. Do NOT use retired.) National Wholesale Music 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								le Music					
<u>Edward Beres</u> Mary David													
5	190. INFORMANT'S NAME (Type/Print) Mrs. Sylvia M. Be 200. METHOD OF OISPOSITION		20b. PLA	7833	Kavan	agh	ROO me of	rd Ba	utimo)	re, 1	laryl	and City or To	wn. State
	1 General 2 Cremation 3 Rem 4 Donation 5 Qther (Specify) 21. SIGNATURE OF PUMERAL SERVICE LIC		SACT)	crematory or o and Ht.	22. N Duo	ame an	UCR	Fune	eral Ho	ome c	of Du	ındal	laryland k, Inc. nd 21222
	23. PART i. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the List only one can a. Cewars	isé on each i	ine.	not enter t	he mo	de of dy	ing, suc	h aa cardiad	or respi	ratory ar	rest,	Approximata interval Betwee Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CON	SEQUENCE OF	lys F):	np	hn	na					240.
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIN							WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO						
AMALIBATION OF CAUSO OF DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANURER DEATH 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANURER DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 27. MANURER DEATH 28. PLACE OF DEATH (Check only one)													
B	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. DATE DE (Month, E	ey, Year) F INJURY — AI		M	1 🗌 Y	URY AT RK? 'ES 2 [□ NO	28d. DESCR				Route Number,
COMPLETED	4 Homicide determined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSI	CIAN: To the best of							City or 1	a) and man	mer as ste	ted.	
TO BE CON	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												

4 Homicide 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 200 7/28/9 9 D SHELDON 201 E. UNIVERSIT 31. DATE FILED (Month, Day, Mer) 1992 Julia Dandson DHMH-16 Rev 1/89

6+



92-21050 VOID See 92-21220

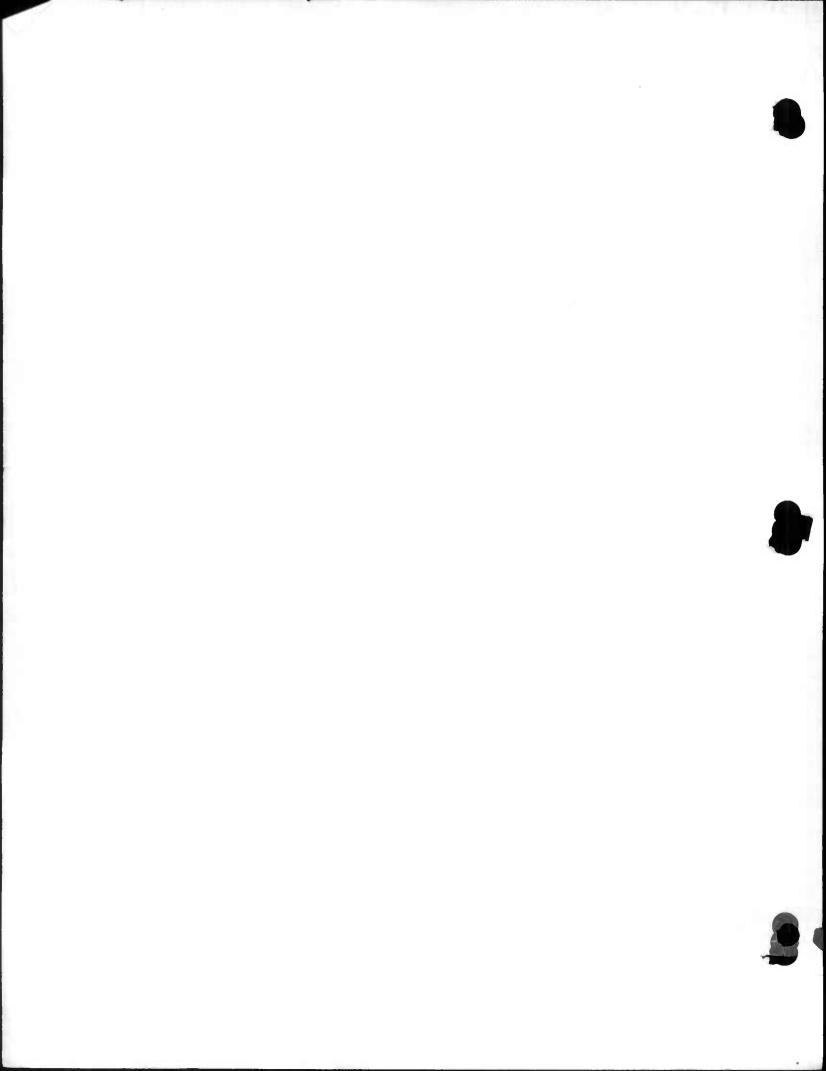


SEE CERTIFICATE 92-21220

NAME: Eric T. Bobo, Jr.

DATE: July 29, 1992

PLACE: Baltimore, Maryland



IYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
hysician. urial-transit permit.	
	or death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transif nermit

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENT	AL HYGIEN	_	92	21051
	1. DECEDENT'S NAME (First, Middle, I and								2. DAT				3. TIME OF DEATN
	WALTER B. BO	DAN						_	MON	TH 7 0	77	YEAR	10:49 - 1
	4. SUCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DAT	OF BIRTH	-	8. BIRTHE	LACE (State or Foreign
	219-26-9563	1 X M 2 - F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	1-29	9-1939		Balt	o., Md.
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN C	OR LOCATI	ON OF DE	ATH		9c. CO	UNTY OF DE	
0	Francis Scott Key	Med. C	tr.		Ва	ltim	ore	City					_
[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			140-017	Y, TOWN (
DIRECTOR	Md												10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			ПТ	ghla	$\overline{}$. ZIP COD	-		10g. CITIZEN OF W			1 XYES 2 NO
FUNERAL	520 S.Oldham Str	eet				101	2122						1AT COUNTRY?
] ×	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	12	W# 6 DE C		,				U.S.A.	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	F YES, GIVE WAR OR DATES If yes, specify Cuban, Maxici 1 YES 2 X NO Specify Specify Cuban, Maxici									14. RACE Black, WILL	American Indian, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON of of working	20	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) Unknown	Give kind of work done during most of working Give kind of work done during most of working General Motors Warehouse - Retired General Motors											
9	17. FATNER'S NAME (First, Middle, Last)	18. MOTNER'S NAME (First, Middle, Malden Surname)											
BE	Albert B. Boan	ALICE M. Fallek											
0	19a. INFORMANT'S NAME (Type/Print)	S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Deborah Boan												
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Remo	20h BI ACE AND DATE OF DISPOSITION (Monarch											
	4 Donetion 5 Other (Specify)		Green	Mou	nt Ci	ema	tory	7-2	29-9	2 Ba	lto.	. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE		0083		22.	NAME AN	ID ADDRES	SS OF FAC	HITTY				
	Edison M. Perki	ke-	0000		21	34 I	ey-A: Will	SULOI	n ru orin	neral	Home	Jnc.	Md.21222
	23. PART I. Enter the diseases, or co	emplications tha	t caused tha de	ath. Do r	ot enter	the mo-	de of dy	ing, auch	as car	diac or reepi	ratory ai	rrast,	Approximate
	ahock, or haart failure. L												Interval Batween Onset and Death
	disease or condition reaulting in death)	Sex	Sis										240
	Total III Godiny	DUE TO	OR AS A CONSEC	DUENCE O	F):								
Z		Spor	TANEOU (OR AS A CONSEC	rs B	act	cmo	rl 3	Pen-	tor	iNS			4-8
Ĕ	Sequentially list conditions, if any, leading to immediate												
2	CAUSE (Disease or Injury	Acu	OR AS A CONSE	ooth	5	ai	lune	2					3 week
ERTIFICATION	thet initiated events resulting in death) LAST								_		- Direction	LL	
S	d.		onic h							TO	= 10	7.	
A	PART II. Other eignificant conditions	contributing to	death but not re	esulting	n the un	derlying	ceuse g	jiven in F	Part I.	24a. WAS AN . PERFOR			VERE AUTOPSY FINDINGS
									_	1 VYES 2	MEU? □ NO		MAILABLE PRIOR TO COMPLETION OF CAUSE
¥										Y			F DEATH?
PHYSICIAN: MEDICAL												- 10	N
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATN (Chec	ck only o	ne)			
lS/	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		o 5 □ Ra	aldence 8	B 🗆 Othe	er (Specify)			
PH	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY ev. Year)	28b. TIM	-	28c. INJU	URY AT			SCRIBE NOW IN	JURY OC	CURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation		,,,		M	1 🗌 Y		NO NO					
ED I	3 Suicida 8 Could not be	28s. PLACE O building,	F INJURY — At hor etc. (Specify)	ne, ferm, s	treet, tacto	ory, office			28t, LOC	ATION (Street a or Town, State)	nd Numbe	r or Rural Roo	ite Number,
ETE	4 Nomicide datarmined								- Conty				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of	my knowledge, des	th occurre	d at the ti	me, data	and placa,	and dus t	to the ca	use(a) and man	ner aa sta	rted.	
O.	one) 2 MEDICAL EXAMINER	On the basis of er	remination and/or in	nvestigatio	n, in my o	olnion, de	eth occur	ed et the ti	lme, date	and place, and	due to ti	he cause(a) a	and manner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Bhys	ician (resi	den	+)	29c. LICE	NSE NUME	BER 15		29d. DAT	E SIGNED (A	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF OEATN (ITEM	27) (Type,	Print)								-

31. DATE FILEO (Month, Day, Year)

JUL 3 0 1992

32. pegistrapis signature Julia Davidson-Randelle

or Supposed P

Bay V

To Date of the last

Pedragon Los Salos Minimus de Constante de C

an sa a si si a anawata afanyi a ahawata

permit. Pages 1, 2, 3 should

use as the burial-transit

Po

	de		6
•	9		70
	pin		9
	Sho		=
	5		2
	Dade		P
	lirector.		r must
	funeral	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
	the	Mal.	=
	3	Ë	A C
	2	07.0	Je L
	filled	ion,	he
	tely	mat	Ę,
	mple	Cre	ven
	00	rial	3
	and	Da .	iati
	20	H Te	P
	Sic	pric	F
	등	aue	Pe
	ding	NO.	0
	ten	E	0
	6	fent	uny
	to to	2 P	E
	D D	an	1
	igne	eatth	8
	S US	H	NOW
	ped	pt.	S
	has	9	12
	cate	State	Hen
	ertifi	the car	0
	iis CI	de la	ed,
	er th	4	Jack
	Afte	dea	E .
	DR.	after	80
	SEC	S	E
	ä	100	He

3 Sulcide

4 Homicide

8 Could not be

determined

COMPLETED

BE

9

TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 2:

92 21052 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 7/28/92 3. TIME OF DEATH MAUDE BLAKEY Α. 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign APRIL 13, 1907 NORTH CAROLINA MONTHS DAYS 1 M 2 XXF 85 HOURS 219-22-6800 YRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF CEATH 5723 EDMONDSON AVENUE DIRECTOR APT. CC4 CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5723 EDMONDSON AVENUE APT. CC4 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yee, specify Cuben, Mexicen, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, stc. 1 Never Merried 2 X Merried BY 1 TES 2 XXO Specify: 3 Widowed 4 Divorced WHITE ETED 15. DECEDENT'S EDUCATION ecify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Sp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 9 HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) JOSEPH D. COLLINS MATTIE A. HONEYCUTT BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 M. GERALDINE TAYLOR 103 KENILWORTH PARK DRIVE, TOWSON, MD. (DAUGHTER) 20s. METHOD OF DISPOSITION
1
Buriel 2
Cremation 3
Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE METRO CREMATORY 4 ☐ Donation 5 ☐ Other (Specify) CATONSVILLE, MARYLAND 7/29/92 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 a. 23. PART I. Enter tha diseases, or complications that causad the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or haert failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final **Onaat and Daath** RIEROS 2/0 ROTIC CARDIO 1950 IAR DISCOSE disease or condition resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events QUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause givan in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: ient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending М BY 1 YES 2 NO Accident Investigation

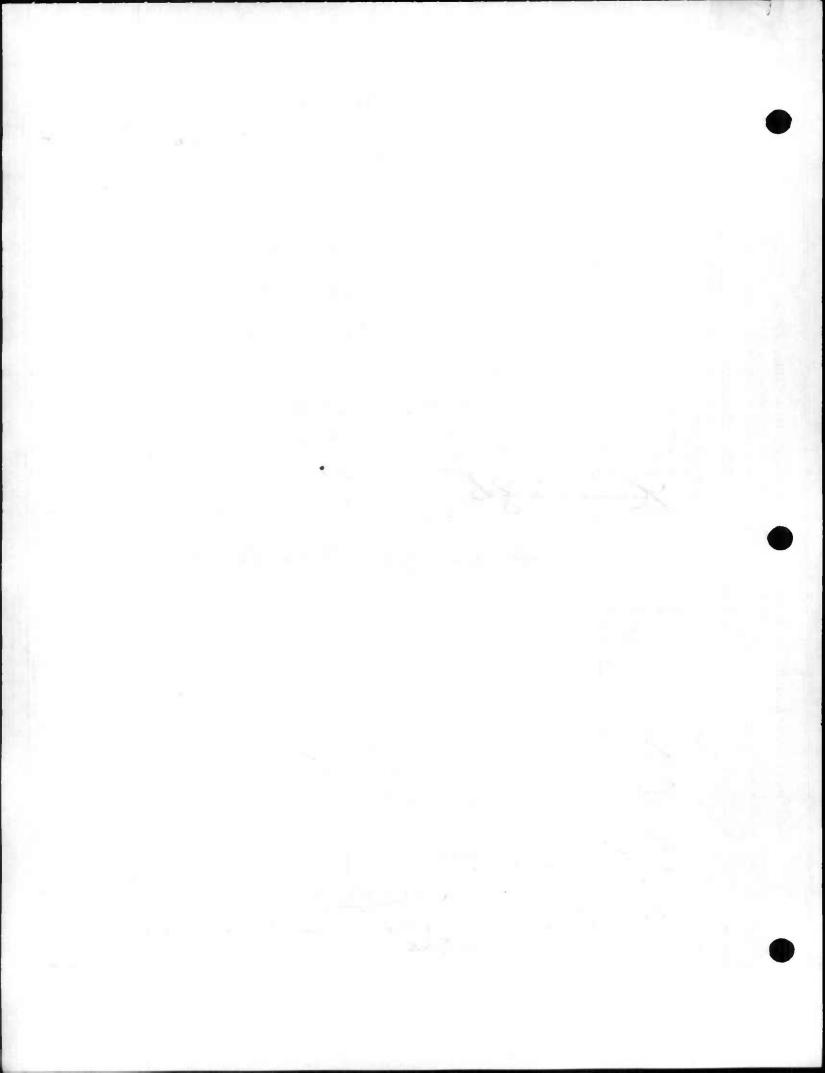
2 In CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner ee ateted.

2 In CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner ee ateted.

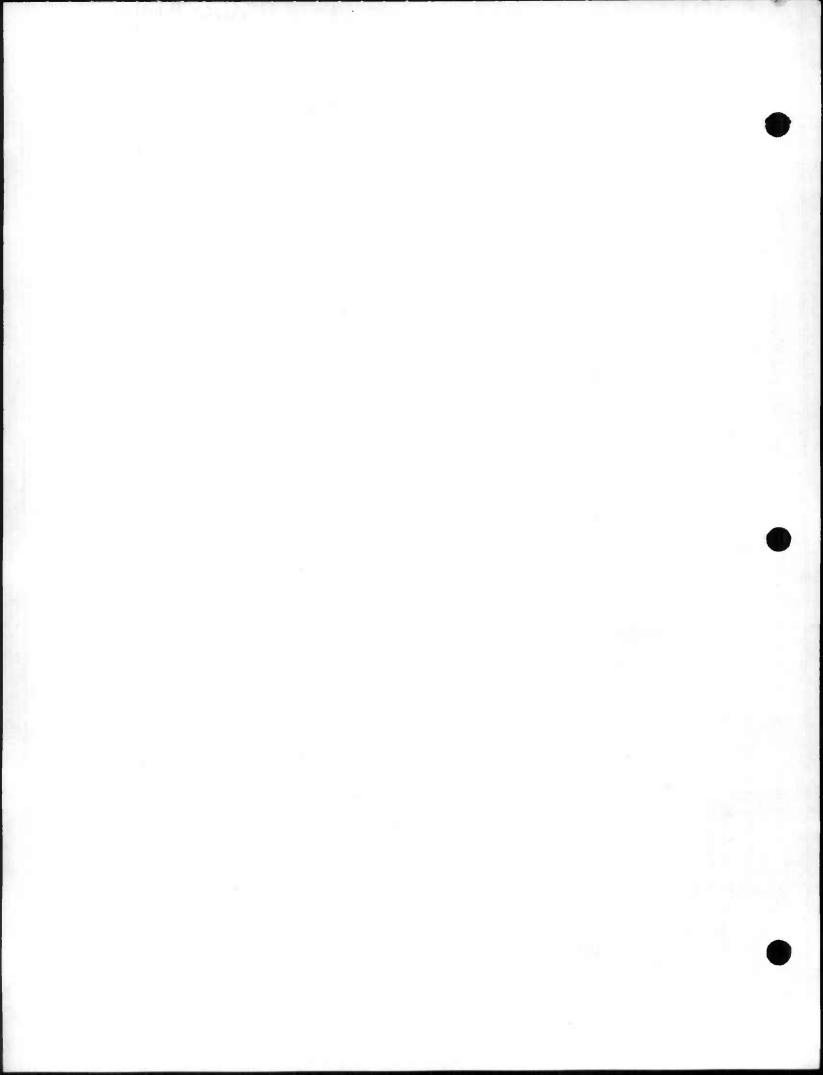
2 In CERTIFIER (IN CONTINUE) (

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)



	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND C	DEPAR	RTMENT OF	HEALTH F DEA	AND	MENTAL HYGIE				
-	1. DECEDENT'S NAME (First, Middle, Last) ALICE MARY ADAMS							2. DATE OF DEATH 0.7 -28-92 EAR			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS DAY		ER 24 HRS. 7. DATE OF BIRTI (Month, Day, Yes		Country)			
	349-28-6321 9n. FACILITY NAME (If not institution, give s	A	83	YRS.	9b. CITY, TOWN			05-27-1				
DIRECTOR	1551 Crofton Parkway				Crof	Anne Arun						
EC	106. STATE 10b. COUNTY				Y, TOWN OR LO				10d. INSIDE CITY			
L DIF	Florida Manatee					to			LIMITS?			
FUNERAL	4506 Marlin Lane								HAT COUNTRY?			
N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			RMED	MED 3422						— American Indian,	
BY F	1 Never Married 2 Married FORCES? 1 YES 25 IF YES, GIVE WAR OR DATES			NO	If yea, specify Cuban, Maxica 1 ☐ YES 2 🔀 NO Specif			nn, Puerto Rican, atc.)		Black	Black, White, etc. Specify:	
									C.P.S.C.II	USA		
ETE	(Specify only highest grade completed) (G				CEDENT'S USUAL OCCUPATION live kind of work done during most of working . Do NOT use retired.)			16b. KIND OF BUSINESS/INOL		OUSTRY		
IPL.	College (1-4 of 5+)				nemake		Home					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NAME (First, Middle, Maiden Surname)						
BE (Albert F. Baenziger					Myrtle C. Bromlev			ev			
0	19a. INFORMANT'S NAME (Type/Print)		19					Route Number, City or To	wn, State, Zi	ip Code)		
	Carol A. Jepson 1551 Crofton Parkway. Crofton. MD 21114 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, Stata											
	20s. METHOD OF DISPOSITION 1 Date Dotter (Specify) Date Da									wn, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	George E. MacNabb Cremation Society of Maryland, Inc. 299 Frederick Rd., Balto MD 2122									and, Inc.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of duling such as cardiac or respirators area.											
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CANCER OF COLON											
NO	DUE TO (OR AS A CONSEQUENCE OF):											
	Sequentially list conditions,											
E	If any, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in deeth) LAST											
	PART II. Other algolificant condition	a contributing to	death but not	reaulting	In the underly	ing ceuse	given in	Part I. 24a, WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA									PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME									DF DEATN? 1 YES 2 NO			
Ä												
ICI.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM		NJURY AT	asidence	6 Other (Specify)	thi lillen on	011000		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY		YES 2	NO	28d. DESCRIBE NOW INJURY OCCURED				
	3 Suicide 6 Could not be	28a. PLACE OF INJURY — At hor			na, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Trays State)			oute Number,	
	4 Nomicide detarmined											
COMPLETED	29a. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated,											
8	2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.											
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	DO81/8 29d. DATES								(Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WNO COMPLETEO CAUSE OF DEATN (ITEM 27) (Type, Print) SOLUTION FOR SOLUTION SOLU										1615 mp 21401		
	0	4	a	4-1004 4	-							



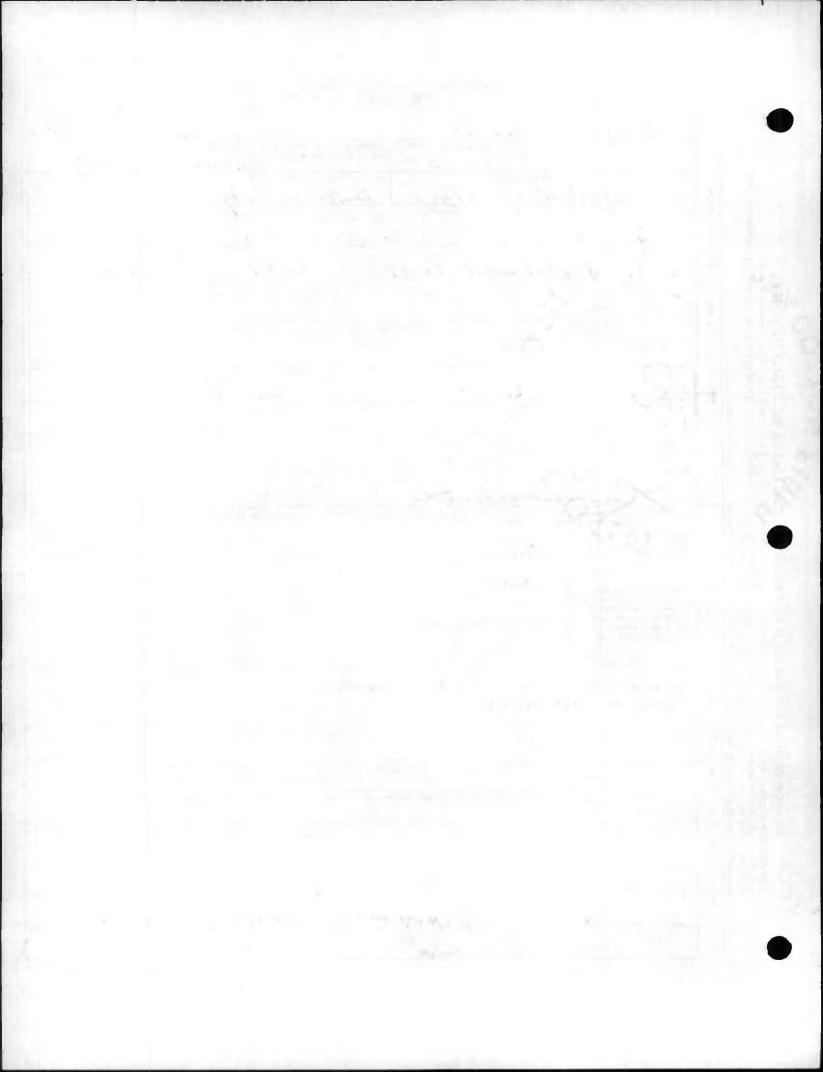
BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h.	ELINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fared within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)	0 0	-			2. DATE OF DEATH MONTH D	AY_ YE	3. TIME OF DEATH
	Kosaria.	S. Cocci			1	1	8 - 90	Z // PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	0	HRTHPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give str	reet end number)		9b. CITY, TOW	OR LOCATION OF D		9c. COUNTY	OF DEATH
8	Fallston Gene	RAI HOSPI	ful	Fall.	ston		441	eford
1	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			ry, town or loc	ATION			10d. INSIDE CITY
DIRECTOR		ARFORD	200	BELAI				LIMITS?
	100. STREET AND NUMBER HOME				Of. ZIP CODE	- 2	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	410	MACHAGIL			21014			L.S.A.
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 NO	It yes,		NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) fy:		RACE — American Indian, Black, White, atc. Specify:
E	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	B USUAL OCCUPA work done during use retired.)	TION most of working	16b. KIND OF BU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	100			DEAT	510	RE
P P	17. FATHER'S NAME (First, Middle, Last)		SALES	Cleri		ME (First, Middle, Malden		
S S	LUNKNOWSK	CocciaF	e		2000	KNOWN	Ocarrany	
TO BE	19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street		Route Number, City or Jon	m, State, Zip Coo	AH MD .
F	JOHN DILUTIS		7200	SANDA	APARK	K.V.		01220
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo		ob. PLACE AND DAT	y or other place)		DATE 20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	My Rew	22. NAME	AND ADDRESS OF F	MILITY BER	E.H.	110,
TO BE COM	Kathloon	> Welle		DAL	SCHE	STER ST	BAL	75.MD 21231
CERTIFICATION	shock, or heert feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	DUE TO OFF AS Bela	A CONSEQUENCE OF A CONSEQUENCE OF	pres	in oni			interval Between Onset and Deeth
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	ask	mute	m				
RTIFIC	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):				
CEF	-	4						
EDICAL CI	PART II. Other algorificant condition	4F	but not resulting		ing cause given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AO
Z Z								
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	rtpetient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	heck only one) 6 □ Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	JURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm lecify)	, street, factory, o	fice	28t. LOCATION (Street City or Town, State		Bural Route Number,
BÉ COMPLET	anai -	CIAN: To the best of my kno						ouse(e) and manner as stated.
O'BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Zhum			29c. LICENSE NU	1652	> 7	GNED (Month, Day, Year)
F		41	PEATH (ITEM 27) (Type 20)	Bo4/1	104 St	Bel Au	i Mi	21014
	JUL 3 0 1992	The Davidson						

LA HARMANT CHARLES - MENTE Test Dillers Transfer Herring Plant Rep

9	
X	
B	
DIVISION OF VITAL RECORDS, P.O. BOX 6	
0	
S	
2	
Ö	
EC	
Œ.	
A	
H	
H	
0	1
N	
Sic	-
5	
0	-
	1

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	AL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES WARNER COBB, JR. Charles W Cobb Jr	E OF DEATH 7/27/92	
	212-25-4698 1 MAN 2 L F 3 YRS. 12	E OF BIRTH 12/19/88. BII th, Day, Year) 12/19/88. Co	RTHPLACE (State or Foreign unity)
TOR	90. FACILITY NAME (If not inetitution, give street and number) University of Maryland Hosp Bultimere C'1 RESIDENCE OF DECEDENT	9c. COUNTY O	F DEATH
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Howard Columbia		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	104. STREET AND NUMBER 11.3 89 Little PATUXENT PKWY 921 11. MANITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED. 13. WAS DECENDENT OF HISPANIC ORIGINAL PROPERTY ORIGINAL PROPERT	4.	F WHAT COUNTRY?
D BY FU	11. MARITAL STATUS 1	Rican, atc.) B	ACE — American Indian, lack, White, atc.
PLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	b. KIND OF BUSINESS/INDUSTR	
BE	17. FATHER'S NAME (First, Middle, Last) Charles W Cobb S 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pairs) About Num DEPORALL A VANDOUT FOR	Brown	
TO TO	DEBORAH A. KNOWLES 11389 LITTLE PATUXENT PA 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of particular	RKWAY APT.921	, 21044
iner mus	21. SIGNATURE OF FUNDAL SERVICE LICENSEE ST. JOHN'S CEMETERY 7/31/9 22. NAME AND ADDRESS OF FACILITY	92 ELLICOTT (CITY, MD.
	LEROY M. & RUSSELI 5555 TWIN KNOLLS I	ROAD, COLUMBIA.	
event, the medical	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition pesuiting in death) DUE TO (OR AS A CONSEQUENCE OF):	and of respiratory arrows,	interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		34-
Or other	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):		
MEDICAL	PART II. Other aignificent conditions contributing to deeth but not reculting in the underlying cause given in Part I. Pancreak'the Chronic Chronic hepaths Bane Marrow Failure	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Properlant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other		
BY PHY	OT MANUFO OF OFFI	er (Specify)	
TED	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office 2st, LOC	CATION (Street and Number or Run or Town, State)	al Route Number,
BE COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ce one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data		e(s) end manner as stated,
TO BE	296. IMMATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 1 397-02 10 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	29d. DATE SIGN ► 7/27	ED (Month, Day, Year) /92
	22 S. Greene St. Bultimore Md 2/20/ 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		
	JUL 3 0 1992 Fina Davidson Rende se		



	102	-
	DOU	-
	24	CHI
50,	within	- Judge
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours	CORPORATE AND AND AND AND AND ADDRESS OF THE AND ADDRESS OF A STATE AND ADDRESS OF A STATE OF THE PARTY OF TH
×	8	
0	te b	1
0	ertifica	40 00
۵.	40	7
10	deal	100
č	the the	Africa
OR	that	7
ပ္သ	nires	alam
2	9	
_	A.P.	4
IA	The	4
5	AN:	200
LE.	SICI	-
0	폿	1
Z	ING I	-
=	ENG	Ġ
=	ATT	Casto.
=	OR	201
_	7	

	1 - STATE REGISTRAR	CERTIFIC			REG. N			
	1. DECEDENT'S NAME (First, Middle, Last) BENJAMIN 6. C	APLAN-			2. DATE OF DEATH	DAY	YEAR 2. TH	ME OF DEATH M
			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 9/25/19		Country)	E (State or Foreign
OB	9e. FACILITY NAME (if not institution, give street and number) 6210 PARK HEIGHTS AVE., APT		BALTIM	COCATION OF DE	ATH	9c. COUNT	Y OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	1100	TOWN OR LOCATE	ON				INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 6210 PARK HEIGHTS AVE., APT	302	10f.	ZIP CODE 21215		USA	EN OF WHAT	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 X NO		cify Cuban, Maxican	IC ORIGIN? (Specify You, Puerto Rican, etc.)	na or No 1	4. RACE — AI Black, Whit Specify: WHITE	87
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i OWNER	k done durina mos	N t of working	166. KIND OF BO			
E COMPL	17. FATHER'S NAME (First, Middle, Last) WILLIAM CAPLAN			16. MOTHER'S NAM ROSE	ME (First, Middle, Meide HEYM			
10 B	190. INFORMANT'S NAME (Type/Print) MRS. RONA C. CASEL	1			CONTROL CONTRO			
	1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF Cometery, cremetory or other RETH TETLO	DISPOSITION (Nen		DATE 20c. L	DICATION CA LTIMOR	ty or Town, S	tete MD
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	1	SOL L			INC.		21215
	23. PART I. Enter the diseases, or compilications that ceus shock, or heart fellure. List only one ceuse or IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR A	consequence of:	enter the mod	le of dying, such	ss cerdiec or res	Diratory street	et,	Approximate interval Between Onset and Death
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or injury	S A CONSEQUENCE OF):						
MEDICAL	PART II. Other significent conditions contributing to deets	h but not resulting in	the underlying	cause given in I	Pert i. 24a. WAS A PERFC	RMED?	AVAIL COME OF D	E AUTOPSY FINDINOS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\sqrt{\text{NO}}\) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 1 Inputter 2 ER/O	Outpatient 3 DOA 4	THER:	S Residence				
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Yea 2 Accident Investigation	Y 26b, TIME C	OF 26c. INJU Y WOR	RY AT	284. DESCRIBE HOW	INJURY OCCU	RED	
		JRY — At home, farm, stre specify)	et, factory, offica		261. LOCATION (Street City or Town, State	and Number or	r Rural Route h	Yumber,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the beat of my kn one) 2 MEDICAL EXAMINER: On the basis of examina							manner ee stated.
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER & BEN	us, my	2	29c. LICENSE NUM 0 16	94	29d. DATE :	1281	h, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BOWL 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SI		int)			·		
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SI 32. REGISTRAR'S SI 32. REGISTRAR'S SI	Davidson-Rang	406					Para
								DHMH-16 Rev 1/89

020	fler death. Page 6 may be retained by the hospital or attending physician.	the function discussion makes it should be detected for one or the property
BALTIMORE, MARYLAND 21215-0020	attending	the see the
0 21	otal or	4 400
ANC	e hos	- hande
IYL.	by th	4 600
MAR	retained	S. Albanil
Ä,	ay be	anna 6
JOH	e 6 m	- suppos
F	h. Pag	the land
BAL	er deat	the fire
_	913	•

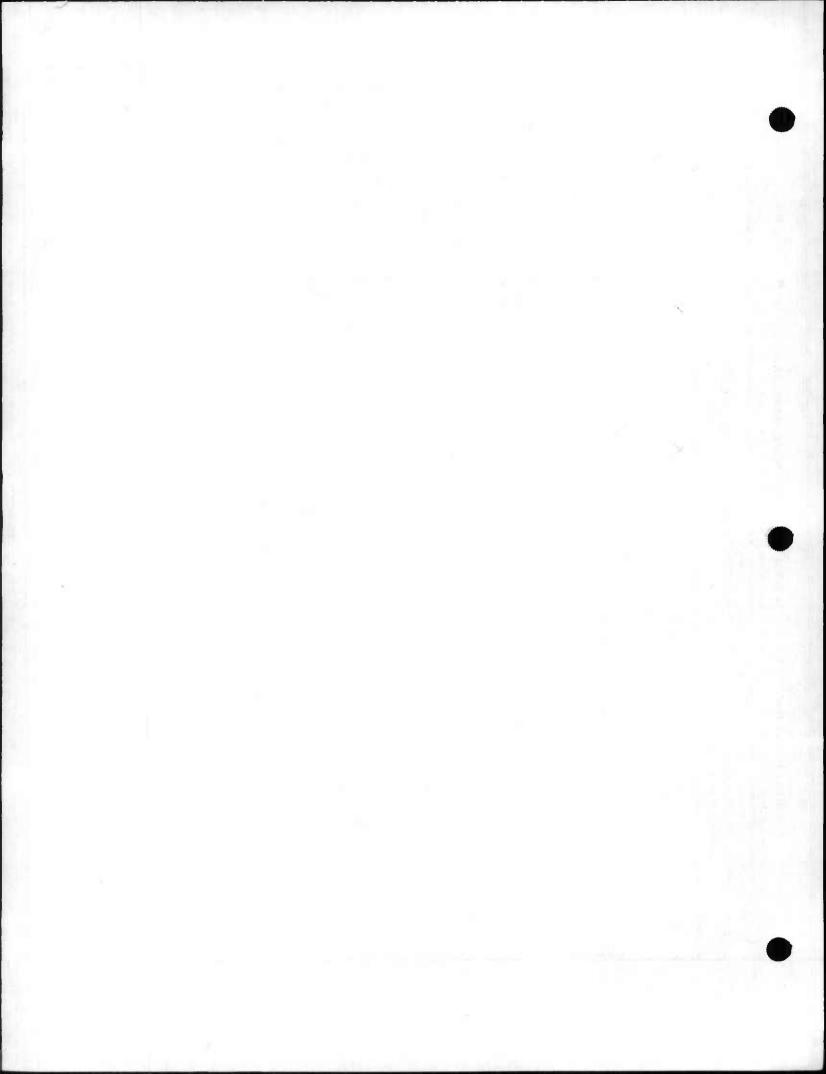
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	4	e d		10	١
	P	d bi		6	ı
	aine	hou		=	l
	ret	5		5	l
-	y be	age		Pe	l
	E	0,		ust	l
	Je 6	irecl		E	l
	S	al d		ine.	l
	eath.	une		E	ŀ
	er d	the 1	3	6	ļ.
	s aft	à	emo	dica	l
	NOUN	d in	6	E	l
į	24	fille	ion.	P	ł
	thin	stehy	mat	1,	l
	J. W.	Jdm	5	Me	l
	True.	1 00	urial	ic (l
	exe	an	9	mat	l
	8	ician	Jor	Tau	l
	icate	Shirts	e p	1	ı
	ertif	Du	gier	to the	l
	th c	bual	£	6	l
	dea	e at	fentz	uny.	ĺ
	the	y th	N P	E	l
	thal	pe p	th a	any	
	ires	sign	Heal	*	ı
	Ped	een	ō	Sho	
	AMP.	as b	ept.	23	
	The	rte h	ate (E	
	IAN:	tifica	e St	1	l
	SIC	cer	中日	d,	
	F	Ę,	1 Wi	rke	ĺ
	ING	After	leath	Ē	l
	END	H.	ler o	20	l
	A	EG	s af	1 28	
	8	DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item	
	IAL	M	2	-	
	OSP	INE	ithin	INT	
	Ŧ	FF	M P	RT	
	王	H	file	2	
	2	5	2	=	

1 - STATE REGISTRAR			STATE OF I	MARYLAND
1. DECEDENT'S NAME (FIRST	Middle, L	T	HERESA	LEVY
4. SOCIAL SECURITY NUMBER 212-30-8505			5. SEX X 1 M 2 F	6. AGE (In yrs. 86
9a. FACILITY NAME (# not in BALTIMORE C				SP.
RESIDENCE OF DEC		_		
MARYLAND	10b. CO	UNTY		
3713 CLARK	S LA	• /	APT. A	7
11. MARITAL STATUS 1 Never Married 2 Widowed 4 Dive			12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2
15. DEC (Specify onl	EDENT'S			16a.
Elementary/Secondary (C			College (1-4 or 5	+) HC

21057 / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (FIRST	Middle, Lafer	C.	LEVY	2 EAF	WA	R/2	/		2. DATE OF DI	EATH DAY	7	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-30-8505	;	5. SEX X 1 M 2 F	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI	ятн /190	5	8. BIRTHPI Country) MARYI	LACE (State or Foreign
DIRECTOR	BALTIMORE C	CUNTY		P.		"RAN	DALI	SIO	ON OF DEA	ТН			IMORE	
EG	10a, STATE	10b. COUNTY	1		10c. CIT	Y, TOWN (R LOCA	TION					Т	IOd. INSIDE CITY
L DIR	MARYLAND 100. STREET AND NUMBER				BAI	TIMO		f. ZIP CODE					١.	LIMITS?
ERA	3713 CLARK	S LA.,	APT. A				10	2121	_		1	USA	ZEN OF WH	IAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO		f yes, sp		n, Mexican,	C ORIGIN? (Spi , Puerto Rican,		or No-	14. RACE - Black, WHIT	- American Indian, White, etc.
COMPLETED	15. DEC (Specify onl Elementary/Secondary (C	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 5 d	·) (G	ECEDENT'S Bive kind of a Do NOT un	work done	CCUPATION	ON ost of workin	g	166. KIND AT HO	OF BUSI	NESS/IND	USTRY	
MO	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTH	IER'S NAM	E (First, Middle,	Maiden S	umame)	-	
BE C	JOSEPH	LE	VY					S	ARAH		I	KAST		
10	MRS. RITA MI			19	b. MAILING B GRE	ADDRESS ENLE	A DF	R. B.	or Rural Ro	, MD	2120		Code)	
	20a. METHOD OF DISPOSIT Burlal 2 Crematic Donation 5 Other	n 3 🗆 Reme	oval from State	20b. PLACE cemetery, cre ARLING	ematory or o	ther place)	dinining.		2) -	OATE	DAI		ORE,	1.00
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ensee love	2000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SO	NAME A	VINS	ON &	BROS.	INC	c.		
	23. PART I. Enter the d	Iseases, or c	omplications the	t caused the de	eth. Do i									Approximata
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)		a. DUE TO		AT		,	FA	111	IRE				Interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injury)	diate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
SERTIFI	that initiated eventa resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE O	F):								
4	PART II. Other algnifice	nt condition	a contributing to	deeth but not i	reaulting	In the un	derlyin	g cause g	iven in P	art I. 24a.	WAS AN A			VERE AUTOPSY FINDINGS
: MEDICAL	-A000	1, 1)	EPRE	(S10.N	100	5 H	11)1	CAT	101		YES 2		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
NAN I	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL					26. Pt	ACE DF O	EATH (Chec	k only one)				
PHYSICIAN:	1 YES 2 NO		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER 4 Num		e 5 🗆 Re	sidence 6	Other (Spec	cify)			
ВУ РН		Pending Investigation	28a. DATE OF (Month, Da	INJURY ny, Year)	28b. TIM	E OF URY M		URY AT PRK? YES 2		28d, DESCRIBE	E HOW IN.	JURY OCC	URED	
	3 Suicide 6	Could not be determined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, ferm, a	street, fact	ory, offic		1	26f. LOCATION City or Town		d Number	or Rural Rou	rte Number,
COMPLETED			CIAN: To the best of R: On the basic of as											ind manner as stated,
TO BE	29b. SIGNATURE AND TITLE	Mar	1 CU)				29c. LICE	77	3 3 <u>1</u>	3	29d. DATE	SIGNED (A	Aonth, Day, Year)
	30. NAME AND AGORESS OF	PERSON WHO	GH,	SE OF DEATH (ITE	019 (Type		יטו	UN	, M	0211	33	1		
	31. DATE FILEO (Month, Day,			r's SIGNATURE	n-Alan	delle							-	



DHMH-16 Rev 1/89

020	physici	4
BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be seconed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	HISETTING After this partitions has been sinned by the attendion shallow and commission filled to be the function of the same
21	0	Ann
ND	hospita	Budan
LA	y the	and day
RY	d ben	a below
M	retai	E ah
Ē,	ay be	9000
OR	8	2000
Σ	Page	of div
ALI	seath.	Summer
8	after	of the
_	OUIS	d of h
	24 h	, Gilas
30,	within	nimah
876	petra	Anm
9 X	900	200
80	ate b	meini
0	ertific	שם שים
٦.	ath c	Many
DS	the de	the
OR	that	A Po
S	puires	einn.
<u>~</u>	W rec	hear
Z	The la	a hac
5	IAN:	riffer
OF	HYSIC	nie ca
Z	NG P	flar th
SIC	TEND	DR. A
MVISION OF VITAL RECORDS, P.O. BOX 68760,	R AT	IDSE.

1 - FOR STATE REGISTRAR

	L & E	CHI	AT	(LEE	R. CHI	AT)		MONTH	20	YEAR	11:11
	4. SOCIAL SECURITY NUMBER 20 -0 3	BER -/488	5. SEX 1 M 2 F	6. AGE (In yrs.)	lesi birthday) IF UND YRS. MONTH		DER 24 HRS.	7. DATE OF (Month, De		Count	HPLACE (State or Foreigny) YLAND
TOR	9a. FACILITY NAME (If not it	140	street and number)		9b. CF	LHIN	ATION OF DE		/	COUNTY OF E	
DIRECTOR	10a. STATE MARYLAND	10b. COUNT	TY .		BALTIM						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	4006 GLENG		E., APT.	С		10f. ZIP C 21	00E 215		10g. U.S		WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2		3. WAS DECENDEN If yes, specify Co 1 YES 2	uban, Maxican	, Puarto Rica		Blac Spec	E — American Indian, k, Whita, etc. ://y: ITE
COMPLETED		EDENT'S EDL by highest grade 0-12))	DECEDENT'S USUAL (Give kind of work don the Do NOT use retired OUSEWIFE	a during most of we	orking		HOME	S/INOUSTRY	
_	17. FATHER'S NAME (First, A SAMUEL		RUBIN		-	18. M	MOLL]		le, Malden Surnar (U	me) NKNOWN	1)
10 85	19a. INFORMANT'S NAME (JEROME (CHTZ				19b. MAILING ADDRE	SS (Street and Num	nber or Rural Ru	oute Number, (City or Town, State	e, Zip Code)	
	20a. METHOD OF DISPOSIT Y Burlai 2 Crematic 4 Donation 6 Other	ION on 3 🗆 Rem	noval from State	cemetery, c	3725 PAT EAND DATE OF DISPO Crematory or other place CHAIM			BALTO		21207 N — City of To MORE , I	
	N. C.	\times	00	eur	8	5010 RE	ISTERS	NWOTE	RD., BA	ALTO.	MD 21215
3	23. PART I. Enter the dispose, or himmediate cause (Flidisease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	lona, diata ling irry	a. MAS TO DUE TO O	OR AS A CONS	daath. Do not antona. ADICOV EQUENCE OF: BY CSS EQUENCE OF: EQUENCE OF:	SOIO REPAIR THE MODE OF LAND AND LAND L	ISTERS dying, such	Part I. 244	RD., BA or respiretory ALALI B. WAS AN AUTON PERFORMED? YES 2 NO	ALTO., y arrast, y arrast, L. SCQ. PSY 24b	Approximate Interval Bette Onset and E
MEDICAL CE	iMMEDIATE CAUSE (Figure 1) immediate or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other aignifications.	lona, diata ING Jury	a. MS DUE TO O b. SLU DUE TO O C. DUE TO O d	OR AS A CONS OR AS A CONS OR AS A CONS death but not	death. Do not antina. ADDITION OF THE COURTE OF: Tresulting in the courte of the cou	SOIO REPLACE OF	dying, such	Part I. 244	RD., BA or respiretory ALALI A. WAS AN AUTON PERFORMED? YES 2 NO	ALTO., y arrast, y arrast, L. SCQ. PSY 24b	Approximate Interval Bett Onset and E Onse
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other algnifications are caused in the condition of the cond	lona, diata ING Jury	a. MS DUE TO O b. SLU DUE TO O C. DUE TO O d	OR AS A CONS COR AS A CONS COR AS A CONS COR AS A CONS CER/Outpatient INJURY	death. Do not antina. ADDITION OF THE COURTE OF: Tresulting in the courte of the cou	SOIO REPAIR THE MODE OF THE MO	dying, such	Part I. 244	RD., BA or respiretory ALALI A. WAS AN AUTON PERFORMED? YES 2 NO	ALTO., y arrast, In Fact, Li Sequence of the	Approximatinterval Bet Onset and Ons
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Flidisease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERIX CAUSE (Disease or Injut that Initiated events resulting in death) LAS PART II. Other algnification of the cause of the cause of the cause or injut that Initiated events resulting in death) LAS PART II. Other algnification of the cause	iona, dista ING	a. DUE TO (b. DUE TO (c. DUE TO (d. DUE	COR AS A CONS COR AS	death. Do not antina. ADDA (SEQUENCE OF): BYLSSE EQUENCE OF): Tresulting in the treatment of the sequence o	26. PLACE OF ER: uraling Home 5 28c. INJURY 1 28c. INJURY 1 28c. INJURY 2 28c. Toy, office	e given in F	Part I. 244 1 (Control one) 1 Other (Sp 286). LOCATIO City or 70 1 the cause(a)	RD., BA or respiretory ALALI A. WAS AN AUTOI PERFORMED? YES 2 SAN GAN DOI OR (Street and No. Way, State)	ALTO., y arrast, ALTO., y arr	Approximatintarval Bet Onset and I Onset a

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

and the second of the second o

Franklin Filterin D.

DIRECTOR

FUNERAL

BY

ETED.

COMPL

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

marked,

this c

After t

TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Aft be filed within 72 hours after dea IMPORTANT: If Item 28 is in

DIVISION OF VIT

HOSPITAL OR ATTENDING PHYSICIAN:

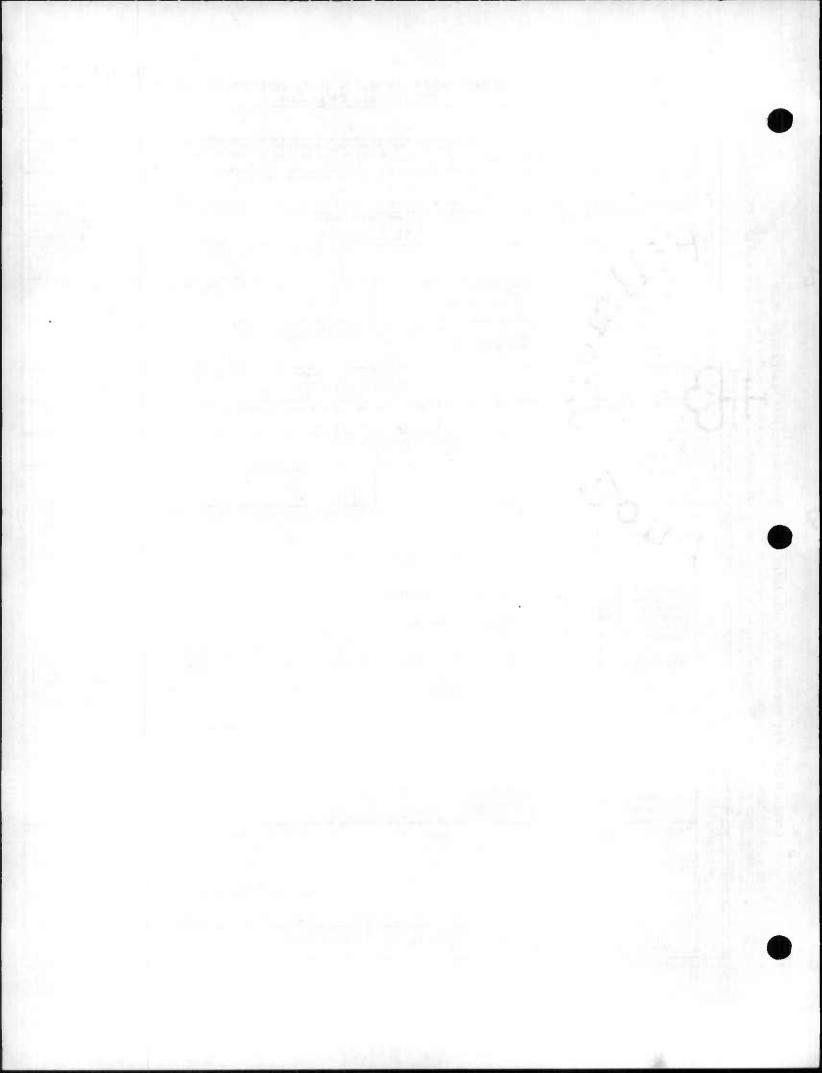
- 71	Ġ.	à.	1
į.	7	Doming	
BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit has been of the State Dept. of Health and Memai Hypiene prior to burial, cremation, or removal.	
ND 2	hospital o	ached for	50.
YLA	by the	be det	at on
MAR	retained	5 should	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
RE,	nay be	, page	ed h
MO	3 ege	director	or mu
F	eath. P	uneral	camin
8	after d	by the moval.	ical en
	1 hours	illed In	е те
0,	rithin 2	letely fi	int, th
928	cuted w	d comp urial, ca	tic eve
F VITAL RECORDS, P.O. BOX 68760,	be exe	certificate has been signed by the attending physician and completely filled in by the h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	гашта
Ö.	rtificate	ng physi	other t
<u>.</u>	eath ce	rtal Hy	1, Or
SO	the d	y the a	Inlun
S	es that	gned b	s amy
RE	requir	been si	show
AL	he law	has I	п 23
<u> </u>	IAN: T	tificate e State	or ites
L	SIC	5 5	1, 0

REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR JULIA July 28. **DEMOPOULOS** 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dev. Year) 8. BIRTHPLACE (State or Foreign 214-62-8921 Feb. 10, 1927 Greece 9a. FACILITY NAME (If not institution, give street and number. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3105 Wysteria Ave. Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 XYES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3105 Wysteria Ave. 21214 Greece 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married
3 Widowed 4 Divorced 1 TYES 2 NO Specify: Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) 12 Clothing Clothing Factory 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Marinakos Maria Varzakakos 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Spyros Demopoulos same as #10a - #10f 20s. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 4 Donation 5 Other (Space) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Demetrios Cem. 7/31.92 Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. Soul Ernest 5305 Harford Rd. .Baltimore. Md. 23. PART I. Enfar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Metastatie resulting in death) 3400 DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TOO 1 | YES 2 | JO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 - Inpetient 2 - ER/Ouipetient 3 - DOA 4 Nursing Home 5 Frasidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER

(Check only

1 DERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) mo Hachn 020396 128 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Davis M. Hahn, M.D. Good Samaritan Professional Building, Balto.Md. 31. DATE FILED (Month, Day, 1992 32. REGISTRAR'S SIGNATURE

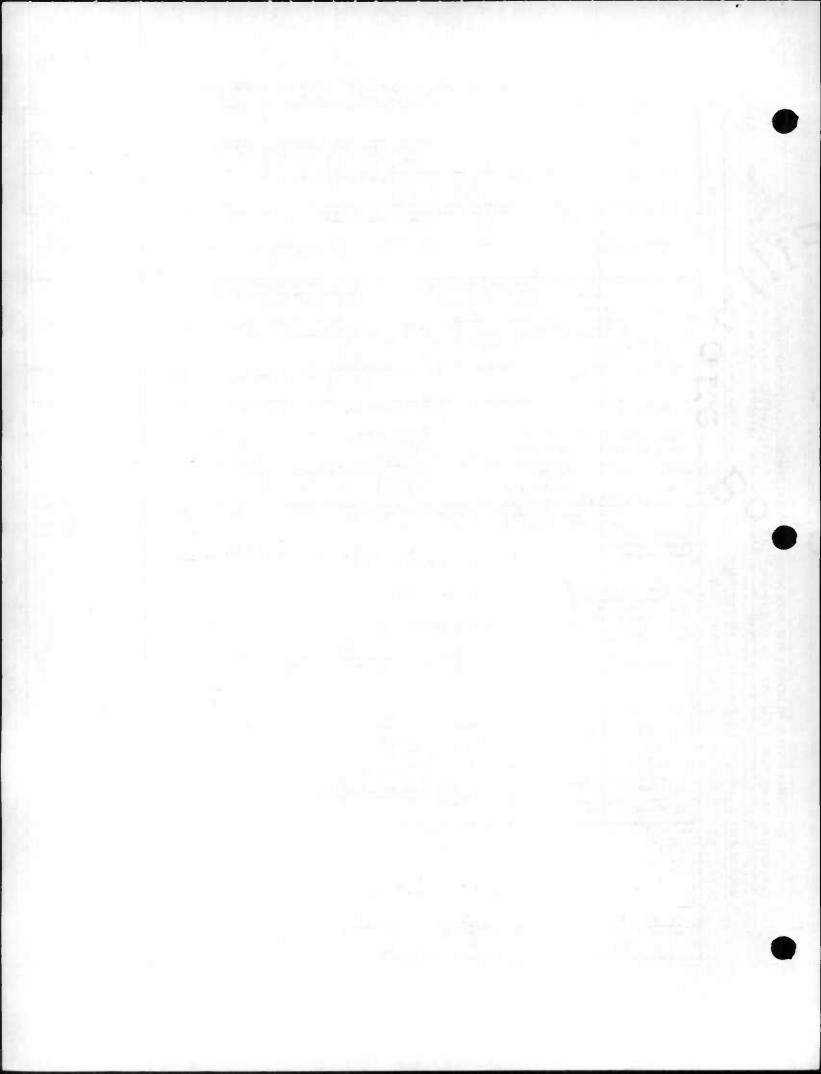
this Davidson-Mandall



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached the find within 70 hours after death with the State hand of the Health and Mental Houling note to hursing remarked or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	5	9	0
	5	P	-
	aine	20	E
	100	50	100
	2	906	9
	ma)	P.	7
	9 8	ecto	Ē
	Page	9	9
	€.	nera	Ē
	dea	2	20
	after	y th	cai
	5	d al	6
1	20	B 2	E
,	1 24	y fill	#
•	Ė	letel	H,
	A D	din l	8
	cute	9.00	2
	8	an d	E
	2	ician	2
	cate	Phys a	-
	ortif	Die o	#
	p ce	ig i	6
	deat	afte	5
	96	the The	를
	hat	50	2
	es t	gne	6
	quir	ST	8
	W re	90	-
	13	has	23
	Ē	ate	E
	AN	Tiffe	-
	Sic	100	d,
	£	野	rke
	NG	fler app	E
	ē	A S	- 00
	E	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 29 hours after death with the State Dent of Haaith and Mental Hanlane prior to hursing cremation or concern	28
	A H	IRE(E
	7	100	1 10
	PIT	ERA	1
	F68	FUN FUN	N
	뿦	里面	PO
	O T	10	M
	-	- 5	-

30

1. DECEDENT'S NAME (First, Middle, Last)				OF DEATH	F			
PATRICK		L.		DAVIS	2. DATE OF MONTH		1992	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216 -65-8595	5. SEX 1 M 2 F	8. AGE (In yrs. lesi birtho	MONTHS D	FEAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF (Month, De	BIRTH ny. Year) 27 - 70	8. Bit Co	RTHPLACE (State or Foreignitry)
9a. FACILITY NAME (If not institution, give st UNIVERSITY HOSPI	and the same of th			OWN OR LOCATION OF DI			COUNTY O	F DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								
MD			altimo					10d. INSIDE CITY LIMITS? 1 YES 2 NO
1147 Orleans S	+			101. ZIP CODE				F WHAT COUNTRY?
11. MARITAL STATUS		EVER IN U.S. ARMED	Les ume	21202			I.S.A	
1 Mever Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, OIVE WAY	YES 2 NO	If ye	S DECENDENT OF HISPAI es, specify Cuben, Maxics YES 2 NO Specif	in, Puerto Rica	ipecity Yes or No n, etc.)	B	ACE — American Indian, leck, White, etc. pecify: 1 a C k
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind	IT'S USUAL OCCU	JPATION ing most of working	16b. Kil	ND OF BUSINES	S/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	INO. DO NO	OT use retired.)		Te	mp Ag	encv	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA				
Leonard Davis				Sarah	Campb	011		
19a. INFORMANT'S NAME (Type/Print) Sarah Griffin				treet and Number or Rural	Route Number, (City or Town, Sta		
		114		eans St./				
20a. METHOD OF DISPOSITION 1 Density Survey	oval from State	20b. PLACE AND DA	or other place)	on(Name of rial Gard	DATE	20c. LOCATIO		NILL AND DESCRIPTION OF THE PERSON OF THE PE
21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEE /	1 vosile i		ME ANO ADORESS OF FA		Dund	laik,	MID
1 1 2 2								
23. PART I. Enter the diseases, pr c shock, pr heart failure.	complications that clust only one cause	coused the death. [WM	C. MARCH	H F.H.	/1101	E .	NORTH AV Approximate
23. PART i. Enter the diseases, proshock, prheart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s	coused the death. If the price of the price	WM Do not entar the	C. MARCH	H F.H.	. /1101 or respirator	E .	Approximate
IMMEDIATE CAUSE (Final disesse or condition	DUE TO (C	o Dn asch lina.	DD not enter the	C. MARCH	H F.H.	or respirator	E.	Approximate interval Betv
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	OR AS A CONSEQUENCE	DD not enter the	C. MARCH a mode of dying, suc	Part I. 24	a. WAS AN AUTO PERFORMED? YES 2 N	y srrest,	Approximate interval Bets Onset and D
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENCE	Do not enter the	C. MARCH a mode of dying, suc	H F.H.	a. WAS AN AUTO PERFORMED?	y srrest,	Approximate interval Betwoen and D Onset a
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	DUE TO (O	OR AS A CONSEQUENCE	DD not enter the	C. MARCH a mode of dying, such that the such as the su	Part I. 24	a. WAS AN AUTO PERFORMED? YES 2 N	y srrest,	Approximate interval Betwoen Conset and Donest and Done
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O	OR AS A CONSEQUENCE OR AS	E OF): E OF): OTHER: A 4 Nursing TIME OF 286	C. MARCH a mode of dying, such that the such as the su	Part I. 24	a. WAS AN AUTO PERFORMED? YES 2 N	PSY 2	Approximate interval Betwoen Conset and Donest and Done
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (C)	DR AS A CONSEQUENCE OR AS A C	DD not entar the	C. MARCH a mode of dying, such that is a mode of dying, such that	Part I. 244 eck only one) 6 Other (Sp. 284. DESCRI	a. WAS AN AUTO PERFORMED? VES 2 N	PSY 2 PSY 2 PSY 2 PSY 12 PSY OCCURED	Approximate interval Betwoen Conset and Donest and Done
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER CRESSION PHYSIC	DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) Co. DUE TO (C) D	DR AS A CONSEQUENCE OF AS	DD not enter the DD not	C. MARCH a mode of dying, such a mode of dyi	Part I. 24 eck only one) 8 Other (Sc 28d. DESCRI City or 7c WATSC	a. WAS AN AUTO PERFORMED? YES 2 N POSCHY) BE HOW INJURY BJECT S ON (STREET AUTO IN) NOTE: I) and manner at	y occurred HOT SECTT	Approximate Interval Betwoen and D Oneet a
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflitated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (C) DUE TO	DR AS A CONSEQUENCE OF AS	DD not enter the DD not	C. MARCH a mode of dying, suc riving cause given in 28. PLACE OF OEATH (Ch. g Home 5 Rasidence c. INJURY AT WORK? I YES 2 NO . offica EET . date and place, and due lon, death occured at the	Part I. 24. Part I. 24. Cother (Sc 28d. DESCRI City or 7c WATSC to the cause(s time, deta and	a. WAS AN AUTO PERFORMEDT YES 2 N NOCHINI MI NICE NICE NICE NICE NICE NICE NICE NICE	y occured HOT	Approximate Interval Bety Onset and D Onse
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER CRESSION PHYSIC	DUE TO (O	DR AS A CONSEQUENCE OF AS	Do not enter the Do not	C. MARCH a mode of dying, such a mode of dyi	Part I. 24. Part I. 24. Control one WATSC to the cause(settime, deta and widen.)	a. WAS AN AUTO PERFORMEDT YES 2 N NOCHINI MI NICE NICE NICE NICE NICE NICE NICE NICE	y occurred HOT SECTIT ETS stated. to the caus	Approximate interval Bety Onset and D Onse



	Control of the contro
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to
er death. Page 6 may be retained by the hospital or attending physicia	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physicia
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF		MENTAL HYGIE		2 21061
	1. DECEDENT'S NAME (First, Middle, Last) THORNTON	/ W. E	CKERS	ON		2. DATE OF DEATH	DAY 28 2	3. TIME OF DEATH
	219 10 5853	M 2 □ F	AGE (in yrs. lesi birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 - 13 - 26		BIRTHPLACE (State or Foreign Country) VA
TOR	9a. FACILITY NAME (If not institution, give street Loch Raven VA Med RESIDENCE OF DECEDENT		er		OR LOCATION OF I	DEATH	9c. COUNT	Y OF DEATH
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MD			, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
JNERAL	1300 E. Madison		EVER IN U.S. ARMED		21205	ANIC ORIGIN? (Specify)	U.S	
BY	1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1 X	YES 2 NO	If yes, s	pecify Cuban, Maxic	can, Puerto Rican, etc.)		Back, White, atc. Specify: 1 a C K
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade come (Specify only highest grade come (9-12) 10th		16a. DECEDENT'S (Give kind of ville. Do NOT us	vork done during m e retired.)	ON ost of working	16b. KIND OF E	USINESS/INDUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) Peter L. Dicke	erson			Nora	AME (First, Middle, Meidle Christia	1	
TO	Viola Mack		2000	0de11	Ave.	Apt.110	wn. store, zip co	imore, MD
	METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal Command 5 Other (Specify)		20b. PLACE AND DATE Cognetiery, cremetory or of	her place)	et. Cem	DATE 20c. I	OCATION CIT	y or Town, State
	· (llne 80	Cont		WM C.	MARCH	F.H./11	01 F.	NORTH AVE.
	23. PART I. Enter the diseases, or com- ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Mas	on each line.	I Y			piratory arrea	t, Approximata interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	11111	R AS A CONSEQUENCE OF		PY	0		
CERTI	resulting in death) LAST							
PHYSICIAN: MEDICAL	PART II. Other significent conditions co	intributing to de	eth but not reaulting i	n the underlyin	g ceuse given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		DSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specily)		
BY	27. MANNER OF DEATH 1 M Netural 5 Pending 2 Accident investigation	26e. DATE OF INJ (Month, Day,	Year) INJI	M 1	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW		
3 Suicide 6 Could not be determined City or Town, State) 3 Suicide 6 Could not be determined Uniform State							Rural Route Number,	
COMPLET	(Check only one) 2 MEDICAL EXAMINER: Or	: To the best of my	knowledge, death occurre	d at the time, date	and place, and du	e to the cause(a) and m	anner as stated, and due to the c	ause(s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7/28/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							

Like Davidson Randelle

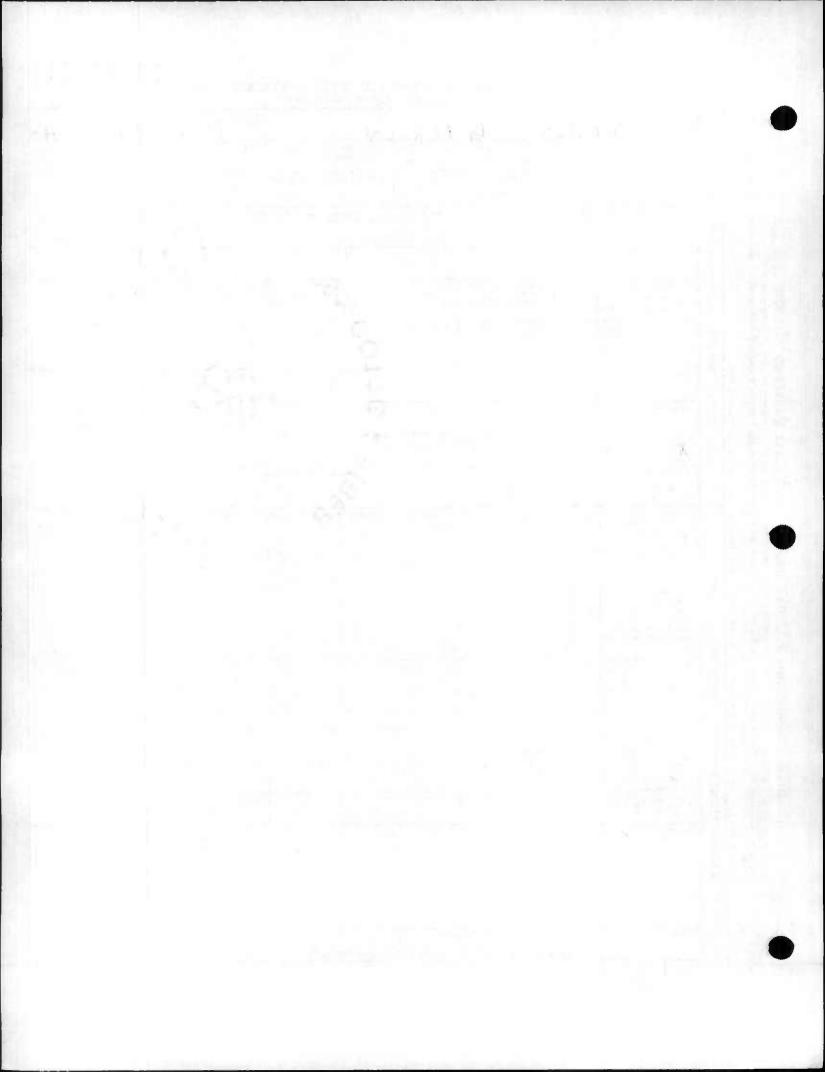


Jon C 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

0 1992

9



permit. Pages 1, 2, 3 should

page 5 should be detached for use as the burial-transit

filled in by the funeral director,

this certificate has been signed by the attending physician and completely filler with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

	24
60,	within
687	xecuted
×	20
8	ficate
0	certi
D.	death
Ö	the
2	that
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
_	MP
IA	The
5	SIAN:
OF	PHYSIC
O	DING
	ATTEN
\leq	OR O
mad .	A

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAN MONTH 07 5.50 Pm James Edward Doran 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS 1 NM 2 | F 214369318 YRS. -4-3 Baltimore 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10s. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Baltimore City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 1900 York Rd 21093 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

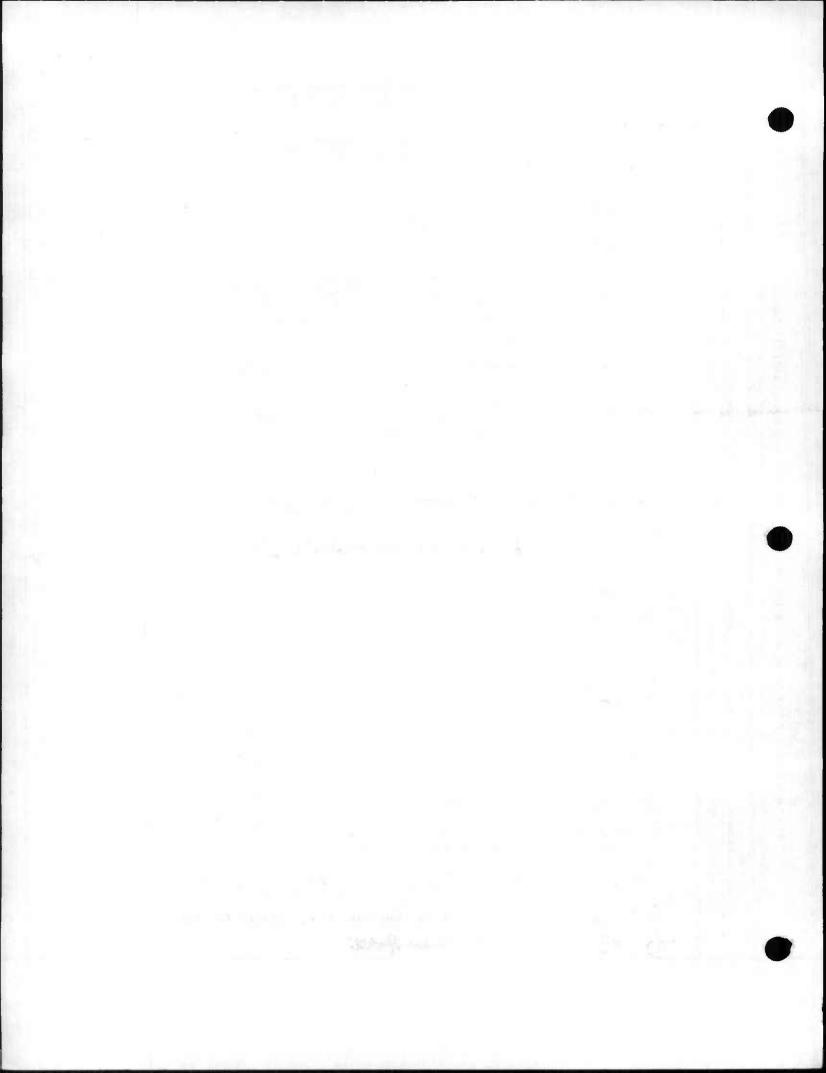
1 YES 2 NO Specify: FORCES? 1 7 YES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Landscaper andscaper 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN notified at Unknown BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 B.A.R.C. Att: K. Edelmann 1900 York Rd Timonium, Md. 21093 9 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremation 3 ☐ Removel from State 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must cemetery, crematory or other placa, 4 Donation 5 Other (Specify) ... Mount Crematory

22 NAME AND ADDRESS OF FACILITY

Henry W. Jenkins & Sons Co

Ralto. Md. Baltimore City 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Varra Balto. Md. 21212 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death the disease or condition PNEMORHAN BIL 37 days ASPIRATION resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY shows any · SEPSIS 1 - YES 2 - NO ·WA 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1- Inpatient 2 ER/Outpatient 3 DOA OTHER 1 YES 2 NO 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 5 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF marked, 28d. DESCRIBE HOW INJURY OCCURED Natural TO THE HOSPITAL OR ATTENDING PHY
TO THE FUNERAL DIRECTOR: After this
be filed within 72 hours after death wit
MPORTANT: If Item 28 is marke 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) UP. SATINDER BUDGE M. AT 2438934-363 24/012 2 30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6000 Symphitan hospital, Batimorems 24239 JUDG & 31. DATE FILED (Me

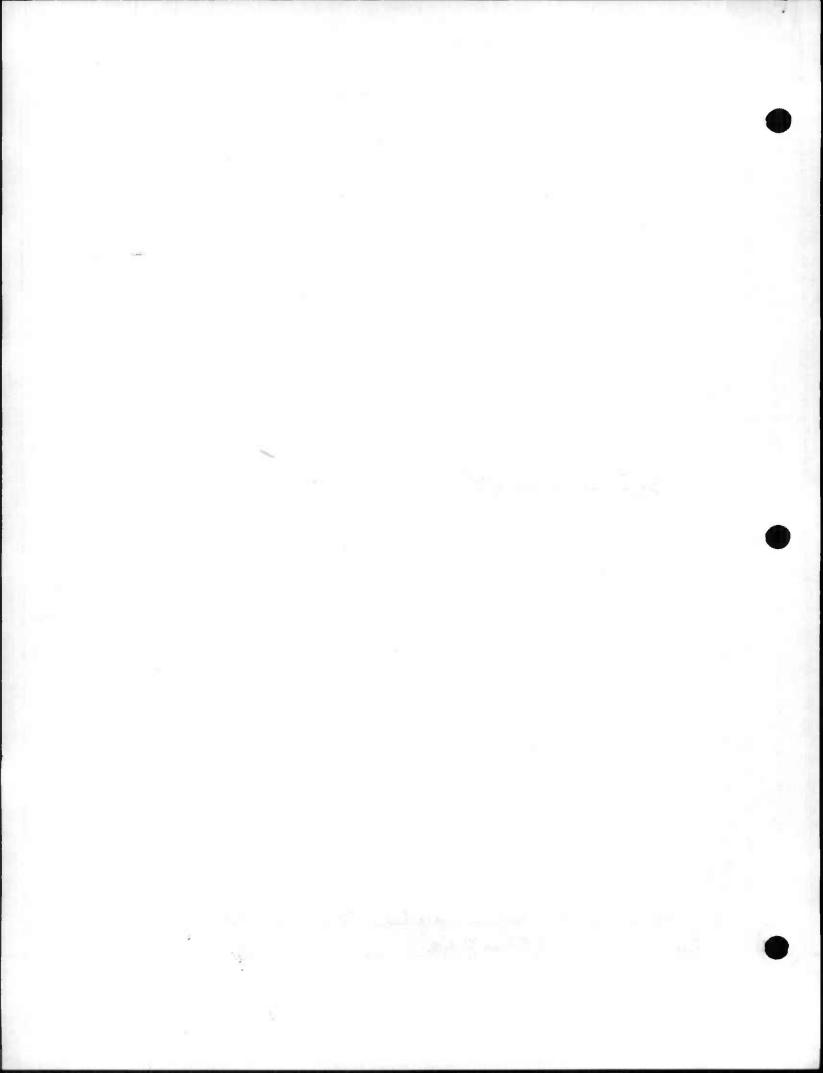




tending physician.	as the burial-trans		
by the hospital or a	d be detached for us		d at once.
age 6 may be retained	director, page 5 shoul		er must be notifie
4 hours after death. P	illed in by the funeral	n, or removal.	e medical examin
be executed within 2	cian and completely 1	ior to burial, crematio	raumatic event, th
it the death certificate	by the attending physi-	nd Mental Hygiene pr	Injury, or other t
The law requires that	ate has been signed t	tate Dept. of Health a	tem 23 shows any
TENDING PHYSICIAN :	OR: After this certific	fter death with the Si	8 is marked, or i
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	2	圣

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				GIENE G. NO.	21003
	1. DECEDENT'S NAME (First, Middle, Lest) RUTH T, E	ningavari	UTH T. DU	NNAVANT	3		28/92 28/92	3. TIME OF DEATH 9/20P M
	4. SOCIAL SECURITY NUMBER 225-12-3836	1 - M 2 XXX 87		HTHE DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIF (Month, Day,	Year) (BIRTHPLACE (State or Foreign Country) LRGINIA
TOR	98. FACILITY NAME (If not institution, give street and number) HOWARD COUNTY GENERAL HOSPITAL RESIDENCE OF DECEDENT			b. CITY, TOWN O	R LOCATION OF D	EATH LUMBIA	9c. COUNTY	OF DEATH
DIRECTOR	MARYLAND 10b. COUNTY	HOWARD	10c. CITY, 1	OWN OR LOCAT		COLUMBIA	A	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6709 SUMMER RAMBO	COURT		101.	ZIP CODE	21045	10g. CITIZEN	U.S.A.
B⊀	11. MARITAL STATUS 1 Newsried 2 Married 3 Middowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	XXINO		ENDENT OF HISPA lectly Cuban, Mexico 2 XXVO Specific	an, Puerto Rican,	atc.)	RACE — American Indian, Black, White. etc Specify: LLCE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use no TYPIST	done during mos	N It of working		OF BUSINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Lest) WILLIAM W. WILLIAM	ARD	111101		18. MOTHER'S NA	AME (First, Middle, COLE		
TO B	19a. INFORMANT'S NAME (Type/Print) ALAN TYE (SO	ON)					y or Town, State, Zip Cool	yLAND 21045
	20a. METHOD OF DISPOSITION 1) XBurial 2 Cremation 3 Ramo 4 Densition 6 Other (Specify)	val from State	PLACEAND DATE OF CANADA CONTROL OF CANADA CONTRO	METERY	وُ	/1/92	RICHMOND,	
	21. SIGNATURE OF FUNERAL DERVICE LICE	Sifte		LEROY 1	WIN KNOL	SELL C. LS ROAD	, COLUMBIA	UNERAL HOMES , MD.21045
	23. PART I. Enter the diseases, or creathock, or heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. Ceruly one cause on a	tha daeth. Do not ich lina.	enter the mod			Lygurtinus	Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cardionism	CONSEQUENCE OF	Semi	phys			2 day.
AL.	PART II. Other algnificent conditions	contributing to deeth be	it not reaulting in t	he undarlying	cause given in	,	MAS AN AUTOPSY PERFORMED? YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL. THER:	ACE OF OEATH (Ch	eck only one)		
BY PHYSICIAN: MEDIC	1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 inpatient 2 ER/Outp 28a. OATE OF INJURY (Month, Day, Year)		F 28c. INJL			HOW INJURY OCCURE	ED
						(Street and Number or R n, State)	ural Route Number,	
COMPLETED		CIAN: To the best of my knowl						use(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER BALLA A. ALALT	thing MD			29c. LICENSE NUI	4	29d. DATE SIG	3NED (Month, Day, Year) 28/92
	30. NAME AND ADDRESS OF PERSON WHO 11. DATÉ FILEO (Morith, Day, Year)	June 1	togetal TURE	n) Koli	mbis,	MD	21044	
	JUL 3 0 1992 Jul	his Davidson-Rang	Lee					

DHMH-16 Rev 1/89



should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	0	Ē	
ID THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	MECTOR	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked or item 23 shows any injury or other traumatic away the marked as any the assistant at any
		_	

BY ETED

COMPL

BE

9

29a. CERTIFIER

92 21064 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 28,1992 YEAR C. CAMILLE DUTTERER JULY 12:11 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) MAY 5,1946 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 - M 2XXF YRS 219-44-7638 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e STATE 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE MANOR 1 YES Z NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5915 CHARLES STREET 21207 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rid 1 YES 2 NO Specify: BY /Idowed 4X Divorced Specify: WHITE COMPLETED 15. OECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INQUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 4 ANALYST SOCIAL SECURITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) MALCOLM A. DUTTERER, SR. BE MINNIE N. LIBERTO 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MALCOLM A. DUTTERER, JR. (BROTHER) 7229 SINDALL ROAD, BALTIMORE, MD. 21234 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State METRO CREMATORY 7/31/92 CATONSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES ussoule 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the disesses, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. Intervel Between IMMEDIATE CAUSE (Final Onset and Death disease or condition breco resulting in death) OUE TO (OR AS A CONSEQUENCE OF): ASCV CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Talt View Brighton PHYSICIAN:

0000	X V W00000000		usus	1 TES 2 NO	OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (C	theck only one)	
1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 Nu	R: rsing Home 5 - Raeidence	8 Other (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	NEO
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — AI h building, etc. (Specify)	ome, farm, atreet, fac	tory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,

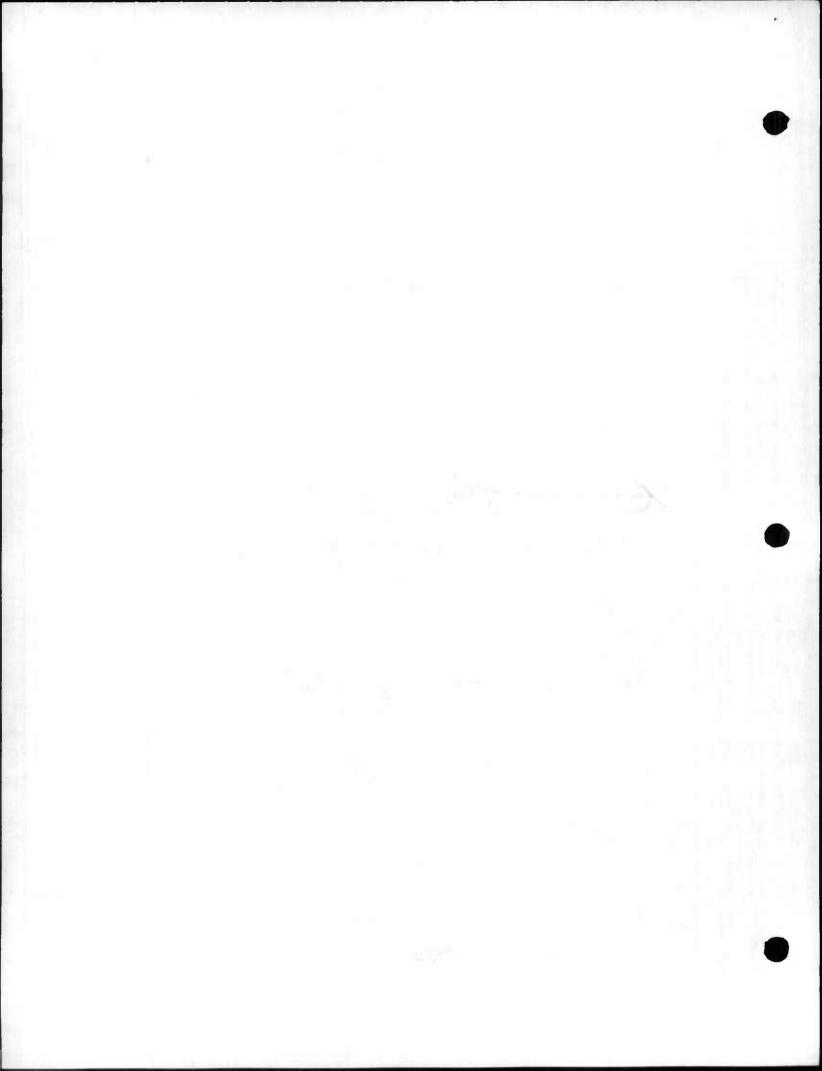
	I Specifying PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated,
one)	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end

d manner ee stated.

296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

ı	A	70			1/0	-6//
1	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF DEATH (ITEM 2	7) (Type, Print)			
	STEPHEN	PLANTHOLT	3449	WILKERS	AVE	21229
ı	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATURE				

Julia Davidson-Mandalle JUL 3 0 1992



BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

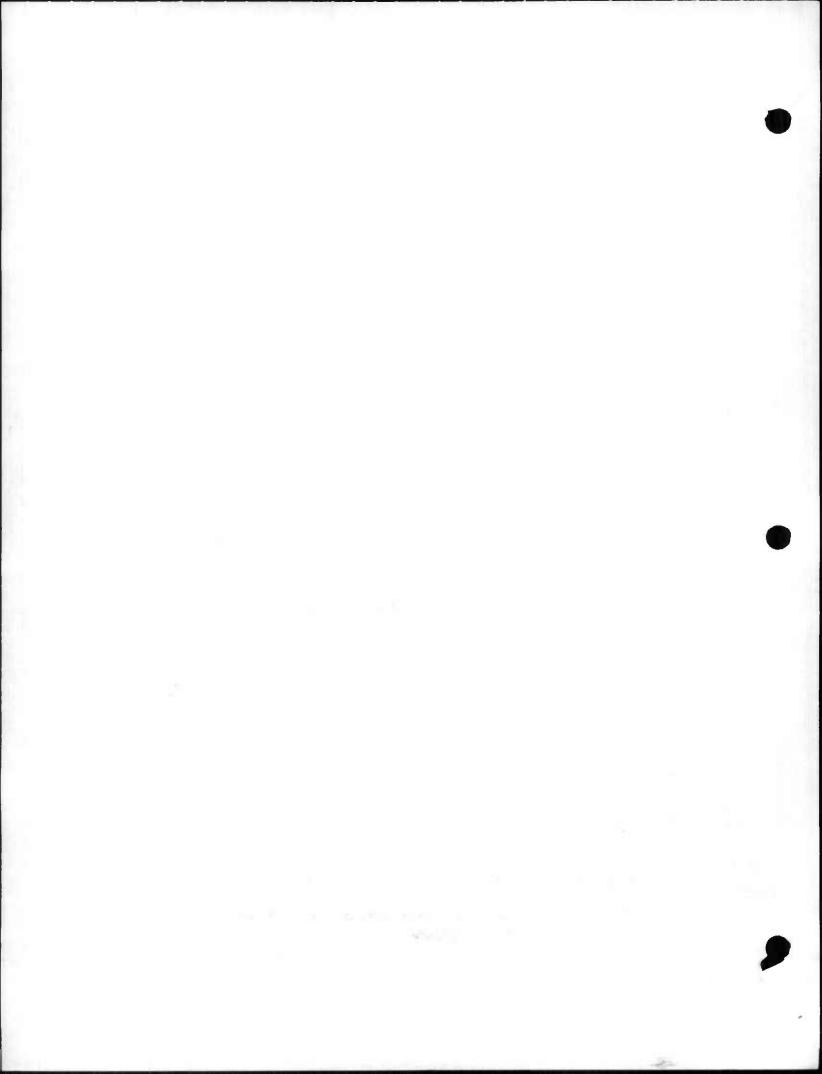
ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

ALL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)	HARRY	DE	AL	JR,				2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		a. BIRTA	IPLACE (State or Foreign
	217-78-9750)	1 🖾 M 2 🗆 F	32	YRS.	MONTHS	DAYa	HOURS	MIN.	(Month, Day, Year,		Count	ny)
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	r, TOWN (OR LOCATION	ON OF DE	12-9-59		JNTY OF D	RYLAND
DIRECTOR	4646 PALL		ROAD			BA	LTIM	ORE					
일	10e. STATE	10b. COUNTY			10c, C/1	Y, TOWN	OR LOCAT	ION					10d, INSIDE CITY
	MARYLAND 100, STREET AND NUMBER				BAL	TIMO							LIMITS? 1 TYES 2 NO
FUNERAL	4646 PLAA N	IALL RO	DAD					21P CODE	E		10g. CI		WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	- 1	If yes, sp	ENDENT Of Cube 24 NO	n, Maxica	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14. RACI Blac Spec AFR	
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUC / highest grade -12)	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT u	USUAL O work done se retired.)	CCUPATIO during mo	ON st of workin	99	16b. KIND OF	BUSINESS/IN		· HILIK
BE CON		EAL						NELI	LIE	ME (First, Middle, Mak COLLINS			
10		LINS								Route Number City or altimore,	Mary1	and :	
	20a. METHOD OF DISPOSITI 1 M Burtal 2 Crematio 4 Donation 5 Other	n 3 🗆 Remo (Specify)		cematery,	CEAND DATE	ther place)			07-	-31-92 BA			
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22.	NAME A	O ADDRES					
	•									S FUNERAL			VI AND 21217
CERTIFICATION	23. PART I. Enter the disock, or he immediate cause (Fin disease or condition resulting in death) Sequentially list conditif any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injuthat initiated evental resulting in death) LAS	ona, diete	DUE TO	HIV R (OR AS A CONS	econence of the contract of th	D U F): VY14 F):	ITZAU	n6 S	zyno		apiratory a	reat,	Approximate Interval Between Onset and Death
MEDICAL	PART II. Other aignifica	nt conditions	a contributing to	deeth but no	t resulting	in the ur	nderiying	Couse g	iven in	Part i. 24a. WAS PERI	AN AUTOPSY ORMED? 2 NO	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ΧĪ	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
Si	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Mursing Home 5 Residence 8 Other (Specify)												
PHYSICIAN:	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY												
ED BY	3 Suicide 6	nvestigation Could not be	26s. PLACE O building,	F INJURY — At etc. (Specify)	home, Jarm,		1 🔲 Y		NO	281. LOCATION (Stree City or Town, Ste		r or Rural F	Route Number,
ETE	A OF THE	detarmined				-							
COMPLET	(Check only one) 2 MEDI									to the cause(s) and r lime, data and place,			i) and manner sa atated.
TO BE	021	MATIFIER						29c. LICE	NSE NUM		29d. DAT	7-29	(Month, Day, Year)
	30. NAME AND ADDRESS OF THE TOTAL OF THE TOTAL OF THE THE TOTAL OF THE	4. WH	leture	225	HTUD		NE	ST	Box	243 B	tonno	NE	21201
	JUL 3 0 19		-32. REGISTRA	or land	UR.								



	O
ì	after
	DOURS
ı	24
_	C
ь.	Œ
1	是
	35
	23
•	- 60
)	55
1	STORY.
	20
	60
	40
1	Δ
	90
	100
	0
	35
	E
	8
	_
	10
	60
	õ
	-
	Z
	800
	100
	5
	83
	=
	2
	8
	Brita
	3
	10
	do
	Æ
	\vdash
	\div
	2
	3
	\simeq
	65
	\leq
	可
	-
	¥
	宝
	무
	122
	ATTEN
	1
	-4

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.
--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH OF DP 1. DECEDENT'S NAME (First, Middle, Last) WILLIE FOSTER. ROBERT 2. DATE OF DEATH WilliE YEAR +OSTER 27 4 SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign (Month, Day, Year) South Cardina 212-42-1815 1 X M 2 - F 9s. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH & Medical City Eaten Hos Baltimore DIRECTOR RESIDENCE OF EDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City none TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1609 E. Chase Street 21213 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri IF YES, GIVE WAR OR DATES 1 YES 2 NO 84 Specify. 3 Widowed 4 Divorced Afro-American COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 11th grade Delivery man none ALPA Industries 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Eddie Foster Sarah Moore 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Sarah Dancy, Chase Street Balto, Md. 21213 1609 20s. METHOD OF DISPOSITION

| Burial 2 | Cremation 3 | Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE ry, cragnatory or ot Cemetery 7/31/92 4 Donation 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Scruggs Funeral ston St. Balto. Calvin B. Home 1412 E. Preston 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximete shock, or heert fellure. List only ons ceuse Interval Between IMMEDIATE CAUSE (Final Onset and Daeth DUE TO (OR AS A DONSEOUENCE OF): l hour disease or condition resulting in death) 6 perit Krus CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING 204 CAUSE (Disesse or injury thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 4b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 -1 | YES 2 | NO X PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 1 NO 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29s, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the n snd/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and mer 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) BE



2

30. NAME AND ADDRESS OF PERSON WHO COM

JUL 3 0 1992

31. DATE FILED (Month

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

estine Live to the state of the state

permit. Pages 1, 2, 3 should

page 5 should be detached for use as the burial-transit

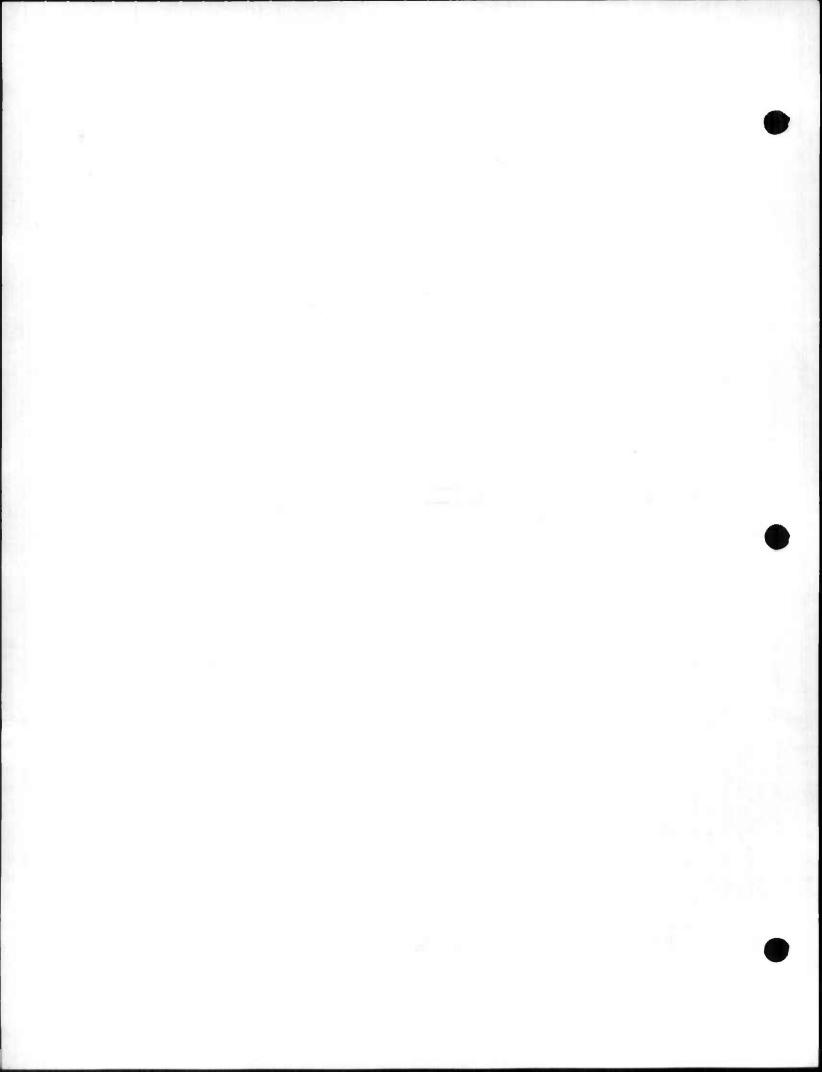
funeral director,

filled in by the

	DOU
	24
60,	within
BOX 68760	executed
2	2
P.O. BO)	certificate
S,	death
ö	9
OR	that the d
REC(requires
	SW.
LA	The
DIVISION OF VITAL RECORDS, F	PHYSICIAN:
/ISION	ATTENDING PHYSICIAN
\leq	8
	7
	HOSPITA

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARY Edna Fitzhugh 9 10:35 AM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212-40-5050 DAYS 1 M 2 F 10 - 23 - 01Texas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Meridian Brightwood Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 19d. INSIDE CITY LIMITS? Md County Baltimore Housewife 1 YES 2 NO 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 515 Brightwood 21022 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 NO BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade completed) 18a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Charles C. Carroll Maria A. Williams H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Howard S. Fitzhugh II 1526 Northbourne Rd. Balto. Md. 21239 þe 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must American Cemetery Louisiana 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY · William Howard W. Jenkins < Sons Co Was 4905 York Rd. Baltimore, Md. 2121 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death and completely fille o burial, cremation, the disease or condition_ on get ive Hem Falure 1 years reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Athen I clero tie 14cas heart CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): DRECTOR: After this certificate has been signed by the attending physician at hours after death with the State Dept. of Health and Mental Hygiene prior to if item 28 is marked, or Item 23 shows any injury, or other trauma if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO shows any COMPLETION DF CAUSE 1 YES 2 NO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER 1 - YES 2 - NO sing Home 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 1 Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 t IMPORTANT: If 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 동보를 Jana 025695 7-29-92 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Simeon Bardin M.D. 4000 Old Court Road, Pikesville, Md. 32. REDISTRAR'S SIGNATURE



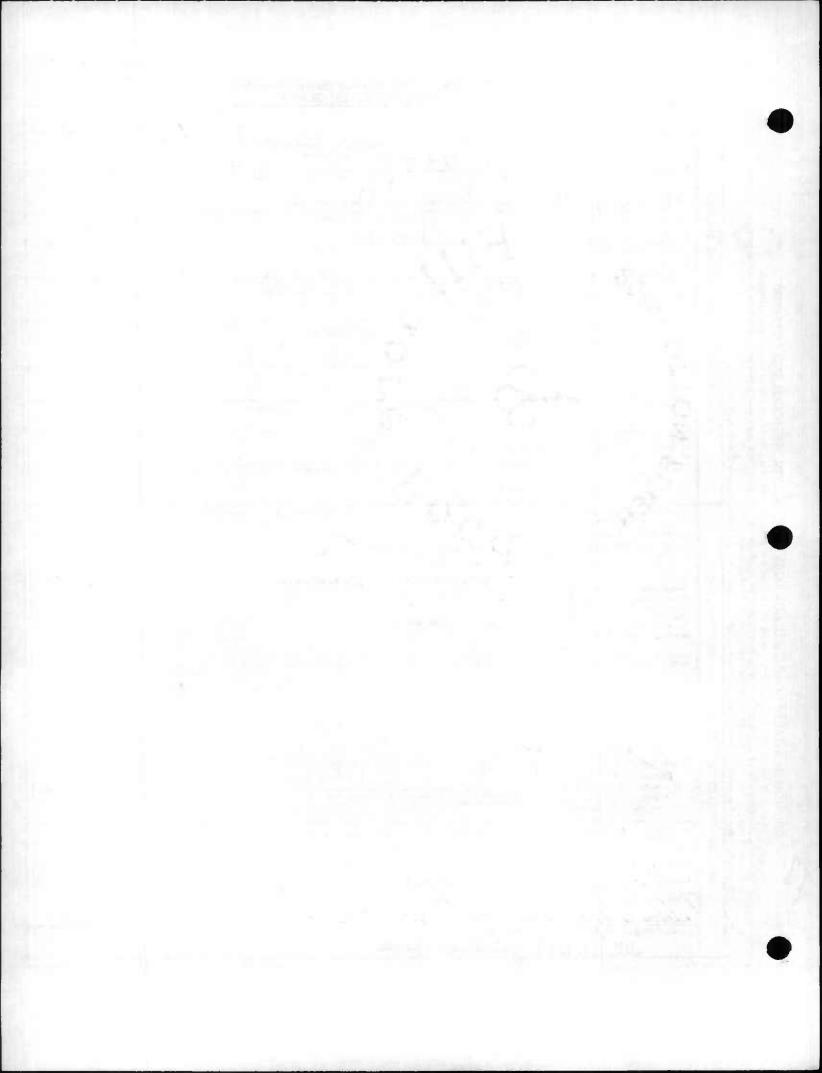


4.1	
11	
LA.	
RE	
_	
_	
-	
- 4	
-	
_	
-	
2000	
10.	
-	
C	
-	
-	
~	
C	
-	
4.0	
· G	
-	
>	
-	
0	
-	

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp
מיני ביני ביני	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		IT OF HEALTH AND	MENTAL HYGIEN		2 21068		
	1. DECEDENT'S NAME (First, Middle, Last) REV. PAUL 4. SOCIAL SECURITY NUMBER		OVESE		2. DATE OF DEATH MONTH 2	7-92	3. TIME OF DEATH 3. HO PM		
10	212-64-0746	1×420 F 73	YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year), Apr. 28, 19		BIRTHPLACE (State or Foreign Country). Maryland		
TOR	98. FACILITY NAME (If not institution, give a St. JSeph H	Spital INC.		OWSON	DEATH	Be, COUNTY	LTIMORE		
DIRECTOR	10a. STATE 10b. COUNTY Bay	timore	Balti				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER	Ridge		2123(0	U.	SA		
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olivorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES	MED 13	I. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES 2 NO Specific No. Spe	an, Puerto Rican, etc.)	s or No 14.	RACE — American Indian, Black, White, atc. Specify: White		
PLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +) (G	CEDENT'S USUAL for kind of work done Do NOT use refined.	during most of working)	16b. KIND OF BU	SINESS/INDUST			
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Dominic	Genovese		18. MOTHER'S N Mary		ratantu			
5	Rev. Jerry Brown,			ss (Street and Number or Rura and Ave. Ba)		21210			
	20s, METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 8 🗀 Other (Specify)	Si	AND DATE OF DISPO	Cem. 7/	30/92	Baltimo	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Paul L. Hartson	ck, Jr. 22	Leonard J. F					
		complications that caused the de List only one cause on each line	eth. Do not ente	or the mode of dying, su	ch an cardiac or reap	iratory arreat	Approximate Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiae	geren	et			-		
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR M. A CONSE	DUENCE OF):	tailue	•		75410		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):						
MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 2 24b. WERE AUTOPSY FINDINGS ANULABLE PRIOR TO COMPLETION OF CAUSE								
: ME	1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Dispatient 2 ER/Outpatient 3	OTHE						
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, form, street, fe	1 YES 2 NO	281. LOCATION (Street City or Town, State		Bural Route Number,		
COMPLET		CIAN: To the best of my knowledge, de R: On the basis of examination end/or i					suse(e) and manner se stated.		
O BE C	SIGNATURE AND TITLE OF CERTIFIER	IMBER 38	29d. DATE SI	GNED (Month, Day, Year)					

Toessand



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HE FI	UNER	AL DIF	LECTOR Is after	After 1 death	this cer with th	rtificate re State	has bept a 23	of Ho	gned balth a	y the	attendi mtal Hy	ing phy giene p	sician sirior to	and cor burial,	mpleteh crema	y filled fron, or the m	In by t remove	he fune	ral dire	octor, p	age 5	should	be deta	nospital iched fi	or atte	nding p	ohysicia ourial-tra	n. ansit pe	ermit. F	Pages 1	, 2, 3 s	phould
出るる	L S E	FUNER WITHIN	FUNERAL DIR within 72 hou MANT: If Iten	FUNERAL DIRECTOR within 72 hours after	FUNERAL DIRECTOR: After twithin 72 hours after death vITANT: If item 28 is mark	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, (FUNERAL DIRECTOR: After this certificate within 72 hours after death with the Stat MANT: If item 28 is marked, or ite	FUNERAL DIRECTOR. After this certificate has I within 72 hours after death with the State Dept ITANT: If Item 28 is marked, or Item 23	TOST ALL LON ALL LONG THIS LONG WITH BOWN THE BOWN THE BOWN WITHIN 72 hours after death with the State begin of HTMNT. If Item 28 is marked, or Item 23 show	most the Lord Attentions of the same requires has FUNEAL DIRECTOR: After this certificate has been signed twithin 72 hours after death with the State Dept. of Health at ITANT. If I item 28 is marked, or Item 23 shows any	FINESAL DIRECTOR. After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and Me ITANT. If Item 28 is marked, or Item 23 shows any injur	mountable. Or attribute tributers in me and requires has the death of FUNEAL DIRECTOR: After this cartificate has been signed by the attendit within 72 hours after death with the State Dept. of Health and Mental My ITANT. If I item 28 is marked, or item 23 shows any injury, or	TO STATE OF ALL THE STATE OF TH	mostron, or at thousand the sounds with an end of the sound of the standing physician is writing a DIRECTOR: After this certificate has been signed by the attending physician is writin it? Shours after death with the State Dept. or Health and Mental Hygien prior in ITANT. If Hem 28 is marked, or item 23 shows any injury, or other traum	TOSTICAL ON ATTENDING THIS LOW. FUERAL DIRECTOR: After this cartificat has been signed by the attending obysician and coin whitin 72 hours after death with the State beept. of Health and Mental Hygiene prior to burist ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic et	INCOMPARA DIRECTOR: After this control and a requires that the deads centimed be executed whitely FUNEAL DIRECTOR: After this centificate has been signed by the attending physician and completely within 72 hours after death with the State Dect. of Health and Mental Physier prior to bund; crema ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,	most new to a further this certification. The law requires that the death destinate be executed within 24 not FUNEAL DIRECTION. After this certificate has been signed by the attending physician and completely filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ITANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the m	TOSTICAL OF ALTERNATION THISTOLIAN. He saw requires that re-death centilizer be executed which 24 hours and FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burish; cremation, or remove rITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical	most new to Article with the state of the st	TOSTICAL, ON ALLEGORING THIS JULY, THE JAW REQUESTS HIS THE DESTRICTED TO EXECUTED WITH 24 HOURS after DESTRICTED. After this certificate has been signed by the attending physician and completely filled in by the funeral din within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burist, cremation, or removal. ITANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner.	TOSTICAL OF ATTENDING TRISIONAL THE BAT ENGINEER THE GRAIN CHINGS BE RECURED WITHIN 24 ROUS STREE GRAIN, TAGE 6 May FUNERAL DIRECTIVE After this certificate has been signed by the attending physician and completely finded in by the funeral director, by within 72 hours after death with the State Dept. of Health and Mental Hygiers prior to burial, cremation, or removal. ITANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must	TOSTION. THE TRANSPORT PROBLEM. THE LAW REQUIRES that the beant definition be executed within 24 hours after death. Page 6 may be no FUNEAL DIRECTOR: After this certificate has been stated by the attending physician and completely filled in by the funeral director, page 5. within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal. If AMT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be no	FIGURE OF ALL ENGINE ATTRIBUTION, The saw requires that the death certificate be executed within 24 hours after death, Page 6 may be estained in FUNEAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should within 72 hours after death with the State Dept or Health and Mertal Hygiers prior to burial, cremation, or removal.	most the Lord at the control of the state of	inny. The law requires that the beauth certifical trickets has been signed by the attending phy le State Dept. of Health and Mental Hygiene por litem 23 shows any Injury, or other	TOSTION. THE TROUGHY, THE SAM REQUESTION THE FORTING HEAD OF THE STATE	PLOSATION. TO ATTENDING TRISLOWY, THE BAY REQUEST HIS DESCRIPTION OF THE CONTROL	TOSTIBLE OF ALTERNATION TO SOLVE. THE LAW REQUIRES that re-death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physicial PURCAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 5 should be detached for use as the buriat-by within 72 hours after death with the State Dept. of Health and Mential Hygiene prior to burial, cremation, or removal.	FUNCAL DIRECTORS After this certificate has been settled within 24 hours after death. Page 6 may be trianed by the hospital or attending physician. FUNEAL DIRECTORS After this certificate has been signed by the attending physician or completely filed in by the funeral director, page 5 should be detached for use as the burial-transit part after death with the State Dept of Health and Mental Hygiens prior to burial, cremation, or removal. ITANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TUNEAL DISCIPLEMENT INSIGNATION THE GAM REQUIRED TO THE ACCOUNT AND THE CASH THE CAS	FUNCAL DIRECTOR After this cave requires that the death certificate which is after death, Page 6 may be retained by the hospital or attending physician. FUNEAL DIRECTOR After this cartificate has been signed by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 within 72 hours after death with the State Dept. of Health and Merital Hygnere prior to burial, cremation, or removal. ITANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	FORTH TECHNICATION IN IN A REPORT OF THE COUNTY OF THE STANDARD OF THE COUNTY OF THE C

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL HYGI			
	1. DECEDENT'S HAME (First, Middle, Last)	, 1	1		2. DATE OF DEATH		3. TIME OF DEATH	
	KOSAYN (SOR	don		MONTH C		A M	
	577-05-2442	1 🗆 M 2 📂 F 💮 Q C	YRS.	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 2-/2-		BIRTHPLACE (State or Foreign Country) VA.	
OR	90. FACILITY HAME (II not institution, give stre INDS OF EVER OR	et and number) 2525 W REEN NW	Belieder & CITY.	HIMORE	DEATH	9c. COUNTY		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1000					
DIRECTOR	MD.		10c. CITY, TOWN OF	Ltimore C	ity		10d. HISIDE CITY LIMITS? 1 YES 2 HO	
₹ X	10e. STREET AND HUMBER			10f. ZIP CODE		10g. CITIZEI	OF WHAT COUHTRY?	
FUNERAL	2228 W. North			2121			JSA	
교	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 \(\subseteq \text{YES}	2 380 11	AS DECENDENT OF HISPA	NIC ORIGIH? (Specify	Yee or No- 14.	RACE — American Indian, Black, White, etc.	
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		YES 2 THO Spec			Specify:	
8	15. DECEDENT'S EDUCA	TION 1	6a. DECEDENT'S USUAL OCC	UPATION	16h KIND OF	BUSINESS/IHDUS	Negro	
ᇤ	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work done du life. Do NOT use retired.)	ring most of working	ios. Kino or i	DOSINESS/INDUS	ini	
MP.			Homemaker					
COMPLETED	17. FATHER'S HAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Malo	len Sumame)		
BE	Royal W. Brooks	5		Agne	Isabel	Mason		
5	19e. IHFORMANT'S HAME (Type/Print)		19b. MAILING ADDRESS (
	Virginia Brown		2228 W. 1	North AVe	, Balto,	MD., 2	21216 2nd F	
	20e. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Remove		LACE AHD DATE OF DISPOSIT	OH (Name of	1	LOCATION — City		
62 TB	4 Donation 5 Other (Specify)	Re	surrection		y Cl	inton,	MD.	
	THE OF PURENAL SERVICE DICE	I A		ME AND ADDRESS OF F		well He		
	* osyph +	, Kuss	/ 22	seph L. R 22 W. Nor	th Ave.	Balto.	MD. 21216	
	23. PART I. Enter the diseases, or cor ehock, or heart fellure. List	npilications that caused to	he death. De not autou th	ne mode of dying, au	ch as cardlec or rec	piratory arrest	Approximate	
	IMMEDIATE CAUSE (Fins)	CAL	1				Interval Between Onset and Death	
	disesse or condition resulting in death) e.	01	K					
		DUE TO (OR AS A CO	ONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CO	OUSEONEUCE OF					
AT	if any, lesding to immediate cause. Enter UNDERLYING	702 10 (011 A3 A 01	onacodence or).					
FI	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):					
E	resulting in deeth) LAST						1	
	DADT II. Other classificant as dist							
AL	PART II. Other significent conditions	contributing to desth but	not resulting in the unde	erlying ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC					1 _ YES		COMPLETION DF CAUSE OF DEATH?	
ž							1 TES 2 HO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
S	EXAMINER?	IOSPITAL:	OTH-R	26. PLACE OF DEATH (C)	neck only one)			
Ϋ́	1 YES 2 NO 1	28s. DATE OF INJURY	ent 3 DOA 4 Nursin	g Home 5 - Residence				
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	Ic. INJURY AT WORK?	28d. DESCRIBE HOV	INJURY OCCURE	ED	
BY	2 Accident Investigation	28e. PLACE OF INJURY	1 YES 2 NO	281, LOCATION (Street and Number or Burst Street Number				
卢	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIA	N. T. de la						
8	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledger the basis of symmetries or	ge, death occurred at the time	, date end place, end due	to the cause(s) end m	enner ee stated.		
	296. SIGNATURE AND TITLE OF CONTRIES	On the basis of axamination er	nation investigation, in my opti	ion, death occured at the	time, data end place,	end due to the ca	use(e) end menner ee stated.	
BE	/////	II	1110	29c. LICEHSE NUI	WBER	29d. DATE SIG	GHED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF BEILE	104)			1 7	29/92	
	Mus detal	MEN CAUSE OF BEATH	1777	leisteyto	m RM	#3	65	
	JUL 3 0 1992	PEREGISTRAN GIGNATU	E.					

 LIVE BELLE The survey of the Bullioners.

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

the	de	5
3	2	F
8	묠	6
ţā.	S	=
9	10	2
P	906	9
maj	, p	75
9	용	E
age	di	100
۵.	50	Ē
ath	al l	3
9	2 10	8
affe	the the	63
60	4	9
-	0 0	E
	E C	2
Dir	ely nati	-
皇	plet	5
Pa	E -	8
Cet	Die	die.
8	an	E
2	cian	30
ate	JA.	-
tife	To all	9
8	E S	0
#	al F	0
9	le a	3
the	55	E
hat	50	2
S	更	60
uire	Sign	1
9	9 5	-
S.W.	Sp	3
he	44	E
E	Cate	9
B	50	-
Sic	9 =	, i
돐	E Sign	9
9	ath ath	nar
S	A &	-
TEN	DR.	00
A	EG.	1 2
9	PHO N	te
Z	NA S	=
PP	ER	=
호	E	M
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ars after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be defined within 72 hours after death with the State Apen of Health and Mental Horisen orlor to hind remarking or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
E	T C	4
H	F 2	5

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

0

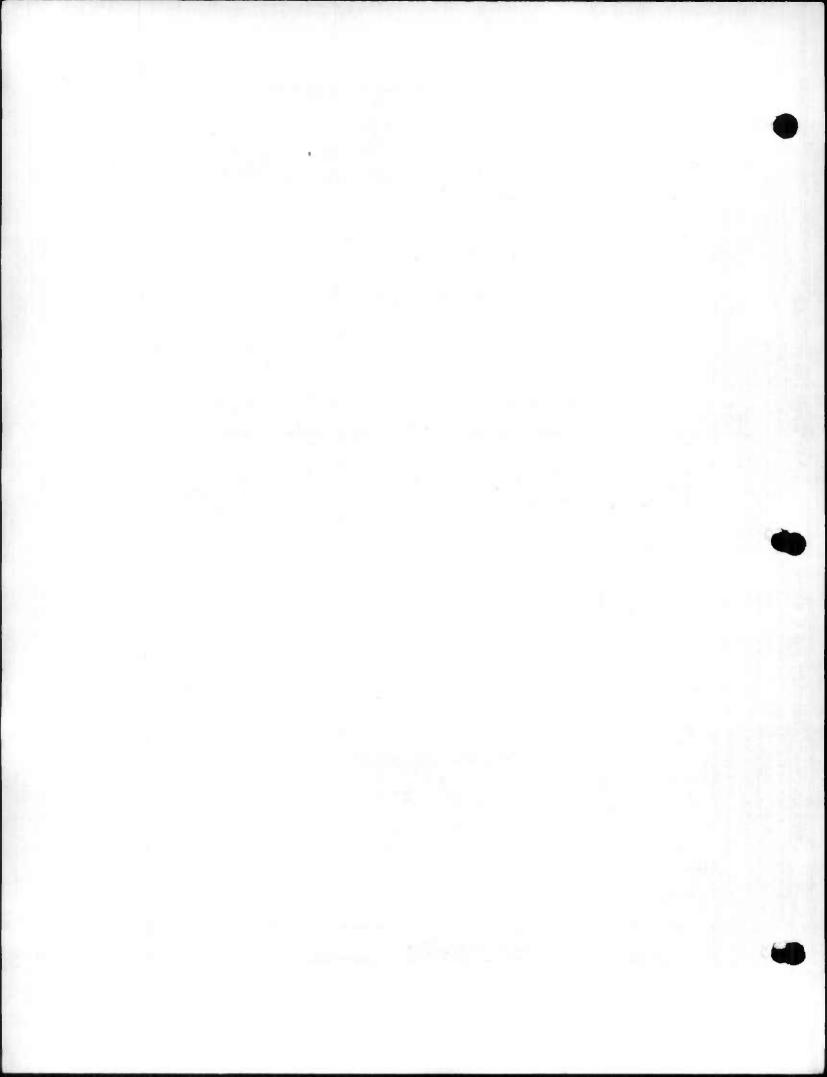
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) GARDNERGARDNER 3. TIME OF DEATH RUTH 528 PM CUTH 07 29 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F YRS. 214 10 5766 7/17/1907 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Homewood Retirement Center Frederick County Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick County Frederick 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Homewood Retirement Center 21701 IISA 31 W. Patrick Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondery (0-12) College (1-4 or 5+) Education/Middletown H/Sch Secretary 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Maurice E. Gertrude V. Thomas Cramer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) John W. Seachrist, Sr 18 West Main St, Middletown, MD 21769 20e. METNOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) _____ 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROngld, Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 130/92 655 W. Baltimore St. Balto.MD 21201 Good B. Km 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) NEUMONIA QUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? DISEASL 1 TYES 2 J-NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 HO sing Homa 5 - Residence 8 - Other (Specify) 4 1 N 28a. DATE OF INJURY (Month, Day, Year) 27. MANNEB OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 P Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D07-29-92 010587

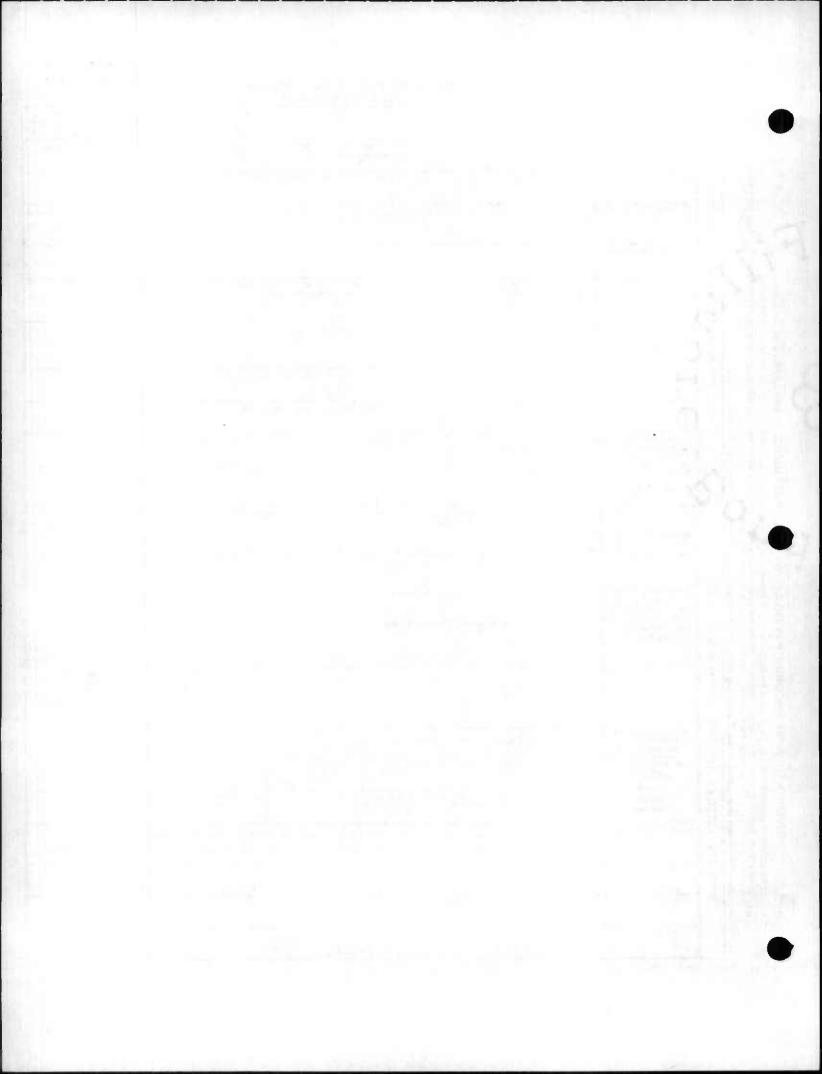
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print)

32. HEGISTHAN'S SIGNATURE 31. DATE FILED (Month, Day, Year)

JUL 30 1992 Lis Sander Rubert



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN				
1	1. DECEDENT'S NAME (First, Middle, Last)	UMBE Giordai	RTO G	LORDANO		2. DATE OF DEATH	AY YI	S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 24, 1	6.	BIRTHPLACE (State or Foreign Country)		
	218-01-1121 9e. FACILITY NAME (If not institution, give s		/ YRS.	Oh CITY TOWN O	R LOCATION OF D		914 I	Maryland		
H	St. Joseph Hospi	S. C. L. L. S.		Towson	N LOCATION OF D	CAIR	Balti			
5	RESIDENCE OF DECEDENT						Dares	Linote		
DIRECTOR				TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	Maryland Balti 100. STREET AND NUMBER	Inore	Lu	thervill	ZIP CODE		10a CITIZEN	1 YES 2 NO		
ER/	1206 Oak Croft	Dr.			21093		U.S.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 🔀 NO	If yes, spe	ENDENT OF HISPA icity Cuben, Mexic 2 NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		RACE — American Indian, Black, White, stc. Specify:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 8 +)	16a, DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mos		16b. KIND OF BU		√hite TRY		
MPL	9		Hair St	ylist		Beauty	Shop			
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Melden				
BE	Salvatore Giorda 19a, INFORMANT'S NAME (Type/Print)	ino				ine Santa-				
2	Sadie M. Giorda	no				Route Number, City or Tow Luthervil				
	20a, METHOD OF DISPOSITION	206	PLACE AND DATE O	F DISPOSITION /Na	me of	DATE 20c. LC	CATION - City	or Town, State		
	1 Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	ovel from State Com	ulaney V	alley Me	em.Gdns.	8-1-92 Ti	monium	, Md.		
	21. SIGNATURE OF PUNETIAL SERVICE LIC	CENSEE		22. NAME AN RUCH	Towson	Funeral H	ome. I	nc		
	Hand.	hall		1050	York R	d., Towson	, Md. :	21204		
	23. PART I. Enter the diseeses, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Limit	Cancle Consequence of	with			iratory arrest	, Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.)	c	CONSEQUENCE OF							
ERTI	resulting in death) LAST	d								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to deeth b	ut not resulting in	n the underlying	cause given in	Part I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YSI	1 YES 2 NO	1 Inpatient 2 ER/Outp	atient 3 DOA			6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME INJU	IRY WO		28d. DEŞCRIBE HOW I	NJURY OCCUR	ED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, farm, st	reet, tectory, office		281. LOCATION (Street City or Town, State)		Rural Route Number,		
COMPLETED		ICIAN: To the best of my knowl						tuse(s) end menner se stated,		
BE C	296. SIGNATURE AND TITLE OF CERTURE	R	1		29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)		
10	6 put	4 (.	16		D392	77	> 7/	19/92		
	Dr. Michael Ro,	St. Joseph			r Dr., I	Cowson, Md.	21204			
	31. DATE FILED (Month, Day. Year)	32. REGISTRAR'S SIGNA	TURE							
	JUL	3 0 1992	ulia Davidson	n-Mandell						



	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		a Cal VI La
	1. DECEDENT'S NAME (First, Middle, Las ETHEL	BLASSER				2. DATE OF DEATH	MY Y	3. TIME OF DEATH 2 6:29 A M
	4. SOCIAL SECURITY NUMBER 216-48-1915	1 🗆 M 2 💢 F	(In yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 8-16-15	8.	BIRTHPLACE (State or Foreign Country) IARYLAND
TOR	90. FACILITY NAME (If not institution, given SINAL HOSPIT RESIDENCE OF DECEMENT	AL_		MORE	MD	JC COUNT	y o 7 b 7 b 7 b 7 b 7 b 7 b 7 b 7 b 7 b 7	
DIRECTOR		TIMORE	10g SIV.	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	6608 GREENSPRING			101	21209		N OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR O	2X NO	13. WAS DEC If yes, spe 1 YES	cify Cuben, Mexicar	IC ORIGIN? (Specify Ye , Puerto Rican, etc.)		Black, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest gra Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	18s. DECEDENT'S U (Give kind of wo life, Do NOT use HOUSEWII	rk done during mo:	N at of working	AT HOME		TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) SAMUEL T	JCKER			16. MOTHER'S NAME ETHEL	AE (First, Middle, Malden	Sumame) (UNKNO	WN)
10	HAROLD GLASSER		19b. MAILING A 6608		nd Number or Rural R PRING AVE	oute Number, City or Tow BALTO.		
	20e, METHOD OF DISPOSITION 2	moval from State	RLINGION			OATE 20c. LO	ALTO.,	y or Town, State MD
	21. SIGNATURE OF FUNERAL SERVICE I	LUMBE				BROS.,IN		, MD 21215
	23. PART I. Enter the diseases, Di ahock, or heert failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	r complications that cause b. List only one cause on a a. END STAG DUE TO (OR AS	ech line.			aa cerdiac or reap	iratory arrea	t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DERIPHER OUE TO (OR AS C. CORONAR)	RAL VAS	CYLAK		E-SEVE	RE	
PHYSICIAN: MEDICAL C	PART II. Other significant condition	one contributing to deeth b	out not resulting in	the underlying	ceuse given in F	Part I. 24a. WAS AN PERFOI	RMED3	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
YSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	S Residence 6			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		26b, TIME (M 1 V		28d. OEŞCRIBE HOW I	NJURY OCCUR	EO
	3 Suicide 6 Could not be determined							
COMPLETED	2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the basis of examination	riedge, death occurred in and/or investigation,	at the time, date in my opinion, de	and place, end due t	o the cause(e) and mar ime, date and place, an	nner as stated.	suse(s) and menner se stated.
TO BE	296, SIGNATURE AND TITLE OF CERTIFIE OLC. D. C. 30. NAME AND ADDRESS OF PERSON W	nstempo	ATU (IVEM OF /V		29c. LICENSE NUME	BER	29d. DATE SI	GNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		ня) 				
			widow Rando	00_				

5: 20 PM

ROSE

4. SOCIAL SECURITY NUMBER

(ROSE D. GOLDMAN)

5. SEX

REG. NO

2. DATE OF DEATH

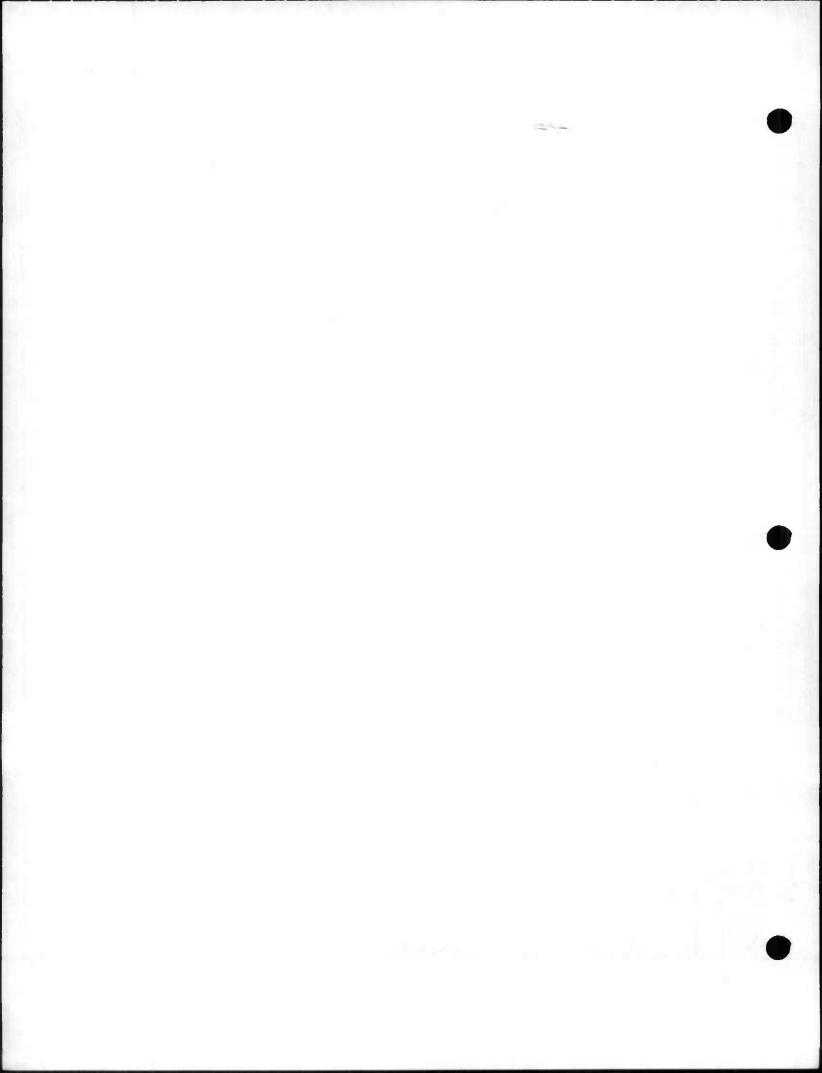
MONTH

1		Pages
6	8	M.
BALTIMORE, MARYLAND 21215-0020	IAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending provident	Tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnel training partner. Pages of Austral Human Human Arion to burnel, commission or resemble for the first and March Human Human Arion to burnel, commission or resemble.
VITAL RECORDS, P.O. BOX 68760,	IAN: The law requires that the death certificate be executed within	utificate has been signed by the attending physician and completely filled in by the

DIVISION OF

6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. (Month, Day, Year) 12/13/1919 DAYS HOURS 205-09-9921 1 M 2 F 2 YRS. WEST VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE ST. AGNES HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 YES 2 XNO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21228 16 FUSTING AVE. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ※ NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most iffe. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
FRANCES (UNKNOWN) LEWIS VINCENT notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JEROME S. GOLDMAN COLLIER RD. RANDALLSTOWN, MD 21133 3818 must be 20a, METHOD OF DISPOSITION
1/L/Surfai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE 7/29/92 4 Donation 5 Other (Specify) HEBREW YOUNG MEN BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. lua 6010 REISTERSTOWN RD. BALTO., MD 21215 medical 23. PART I/Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition CARDIAL ARREST 1~ CDIATE event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CARDIOGENIC SHOCK traumatic HOURS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING MYOCARDIAL INFARCTION DAYS CAUSE (Diseese or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO UROSEPS shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TYES 2 NO 10 183 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? OR ATTENDING PHYSIC 26d. DESCRIBE HOW INJURY OCCURED this c. marked, 1 Natural 5 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is markin 1 YES 2 NO BY Investigation 2 Accident 26a. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piecs, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER TIN 00 MANNY BE 29d. DATE SIGNED (Month, Day, Year) MEDICAL RELIDEN 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TIN OO MAUNCO RUIDENT M D MEDICAL 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 3 0 1992 Julia Davidson Randalle



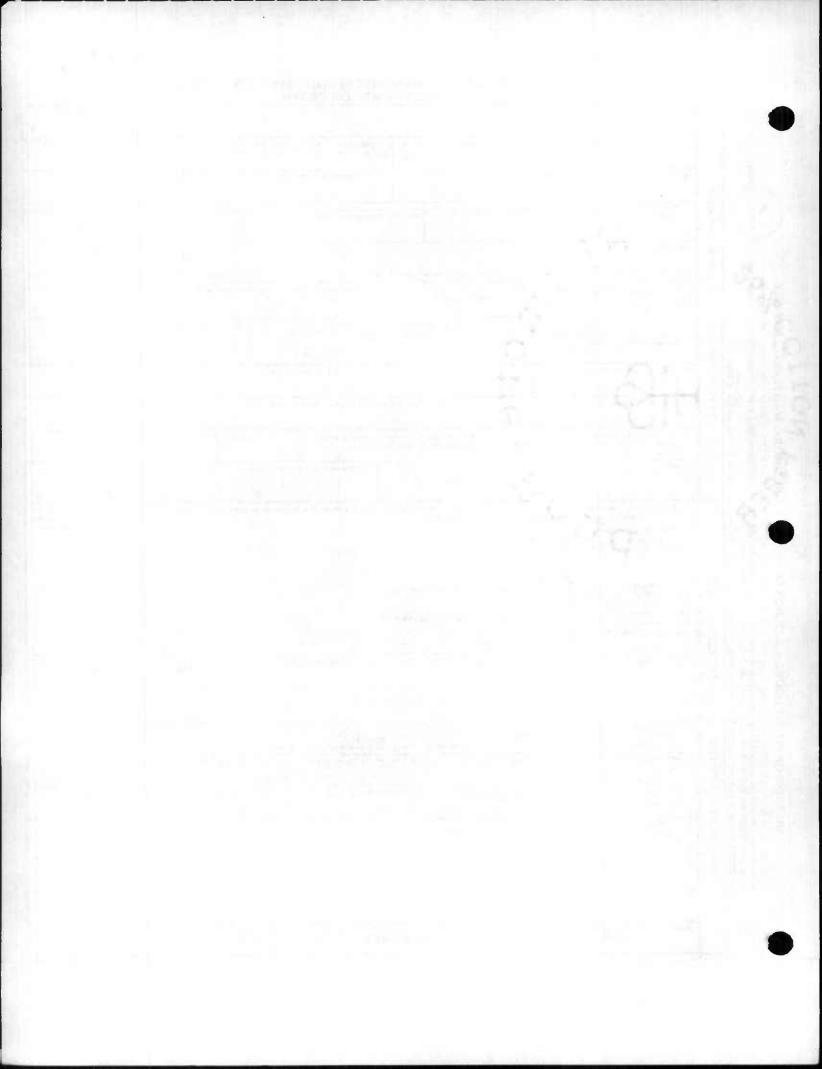
1 - STATE REGISTRAR		CER		CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)				7412 01	DEATH		OF DEATH		225	3. TIME OF DEATH
Peter Go	ordon	Ga	auth	ier		MONTH 07	2.7		YEAR	10:15 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birt	thday) II	F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		. BIRTHP	PLACE (State or Foreign
055-26-4528	1- M 2 □ F	60 Y	YRS.	ONTHS DAYS	HOURS MIN.	08-	26-19	31	New	York
9a. FACILITY NAME (If not institution, give str	set and number)		9	b. CITY, TOWN C	OR LOCATION OF DE			9c. COUNT		
St. Agnes Hospita	al			Baltim	ore			_		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
100.000		10	9c. CITY, 1	TOWN OR LOCAT						10d. INSIDE CITY LIMITS?
Maryland Bal	ltimore			La	Caton	svil	le			1 TYES 2 NHO
				101	ZIP CODE	0.0		10g. CITIZE		HAT COUNTRY?
2 C Merrill Ro					212	_			USA	
1 Never Married 2 Married	Married FORCES? 1 KDYES 2 NO II y			If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica	n, Puerto R	(Specify tea c ican, etc.)	NO- 1		- American Indian, White, atc.
3 Widowed & XDIvorced	Kor			1 VES 2XIXIO Specific				White		
15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a, DECEDI	ENT'S US	BUAL OCCUPATION	ON .	16b.	KIND OF BUSI	NESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do i	NOT use n	k done during mo etired.)	st or working					
	4yrs	Sales	s/Manu	ıfacturir	ng Rep.		На	rdwa	ire	
17. FATHER'S NAME (First, Middle, Last)	4.4		,		18. MOTHER'S NA	ME (First, M	iddle, Maiden S	umame)		
Horbart S.	Gauthie	r			Ma	rgar	et G.	Pri	ngl	.e
19e. INFORMANT'S NAME (Type/Print)		19b. MA	AILINO AD	DORESS (Street a	nd Number or Rural F					
Susan J. Adams	3	46	527	Briar	clift R	d.,	Balto	. , M	ID 2	21229
20a. METHOD OF DISPOSITION 1 ☐ Burial 2 🏋 Cremation 3 ☐ Remo	aral from State	20b. PLACE AND	DATEOF	DISPOSITION (No	me of	DATE	20c 1.0C	ITION - CI	ty or Tow	on State
4 Donation 5 Other (Specify)		Metro	Cre	mator	y, Inc.	7-29	Bal	Ltimore	e, Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE LICE	ENGEE MAN	211		22. NAME AN	D ADDRESS OF FAC	CILITY				
George F A	An a Nabb			Crema	ation 5		ty or	Mar	ута	
	George E. MacNabb Cremation Society of Maryland, Inc. 299 Frederick Rd., Balto., MD 2122								MD 21220	
23. PART I. Enter the diseases, or co		sused the death.	. Do not	299]	Frederi	ck R	d B	alto		
23. PART I. Enter the diseases, or co shock, or heart feliure. L	omplications that ca	sused the death. on each line.	. Do not	299] enter the mo	Frederi	ck R	d B	alto		Approximata Interval Between
immediate cause (Finel disease or condition	omplications that ca list only one ceuse	on each line.		enter the mo	Frederi de of dylng, auch	n an card	d., B	alto	nt,	Approximata
immediate cause (Final	omplications that callst only one cause. Atheros	on each line.	2	enter the mo	Frederi de of dylng, auch	n an card	d., B	alto	nt,	Approximata Interval Between
immediate cause (Finel disease or condition	omplications that callst only one cause. Atheros	on each line. sclerati	2	enter the mo	Frederi de of dylng, auch	n an card	d., B	alto	nt,	Approximata Interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that callet only one ceuse Atheros DUE TO (OR	on each line. sclerati	NCE QF):	enter the mo	Frederi de of dylng, auch	n an card	d., B	alto	nt,	Approximata Interval Between
shock, or heart feilure. L iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	omplications that callet only one ceuse Atheros DUE TO (OR	on each line. SCIECOTO AS A CONSEQUEN	NCE QF):	enter the mo	Frederi de of dylng, auch	n an card	d., B	alto	nt,	Approximata Interval Between
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR	on each line. SCIECOTO AS A CONSEQUEN	NCE OF):	enter the mo	Frederi de of dylng, auch	n an card	d., B	alto	nt,	Approximata Interval Between
SHOCK, or heart feiture. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	ON EQUEN	NCE OF):	enter the mo	Frederi de of dylng, auch	n an card	d., B	alto	nt,	Approximata Interval Between
shock, or heart feilure. Limited in the second in the seco	DUE TO (OR	AS A CONSEQUEN	NCE OF):	Cardi	Frederi de of dylng, auch	lar	d., Beec or reepire	alto	ont,	Approximate interval Between Onset and Daath
shock, or heart feilure. Limited in the second in the seco	DUE TO (OR	AS A CONSEQUEN	NCE OF):	Cardi	Frederi de of dylng, auch	lar	d., B	alto	24b.)	Approximate interval Between Onset and Daath
shock, or heart feilure. Limited in the second in the seco	DUE TO (OR	AS A CONSEQUEN	NCE OF):	Cardi	Frederi de of dylng, auch	lar	d., Bec or reepira	alto	24b. \	Approximate Interval Between Onset and Daath Onset and Daath
shock, or heart feilure. Limited in the second in the seco	DUE TO (OR	AS A CONSEQUEN	NCE OF):	Cardi	Frederi de of dylng, auch	lar	d., Beec or respirate Disserting 24a. WAS AN AN AN AN PERFORM	alto	24b. \	Approximate Interval Between Onset and Death Death Onset and D
SHOCK, of heart feiture. Limited in the second in the seco	DUE TO (OR	AS A CONSEQUEN	NCE OF):	Cardi	Frederi de of dylng, auch	lar	d., Beec or respirate Disserting 24a. WAS AN AN AN AN PERFORM	alto	24b. \	Approximate Interval Between Onset and Death
SHOCK, OF heart feiture. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMNER?	DUE TO (OR	AS A CONSEQUEN	NCE OF): NCE OF):	the underlying	Frederi de of dylng, auch	Pert I.	d., B ec or reepira Dis 24a. WAS AN AN PERFORM 1 YES 2	alto	24b. \	Approximate Interval Between Onset and Death
SHOCK, Of heart feiture. L IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [XYES 2] NO	DUE TO (OR	AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN The but not result Outpetient 3 0	NCE OF): NCE OF): NCE OF):	the underlying	Frederi de of dylng, auci & Vascu	Pert I.	d., Bec or respire	alto	24b. \	Approximate Interval Between Onset and Death
SHOCK, Of heart feiture. L IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [XYES 2 NO NO NO NECTION	DUE TO (OR	AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN The but not result Output at the but not result	NCE OF): NCE OF):	the underlying 26. PL THER: Nursing Hom SF 28c. INN WO	Frederi de of dylng, such de VASCU g couse given in l ACE OF OEATH (Che S TRESidence URY AT	Pert I.	d., Bec or respire	utopsy	24b.)	Approximate Interval Between Onset and Death
SHOCK, Of heart feiture. L IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [XYES 2] NO	DUE TO (OR	on each line. SCLECATI AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN th but not resul	NCE OF): NCE OF): NCE OF): DOA 4 Sb. TIME Q	the underlying 28. PL THER: Nursing Hom Nursing Hom Nursing Hom THER: WO M 1 1	Frederi de of dylng, auch de VGSCU g couse given in l ACE OF OEATH (Che 5 Residence URY AT RKY (ES 2 NO	Pert I.	d., B ec or reepire Dis 24a. WAS AN AN AN PERFORM 1 U YES 2	utopsy	24b.)	Approximate Interval Between Onset and Death
SHOCK, Of heart feiture. L IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR	on each line. SCLEDT AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN But not result UOutpetient 3 D URY 26i URY At home, i	NCE OF): NCE OF): NCE OF): DOA 4 Sb. TIME Q	the underlying 28. PL THER: Nursing Hom Nursing Hom Nursing Hom THER: WO M 1 1	Frederi de of dylng, auch de VGSCU g couse given in l ACE OF OEATH (Che 5 Residence URY AT RKY (ES 2 NO	Pert I. Book only one 6 Other 28d. DES4	d., B ec or reepire Dis 24a. WAS AN AN AN PERFORM 1 U YES 2	LATE OF THE PROPERTY OF THE PR	24b. 1	Approximate Interval Between Onset and Daath Onset and Daath Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SHOCK, Of heart feiture. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	DUE TO (OR	on each line. SCLEDT AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN But not result UOutpetient 3 D URY 26i URY At home, i	NCE OF): NCE OF): NCE OF): DOA 4 Sb. TIME Q	the underlying 28. PL THER: Nursing Hom Nursing Hom Nursing Hom THER: WO M 1 1	Frederi de of dylng, auch de VGSCU g couse given in l ACE OF OEATH (Che 5 Residence URY AT RKY (ES 2 NO	Pert I. Book only one 6 Other 28d. DES4	24a. WAS AN AN PERFORM 1 YES 2	LATE OF THE PROPERTY OF THE PR	24b. 1	Approximate Interval Between Onset and Daath Onset and Daath Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SHOCK, Of heart feiture. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYINO PHYSIC	DUE TO (OR DUE TO	on each line. SCLEGATI AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN Output NCE OF):	the underlying 28. PL THER: Nursing Hom 27. (NU Nursing Hom Total The life cory, office	Frederi de of dylng, auch	Pert I. Pert I. Book only one College City o	24a. WAS AN AN PERFORM 1 YES 2	utopsy ED? No No No No No No No No No N	24b.)	Approximate Interval Between Onset and Daath WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SHOCK, Of heart feiture. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined	DUE TO (OR DUE TO	on each line. SCLEGATI AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN Output NCE OF):	the underlying 28. PL THER: Nursing Hom 27. (NU Nursing Hom Total The life cory, office	Frederi de of dylng, auch	Pert I. Pert I. Book only one College City o	24a. WAS AN AN PERFORM 1 YES 2	utopsy ED? No No No No No No No No No N	24b.)	Approximate Interval Between Onset and Daath WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SHOCK, Of heart feiture. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYINO PHYSIC	DUE TO (OR DUE TO	on each line. SCLEGATI AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN Output NCE OF):	the underlying 28. PL THER: Nursing Hom 27. (NU Nursing Hom Total The life cory, office	Frederi de of dylng, auch	Pert I. Pert I. Chy one B Other 281. LOCA City o	24a. WAS AN AN PERFORM 1 YES 2 (Specify) TION (Street ener Yown, Stele) te(e) and manning place, and place, and	UTOPSY ED? VANO AND	24b. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Approximate Interval Between Onset and Daath WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SHOCK, Of heart feiture. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Xyes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR DUE TO	on each line. SCLEGATI AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN Output NCE OF):	the underlying 28. PL THER: Nursing Hom 27. (NU Nursing Hom Total The life cory, office	Frederi de of dying, auci de of dying, auci de VGSCU g couse given in in ACE OF OEATH (Che	Pert I. Pert I. Bek only one City of the causilime, date of the causilime of the causi	24a. WAS AN AN PERFORM 1 YES 2 (Specify) TION (Street ener Yown, Stele) te(e) and manning place, and place, and	UTOPSY ED? VANO AND	24b. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Approximate Interval Between Onset and Daath WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO	
SHOCK, Of heart fellure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYINO PHYSIC (Check only 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR DUE TO	on each line. SCECATI AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN Outpatient 3 D URY 261 URY 261 URY At home, I (Specify) knowledge, death o	NCE OF): CE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE	the underlying 26. PL THER: Nursing Hom 27 Y WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Frederi de of dying, auci de of dying, auci de VGSCU Greuse given in Greuse g	Pert I. Pert I. Bek only one City of the causilime, date of the causilime of the causi	24a. WAS AN AN PERFORM 1 YES 2 (Specify) TION (Street ener Yown, Stele) te(e) and manning place, and place, and	UTOPSY ED? VANO AND	24b. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Approximate Interval Between Onset and Daath Onset and Daath Were Autopsy Findings Awailable Prior To Completion of Cause of Death? 1 YES 2 NO

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month) PAL Your 3 0 1992 REGISTRAR'S SIGNATURE



8. BIRTHPLACE (State or Foreign

4. SOCIAL SECURITY NUMBER

HERING

IF UNDER 1 YEAR VIF UNDER 24 HRS.

HOURS

DAYS 0

CHANDLEE

6. AGE (in yrs. last birthday)

CATHARINE

5. SEX

1 🗆 M 2 💢 F

YEAR

99

REG. NO.

DAY

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 2 months after death. Page 6 may be retained by the hospital or attending physician.	IECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a same from with the State float for the Marial Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate in the fleet within 72 hours after death with the State	IMPORTANT: If Item 28 is marked, or

BALTIMORE, MARYLAND 21203-3146

212-40-6526 Md 99 3-29-93 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH KESWICK BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 10e. STATE Md. Baltimore City 1 YES 2 | NO 10e. STREET AND NUMBER FUNERAL INC. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 700 W. 40th St. U.S.A. 21211 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify: White BY 3 🔯 Widowed 4 🗌 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Alexander W.Chandlee Mary A. Mottu 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8 Knoll Ridge Ct. Balto., Md. 21210 Catharine B Wilhelm 20e. METHOD OF DISPOSITION
1 Duriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Green Mount Crematory Balto. Md. 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HENRY W. JENKINS AND SONS 4905 YORK RD., BALTO., MD. 23. PART / Enter the diseases, or complications that ceusad the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Final . Orderios clorosis with cerebra-vascular disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): insufficiency CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ig Home 5 - Reeldence 6 - Other (Specify) 27, MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner se stated. 2 __ MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) M. Thabelle Ynac greger HD

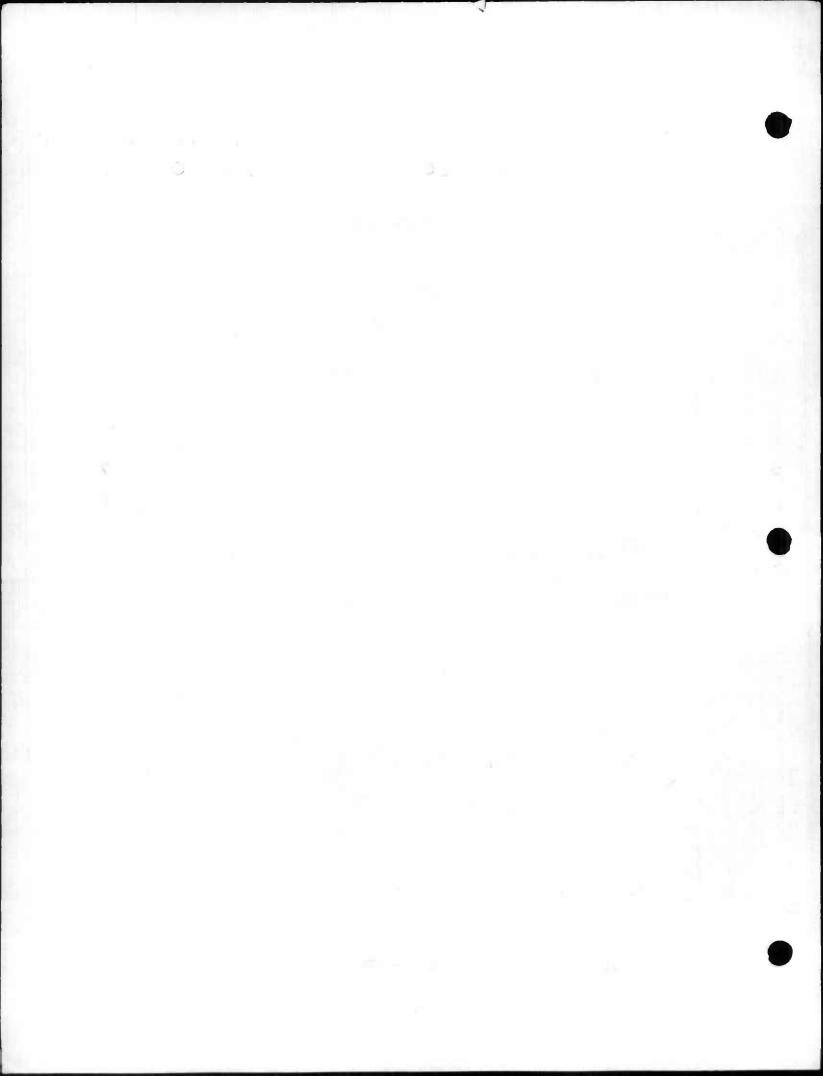
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D1365 7.29.92 KESWICK, 700 W 40 KST. BALTO. MD LIZII M. ISABELLE MACGREGOR 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1992 30



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

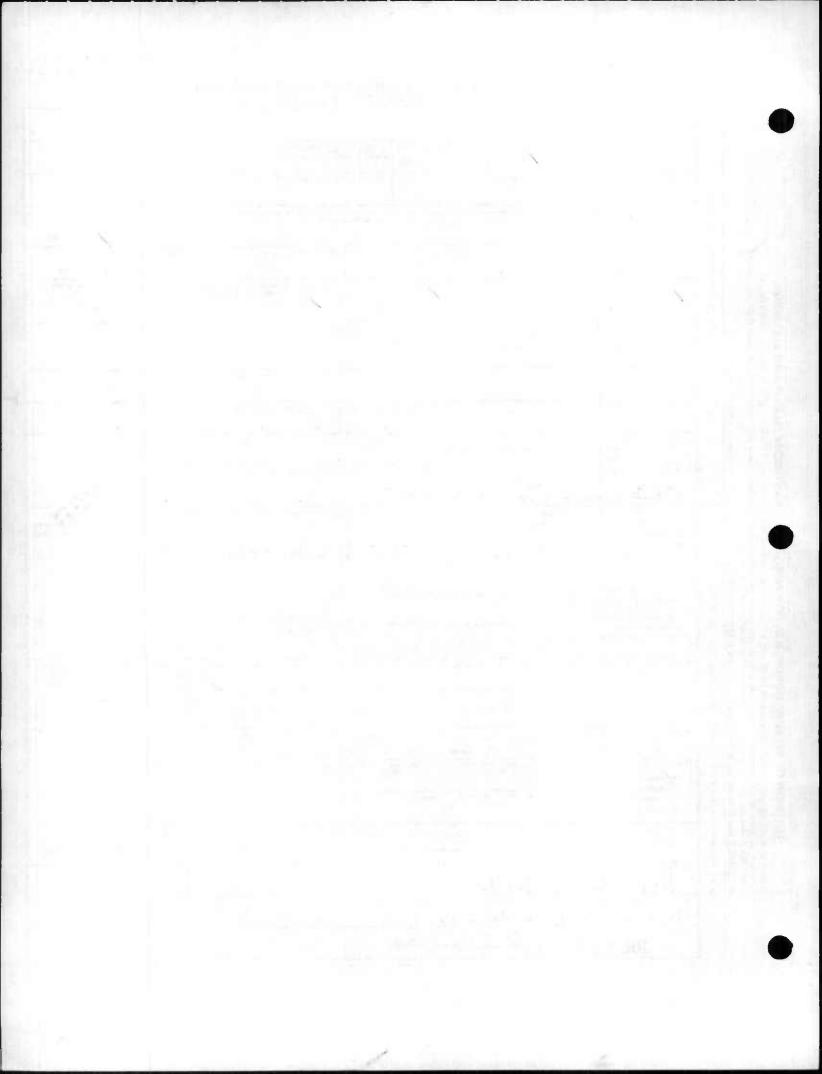
DHMH-16 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAI	REG. NO.		- 11070
	1. DECEDENT'S NAME (First, Middle, Last) VERONICA	A HILL	IARD	ILLIAR	D	2. DATE MONTH	OF DEATH	7/29/	92 3. TIME OF DEATH
	189 207112	1 □ M 2 🗶 F 66	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS			OF BIRTH 1, Day, Year) 8- 24	1	BIRTNPLACE (State or Foreign Country)
TOR	90. FACILITY NAME (If not institution, give stella Maris Hos								of DEATH Ltimore
DIRECTOR	10a. STATE 10b. COUNT Maryland	Baltimore	10c, CIT	Y, TOWN OR LOC		son			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 6 Fellowship	Court, Ap	t. F-1		Of. ZIP CODE	21204	10g. CITIZEN OF WH		N OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR O	2 X NO	If yes,	ECENDENT OF HISP/ specify Cuben, Mexic S 2 XNO Spec	en, Puerto F	? (Specify Yes a	or No-	RACE — American Indian, Black, White, etc. Specify: White
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during r	TION nost of working	16b.	KIND OF BUSI	NESS/INOUS	
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)		Offic	e Mana	ger				Company
BE C	Joseph	Bartosh				An	na T	arha	
2	190. INFORMANT'S NAME (Type/Print) Holly A. Hilli	ard-Grinne	1		end Number or Rural Road				D 21093
	20e. METHOD OF DISPOSITION 1	201	PLACE AND DATE	OF DISPOSITION /		DATE	200 100	ATION CIA	Y Ot
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE Mon 1	1/1		AND ADDRESS OF F	ACILITY			
	George E.		d the death De	1299	ation S Frederi	ck P	and R	alta	MD 21229
	IMMEDIATE CAUSE (Final	a. METAST	ach line.	BREAS				atory arres	t, Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
ERI	resulting in death) LAST	d							
MEDICAL	PART II. Other significant condition	s contributing to death b	ut not rasulting	in the underlyl	ng cause given in		24a. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. 1	PLACE OF OEATN (C	heck only one)		
IYSI	1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2 ER/Outp			me 5 - Rasidence		1-7-1-77	lospi c	
ву Рь	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d. 0E\$0	CRIBE HOW INJ	JURY OCCUR	ED
0	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,	
COMPLET		CIAN: To the best of my knowl R: On the basis of examination							suse(e) and menner ae atated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	alexan		7	29c. LICENSE NU D 270)87		D7-	GNED (Month, Day, Year) 29-92
10	30. NAME AND AGORESS OF PERSON WHO Carla S. Alexando			Print) S Hospid			ley Ro	lTow	rson 21204
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.		i San					



	1 - STATE REGISTRAR		STATE OF MAR			ICATI					HYGIENE REG. NO.		
1	1. OECEDENT'S NAME (First,	Middle, Last)	Jacks	w	.,,,					2. DATE OF MONTN	DEATH DAY	QE.	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-22-5	ER C	5. SEX 5.7	AGE (In yrs. lest b	oirthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, Da	BERTH OF	3 6	BIRTNPLACE (State or Foreign Country)
æ	90. PACILITY NAME (If not ins	atitution, give stre	oot and number 1	()		9b. CITY			ON OF DE		90.	COUNTY	Virginia OF DEATH
DIRECTOR	RESIDENCE OF DEC		1 0 140										L mar and a large
E	MD .	10b. COUNTY		1	10c. CI I	Y, TOWN			mor				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER							ZIP COD		Е	101	g. CITIZEN	OF WHAT COUNTRY?
ER/	2129 Her	bert S	Street						21	217			USA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divor	Merried	12. WAS DECEDENT EV FORCES? 1 1 IF YES, GIVE WAR	YES 2 NO	ED		If yes, sp	ecity Cuba		n, Puerto Rice	Specify Yea or N in, atc.)	lo— 14.	RACE American Indian, Black, White, etc. Specify:
LETED		EDENT'S EDUCA highest grade of		(Give	kind of a	USUAL O work done se retired.)	during mo	ON st of worki	ng	16b. Ki	ND OF BUSINES	SS/INDUST	Negro Negro
COMPLET				H	ome	emak	er						
	17. FATHER'S NAME (First, Mi	Med Alex						18, MOT			de, Maiden Sumi Pavne		
BE	19a. INFORMANT'S NAME (7)	/pe/Print)		19b.	MAILING	ADDRES	S (Street a	nd Numbe			City or Town, Ste		ie)
2	Robert	t Jacl	son		703	Re	sev	oir	Str	eet,	Balto), Me	d., 21217
	20a, METHOD OF DISPOSITI 15 Buriel 2 Cremetio 4 Donation 6 Other	n 3 🗆 Remo	val from State	of cemetery, co	remeton	or other s	tar	Cer		ry	20c. LOCATION BAI		county, MD.
	21. SIGNATURE OF FUNERAL	L SERVICE LICE	RILLI	-4		J	ose	ph I	SS OF FA	uss I	Tunera	al He	ome , Md.,21216
CERTIFICATION	shock, or heert fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST List only one ceuse on each line. Interval Between Onset and Death S. METASTAITIC CA LIVIZ ROM MODE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											MONTHS	
MEDICAL CE	PART II. Other significa		contributing to dea		_	In the u	nderiyin	g ceuse	given in		1a. WAS AN AUT PERFORMED	0?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ICI	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	AUT/4950	7.004	OTHE	R:			eck only one)			
PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5	Pending	1 Inpetient 2 EF 28a. OATE OF INJ (Month, Day,)	URY	28b. TI		28c. IN.	URY AT DRK?		6 ☐ Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED			ED
TED BY	3 Suicide 6	Investigation Could not be determined	28a. PLACE OF IN building, atc.	IJURY — At hom (Specify)	e, farm,	atreet, fac					LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	cool cony		CIAN: To the best of my										suse(a) and manner as stated.
O BE C	296. SIGNATURE AND TITLE	onse	mi 1	10				29c. LIC	ENSE NUI	MBER 322		d. DATE SI	IGNED (Month, Day, Year)
-	30. NAME AND ADORESS OF	F PERSON WNO	COMPLETEO CAUSE (OF DEATH (ITEM	27) (Typ	e, Print)							
1	31. DATE FILED (Month, Day,		32. REGISTRAR'S								<u> </u>		
- 8	JUL 3 0 19	734	This Davidson	Mandell	5						_		DHMH-16 Rev 1/89
					100								

DECEDENT'S NAME (First,	Middle, Last)							TH	2. DAT	REG. N	-		3. TIME OF DEATH
Matthew						Jon	es		07	22	DAY 1	992	12:17
SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.		IF UND		IF UNDE	R 24 HRS.		E OF BIRTH oth, Day, Year)		8. BIRTI Count	IPLACE (State or Foreign)
a. FACILITY NAME (If not in	-ata at			YRS.	1	26				127/			
Francis Sco						altin		ION OF DE	EATH		9c. COI	JNTY OF E	DEATH
RESIDENCE OF DEC		<u>Y</u>			Do	11 [11]	оте						
De. STATE	10b. COUNT	7		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
				aLTIMORE City						1 Z YES 2 N			
De. STREET AND NUMBER						101	f. ZIP CO	DE			10g. CI	TIZEN OF	WHAT COUNTRY?
223 S. I	Bould	in St.					21	1224			Ū	J.S.	Α.
I. MARITAL STATUS Never Married 2	Mandad	12. WAS DECEDEN	T EVER IN U.S.	ABMED	13					IN? (Specify)	es or No—	14. RAC	E — American Indien, k, White, etc.
☐ Widowed 4 ☐ Divo		IF YES, GIVE Y	MAR OR DATES			1 YES	2 NO	Specify	y:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			"White
15. DEC	EDENT'S EDU	CATION	160	DECEDENT'S	HOUAL	OCCUPATION TO	ON .		1				MILLE
(Specify only	y highest grade	completed)		Give kind of life. Do NOT u.	work door	during me		ing	10	ib. KIND OF B	USINESS/IN	DUSTRY	
N/A	-12)	N/A	+)	N/A									
. FATHER'S NAME (First, Mi	iddle, Last)			21/ 11		_ :-	16. MO	THER'S NA	ME (First	, Middle, Maide	o Sumamal	_	
Danny Mai	rtin							ary			warretire)		
a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRES	SS (Street e				mber, City or To	wn, State. Z	ip Codel	
Danny Mai	rtin			223 S		ou1							. 21224
Da. METHOD OF DISPOSITI			20b. PLAC	CE AND DATE	OF DISPO	SITION (No					OCATION -		
☐ Burial 2 ☐ Cremetio ☐ Donation 6 ☐ Other		oval from State	Cemetery.	K Law	ther place	em.			7/	25 Ba	ltim	ore	. Mi)
I. SIGNATURE OF FUNERAL	0.000.000.00												,
	L SERVICE LIC	ENSEE 1		01			ND ADDRI	ESS OF FA	CILITY	2 00-	E	0 20 0	1 Warra
23. PART I. Enter the di	Isoases, dro	complications the	et caused the	death. Do i	22	B. 1	8 E.	Ва	cur Ki lti	& Son	Fun St.	era 212:	1 Home 24
3. PART I. Enter the di shock, or he MMEDIATE CAUSE (Fin lisesse or condition esulting in death)	iseases, or cest failure.	complications the List only one cet	use on each (DURA DURA	not ente	B.] 2818	8 E.	Ba ying, such	CLUTY K1 lti	& Son	St.	era 212:	1 Home 24
snock, or no MMEDIATE CAUSE (Fin lisesse or condition	iseases, or coest failure.	DUE TO	en each (DUPA SEQUENCE O	not ente	B.] 2818	8 E.	Ba ying, such	CLUTY K1 lti	& Son	St.	era 212:	1 Home 24
shock, or no shock, or no shock, or no shock, or no shock or condition esuiting in death) sequentially list condition are, leading to immediates. Enter UNDERLY! AUSE (Disease or injuin that initiated events	iseases, or ceert failure.	DUE TO	(OR AS A CON	SEQUENCE O	not ente	B. J. 281 and the mo	8 E.	Ba	Ki lti hssco	& SOR MORE reliec or res	St.	era 212:	1 Home 24
MMEDIATE CAUSE (Fin Illessee or condition esuiting in death) Sequentially list condition army, leading to immediates. Enter UNDERLYII AUSE (Disease or injuinat initiated events esuiting in death) LAST	iseases, or ceert failure.	DUE TO	(OR AS A CON	SEQUENCE O	not ente	B. J. 281 and the mo	8 E.	Ba	Ki lti hssco	& SOR MORE reliec or res	Fun St. piratory si	era 212:	Approximate interval Betwoonset and D
MMEDIATE CAUSE (Fin Illessee or condition esuiting in death) Sequentially list condition army, leading to immediates. Enter UNDERLYII AUSE (Disease or injuinat initiated events esuiting in death) LAST	iseases, or cert failure.	DUE TO d. s contributing to	(OR AS A CON	SEQUENCE O	pnot enter	281 8 or the mo	8 E.	Ba	Part I.	& SOR MOYE rdiec or res	Fun St. piratory si	era 212:	Approximate interval Betwoonset and D
MMEDIATE CAUSE (Fin Illesses or condition esuiting in death) dequentially list condition area. Enter UNDERLYILAUSE (Disease or injurbat initiated events esuiting in death) LAST ART II. Other significations. S. WAS CASE REFERRED TO EXAMINER? 1 XYES 2 NO	iseases, or cert failure.	DUE TO	OR AS A CON	ISEQUENCE O	not ente	281 8 or the mo	g cause	Ba ying, suci	Part I.	& SOR MOYE rdiec or res	Fun St. piratory si	era 212:	Approximate interval Betwoonset and D
MMEDIATE CAUSE (Fin Illesses or condition esuiting in death) dequentially list condition esuiting in death) dequentially list condition esuiting in death) dequentially list condition esuiting in death) ART II. Other significations are selected in death) ART II. Other significations are selected in the signification of the significant of the sign	iseases, or cert failure. lons, diete ny T ont condition	DUE TO	(OR AS A CON (O	SEQUENCE O	othe u	281 8 or the mo	g cause	given in	Part I.	& SOR MORE reliec or res	Fun St. Piratory se	rest,	Approximate interval Betwoonset and D
MMEDIATE CAUSE (Fin Illesses or condition esuiting in death) sequentially list condition army, leading to immediates. Enter UNDERLY! AUSE (Disease or injuit hat initiated events esuiting in death) LAST ART II. Other significations. S. WAS CASE REFERRED TO EXAMINER? 1 NEURI 2 NO 7. MANNER OF DEATH 1 Natural 5 1	iseases, or cert failure.	DUE TO	(OR AS A CON (O	ISEQUENCE O	OTHE 4 Nu	281 8 or the mo	g cause	given in	Part I.	244. WAS A PERF 1 YES POR (Specify) PESCRIBE HOW	N AUTOPSY PRIMED?	24b	Approximate interval Betwoonset and Donest a
MMEDIATE CAUSE (Fin Illessee or condition esuiting in death) Sequentially list condition arms, leading to immediate. Enter UNDERLY! AUSE (Disease or injuntational initiated events esuiting in death) LAST ART II. Other significations. S. WAS CASE REFERRED TO EXAMINER? 1 Ves 2 NO 7. MANNER OF DEATH 1 Accident 3 Suicide S	iseases, or cert failure. icons, diete NG ry T ont condition D MEDICAL	DUE TO	(OR AS A CON (O	ISEQUENCE O	OTHE 4 Nu	281 8 or the mo	g cause	given in	Part I.	& SOR MOYE rdiec or res 10 000 24a. WAS A PERFO 11 YES	N AUTOPSY DRMED? 2 NO	24b	Approximate interval Betwoonset and Donest a
MMEDIATE CAUSE (Fin Illessee or condition esuiting in death) dequentially list condition esuiting in death) dequentially list condition esuiting in death) dequentially list condition in the	iseases, or cert failure. led	DUE TO OR AS A CON OR AS	SEQUENCE O	OTHE 4 No	28. PL 28. INJ 28. INJ 28. INJ 26. INJ ctory, office	g cause	given in	Part I.	24a. WAS A PERFO	N AUTOPSY DRIMED? 2 NO INJURY OC.	24b	Approximate interval Betwoonset and Donest a	
MMEDIATE CAUSE (Fin Illessee or condition esuiting in death) Gequentially list condition esuiting in death) Gequentially list condition esuiting in death) Gequentially list condition in the condition of the condition in the	iseases, or cest failure. Ions, diete Int condition D MEDICAL Pending investigation Could not be determined	DUE TO	(OR AS A CON OR AS	ISEQUENCE O SEQUENCE O SEQUENCE O Tresulting 1 3 DOA 26b. TiM IN.	OTHE 4 Nutre of street, factoring M	28. Pa	g cause ACE OF 6 LOCATORIO ACE OF 10 LOCATORIO BE 6 ACE OF 10 LOCATORIO BE 70 LOCATORIO BE 70 BE	given in	Part I. 261. LO 267. LO 267. LO	24a. WAS A PERF 12 YES CATION (Street or Your, Steet ause(e) end m	N AUTOPSY DRMED? 2 NO NO PRINCIPLE OF THE PRINCIPLE OF	24b	Approximate Interval Betwood Oneet and D O
MMEDIATE CAUSE (Fin Illessee or condition esuiting in death) Gequentially list condition esuiting in death) Gequentially list condition esuiting in death) Gequentially list condition in the condition of the condition in the	iseases, or cest failure. icons, diete NG Fy T	DUE TO	(OR AS A CON OR AS	ISEQUENCE O SEQUENCE O SEQUENCE O Tresulting 1 3 DOA 26b. TiM IN.	OTHE 4 Nutre of street, factoring M	28. Pa	g cause ACE OF I WES 2 [a end place eath occur	given in DEATH (Che lesidence NO	Part I. 26f. LO 26f. LO to the c. time, de	24a. WAS A PERF 12 YES CATION (Street or Your, Steet ause(e) end m	N AUTOPSY PRIMED? 2 NO	24b	Approximate Interval Betwoen and D Were autropsy Findi AMALABLE PRIOR TO COMPLETION OF CAULOF DEATH? 1 YES 2 No
MMEDIATE CAUSE (Find MEDIATE CAUSE) MMEDIATE CAUSE (Find Mediate or condition esuiting in death) Manual in the second of the second or included as a	iseases, or cest failure. icons, diete NG Fy T	DUE TO	(OR AS A CON OR AS	ISEQUENCE O SEQUENCE O SEQUENCE O Tresulting 1 3 DOA 26b. TiM IN.	OTHE 4 Nutre of street, factoring M	28. Pa	G Cause G C	given in	Part I. School City Control City Control City Control City City City City City City City City	24a. WAS A PERF 12 YES CATION (Street or Your, Steet ause(e) end m	N AUTOPSY PRIMED? 2 NO NO PRIMED? NO PRIMED? NO PRIMED? 2 NO NO PRIMED?	24b	Approximate Interval Betwood Oneet and D O

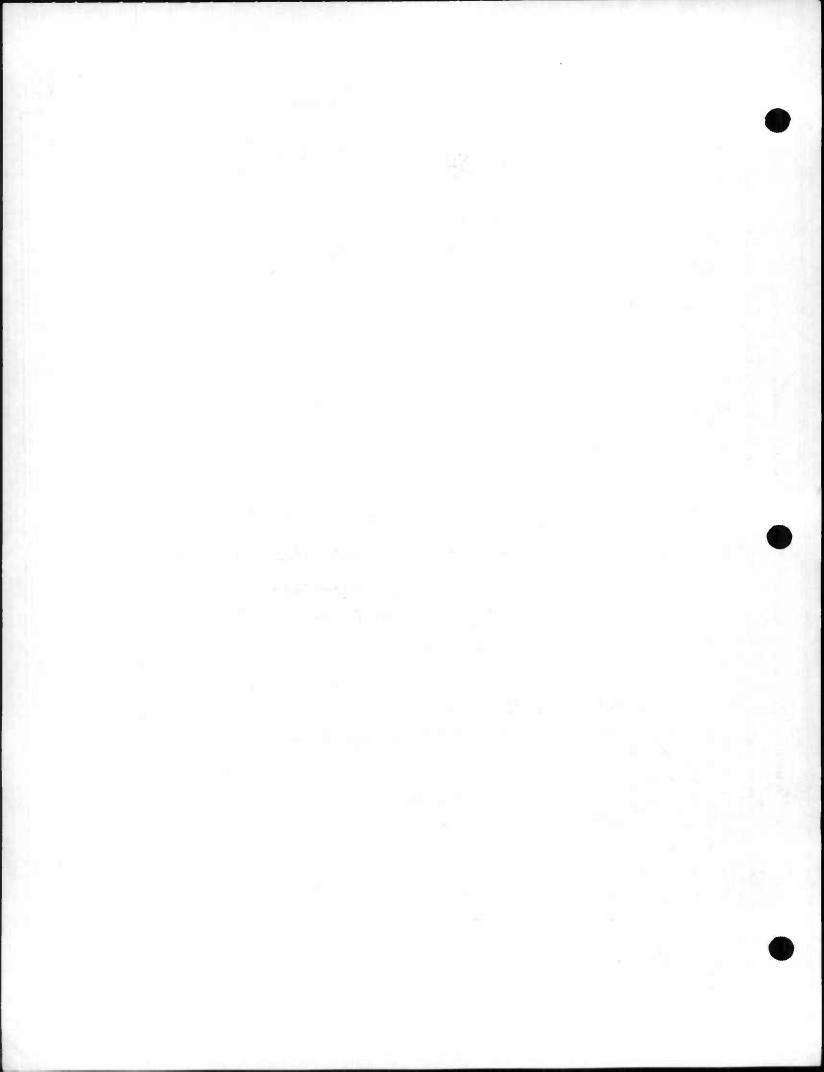


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFIC	ATE OF DEATH	REG. NO.		
- 1	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH	
. 1	ORA D. Jones ORA D. JONES	S	MONTH DAY	1992 215 PM	
	4 COMAL GEOLOGY MINARCO	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		
		THE DAYS HOURS MIN.	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)	
- 3			5-24-09	VICGINA	
œ		CITY, TOWN OR LOCATION OF DE	ATH 9c. CO	UNTY OF DEATH	
0	Death Hosp and Medical Contes.	BALTIMORE			
DIRECTOR		WN OR LOCATION			
E	MADYIT AND			10d. INSIDE CITY LIMITS?	
	MARY LAND BALTIM			1 TYES 2 IND	
RA		101. ZIP CODE	10g. CI	TIZEN OF WHAT COUNTRY?	
岁	1747 N. CHESTER STREET	21213		USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT DF HISPAN If yea, specify Cuban, Maxicai	IC ORIGIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, atc.	
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 YES 2 X NO Specify		BISACK ALL	
		••		BLACK	
1	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USU. (Specify only highest grade completed) (Give kind of work of the complete of the	done during most of working	16b. KIND OF BUSINESS/IN	IDUSTRY	
4	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use reti	(red.)			
₽ P	7th DOMESTIC		PVT. F	AMTLY	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAI	ME (First, Middle, Maiden Surname)		
BE	ANDERSON DAVENPORT	MAR	THA SNEAD		
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOD	RESS (Street and Number or Rural R		(p Code)	
ř	\/T\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CHESTER STREET			
	20a. METHOD OF DISPOSITION 20b PLACE AND DATE OF DI	SPOSITION (Name of	DALITMURE MA	- City or Town, State	
	1 \Running Ruriel 2 Cremetion 3 \Running Removat from State 4 Donetion 5 Dother (Specify) MAURY CEMET	lace)			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC	-31-91 RICHMON	ND VIRGINIA	
	>		S FUNERAL HOME	7 D A	
1		1300 EUTAW PT.	ACE BALTO MA	DVI AND 21217	
	23. PART I. Enter the diseases, or compilications that caused the death. Do not a	ntar the moda of dying, such	as cardiac or respiratory as	rrest, Approximate	
	ahock, Dr haart failura. List only ona cause on each line. IMMEDIATE CAUSE (Final			Interval Between Onset and Death	
	disease or condition resulting in death)	marlil.	an Had	Oriset and Death	
	OUE TO (DR AS A CONSEQUENCE DE):	100-40-700	- Jrcom		
-	- (HM 11/2)	las to NIII)		
CERTIFICATION	Sequantially list conditions, If any, leading to immediata DUSTO (OR AS A CONSEDUENCE OF):	N' Sal-Cold			
¥	cause. Enter UNDERLYING	L+1112111	A.		
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF)	www			
E	resulting in death) LAST	0 407		i	
N I	- Dyguars	RAYO			
	PART II. Other significant conditions contributing to death but not resulting in the	e underlying/causa given in F	Part I. 24s. WAS AN AUTOPSY	34b. WERE AUTOPSY PINDINGS	
5	- Zun Char orlan	11 Suus	PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
요	allewite upin	a por interest	1 TYES 2 THO	OF DEATH?	
2				1 TES 2 NO	
BY PHYSICIAN: MEDICAL	25, WAS CASE REFERRED TO MEDICAL.				
ᅙ	EXAMPLER? HOSPITAL: OTI	26. PLACE OF DEATH (Choc HER:	of only one)		
ĕ∥	27 Married of Control	Mursing Home \$ \(\subseteq \text{Residence 6} \)	C Other (Specify)		
a	1 Netural S Pending 28s. DATE OF INJURY 28s. TIME OF INJURY	28c. INJURY AT WORK?	384. DESCRIBE HOW INJURY DO	CURED	
à	2 Accident Investigation	M 1 YES 2 NO			
	3 Suicide 6 Could not be determined determined	factory, office	28f, LOCATION (Street and Number City or Town, State)	r or Rural Route Numbec	
E.	4 Homicide determined		33/3 33/3		
COMPLETED	29a. CERTIFIER (Check only to control of the best of my knowledge, death occurred at the control of the best of th	the time, data and place, and does	O the cause(a) and manner or	ded.	
2	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in a	my opinion, death occurred at the st	ime date and place, and due to the	ha councie) and mac-	
	29b. SIGNATURE AND TIFLE OF CERTIFIER				
出	STATE OF CERTIFIER	29c. LICENSE NUME	BER 29d. DAT	E SIGNEO (Month, Day, Year)	
o L	1 V M Ulling	01084	0	PIPE	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1 - 0	N		
	Thorse of them is	- 411 R	CARLAD		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)				
	JUL 3 0 1992 grina Navidson-Randale				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



BALTIMORE, MARYLAND 21215-0020	14 hours after death. Page 6 may be retained by the hospital or attending physicial	filled in by the funeral director, page 5 should be detached for use as the burial-entry, or removal.	se medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filled within 72 hours after cleath with the State Deot; of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

igen 1 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MARY				HEALTH AND	MENTA	AL HYGIENI REG. NO.	E	firms	21000
1. DECEDENT'S NAME (First,	Middle, Last)							E OF DEATH		WEAR	3. TIME OF DEATH
Elizabeth K							07	TH DA		92	6:30 AM
4. SOCIAL SECURITY NUMB		5. SEX 6. AC	GE (In yrs. las		IF UNDER 1 YEAR			E OF BIRTH		8. BIRTH	PLACE (State or Foreign
212-07-779		1 🗆 M 2 💢 F	96	YRS.	ONTHS DAYS	HOURS MIN.			1896		ryland
9e. FACILITY NAME (If not in				1	Bb. CITY, TOWI	OR LOCATION OF D	EATH		9c. COUN		
Summit Nur		me			Catons	ville			Bal	timo	re
RESIDENCE OF DEC	10b. COUNTY			toe CITY	TOWN OR LOC	ATION					
Md.	Howard	L			kridge	11117111				ŀ	10d. INSIDE CITY LIMITS?
10s. STREET AND NUMBER	2,0 0.2 0					IOF, ZIP CODE					1 TYES 2 NO
Sections and the section of the sect	Ohmood				- 1				10g. C1112	EN OF W	HAT COUNTRY?
5762 Main		2. WAS DECEDENT EVE	DIALLE AS	MEO	T 40 1000 0	21227 ECENDENT OF HISPA			- I	USA	
1 Never Married 2		FORCES? 1 Y	ES 2 🔀	NO	If yes,	specify Cuben, Mexico	en, Puerto		or No-	Black	American Indian, , White, etc.
3 Widowed 4 Divo	rced	IF YES, GIVE WAR OF	DATES		1 U Y	ES 2 NO Speci	ly:			Speci	white
15. DECI	EDENT'S EDUCA	TION	16e. DE	CEOENT'S U	SUAL OCCUPA	TION	16	b. KIND OF BUS	INESS/INDU	USTRY	1122 00
Elementary/Secondary (0-	highest grade co	College (1-4 or 5+)	life	Do NOT use	rk done during : retired.)	most of working					
8			1	Cleri	ical			IRS			
17. FATHER'S NAME (First, Mi	iddle, Last)					18. MOTHER'S NA			Sumame)		
Edward Jos	eph Kyr	ne				Anne M	aria	Warns			
19e. INFORMANT'S NAME (7)	/pe/Print)		19	b. MAJLINO A	DDRESS (Street	t and Number or Rural	Route Nur	nber, City or Town	, State, Zip	Code)	
Edward G. K	yne		_	615 Hi	illtop	Road, Ca	tons	ville,	Md.	212	28
20a. METHOD OF DISPOSITE 1	A 3 Remove	al from State	20b. PLACE	AND DATE OF	DISPOSITION (Neme of	DA /		CATION — C	ity or To	wn, State
4 Donation 6 Other			St. A	ugusti		Cemetery		8 Ell	cride	e. M	ary land
. 7/	L SERVICE LICEN		1			L. Kaufm		hineral	Home	6	
Va	us o	1. Lou	force	~	5695	Main St.	. El	kridge.	Md.	21	227
23. PART I. Enter the di	seases, or cor	mplications that cau	sed the de	ath. Do no	t enter the n	node of dyling, suc	h as ca	rdiac or reapir	ratory arre	st,	Approximate
IMMEDIATE CAUSE (Fin		only one cease of	1 eech line). 							Onset and Death
disease or condition resulting in death)	→ .	freun	oni								
resulting in death)		OUE TO (OR A	S A CONSE	DUENCE OF):							
Sequentially list condition	00s 6.										
If any, leading to immed	diate	DUE TO (OR A	S A CONSEC	DUENCE OF):							
CAUSE (Disease or Injur		OHE TO JOD A									
that initiated events resulting in death) LAST		OUE TO (OR A	S A CONSEC	DUENCE OF):							
	d.										
PART II. Other significes	nt conditions	contributing to deati	h but not r	eauiting in	the underly	ng cause given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
Strok	٧							PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Deros	ton										OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL				26.	PLACE OF DEATH (C)	eck only o	ine)			
EXAMINER? 1 □ YES 2 □ NO		IOSPITAL:	outpetient 3		THER:	me 5 🗆 Residence	a \square Oth	er (Specify)			
27. MANNER OF DEATH		26a. DATE OF INJUR	TY	28b. TIME	OF 28c. I	NJURY AT		SCRIBE HOW IN	JURY OCC	URED	
	Pending nvestigation	(Month, Day, Yea	r)	INJUF		VORK?					
2 - 6-4-44	Could not be	28e. PLACE OF INJU	JRY — At ho	me, ferm, str	et, factory, of	lce	281. LO	CATION (Street e	nd Number o	or Rural A	oute Number,
	determined	building, etc. (S	іреспу)				Ch	or Town, State)			
29e. CERTIFIER	IFYINO PHYSICIA	N: To the best of my kn	owledge de	ath occurred	et the time de	te and place, and dur	to the co	nuse(s) and me-	Day on real-	d:	
		On the besis of exemine									end menner ee stated.
29b. SIGNATURE AND TITLE						29c. LICENSE NU					(Month, Day, Year)
Class Glila	- Or wo					02428			> 7	123/	(MURITI, UNIV, 108/)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE	M 27) (TypeP	rint)		/		- /		/
C- 6RAyran	25	9 fredom	Z Pa	e B	ilt. My	22124					
31. DATE FILED (Month, Day,)	9 n 10	32. REGISTRAJI'S SI	ANATUBE Daundson	~ Rande	102						
JUL	9 11 13.	Min d	,	-							

		Ta	-3
- 1		Hit	/
		8	
	ď	ansı	
0	sicia	al-tr	
02	phy	por	
9	fing	를	
5	ten	88	
12	0,3	S	
2	Ital	Q.	
Z	hosp	che	6
A	the	deta	000
7	3	2	76
R	peui	onlo	fled
2	reta	55	10t
uî	2	90	96
œ	may	, G	1st
9	e 6	recto	Ē
=	20	9	ner
5	ath.	200	E
BALTIMORE, MARYLAND 21215-0020	er de	1 Pe	i ex
	s aft	Dy on	dica
	DOUR	d in	E E
	24	fille Jon,	the
0,0	thiu	emai	H,
92	M D	I, cn	2
98	cute	od co	tic
×	600	to a	E
0	e D	Sicla	Ē
	fical	B 9	her
0	cert	ding	10
0	ath	rtten tal F	6 '
5	e de	Men	1
2	at th	30	y le
0	th Si	alt ale	B .
E	quire	S. E.	NO.
OC	ĕ.	Dee	48
AL	6	has	3 23
E	Ë	cate	ten
>	CIAN	the S	0
OF	13S	ith t	ed,
Z	G P	等等	ark
O	NIC	Afte	E S
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Far hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
\leq	R AT	REC.	E
0	0	000	9

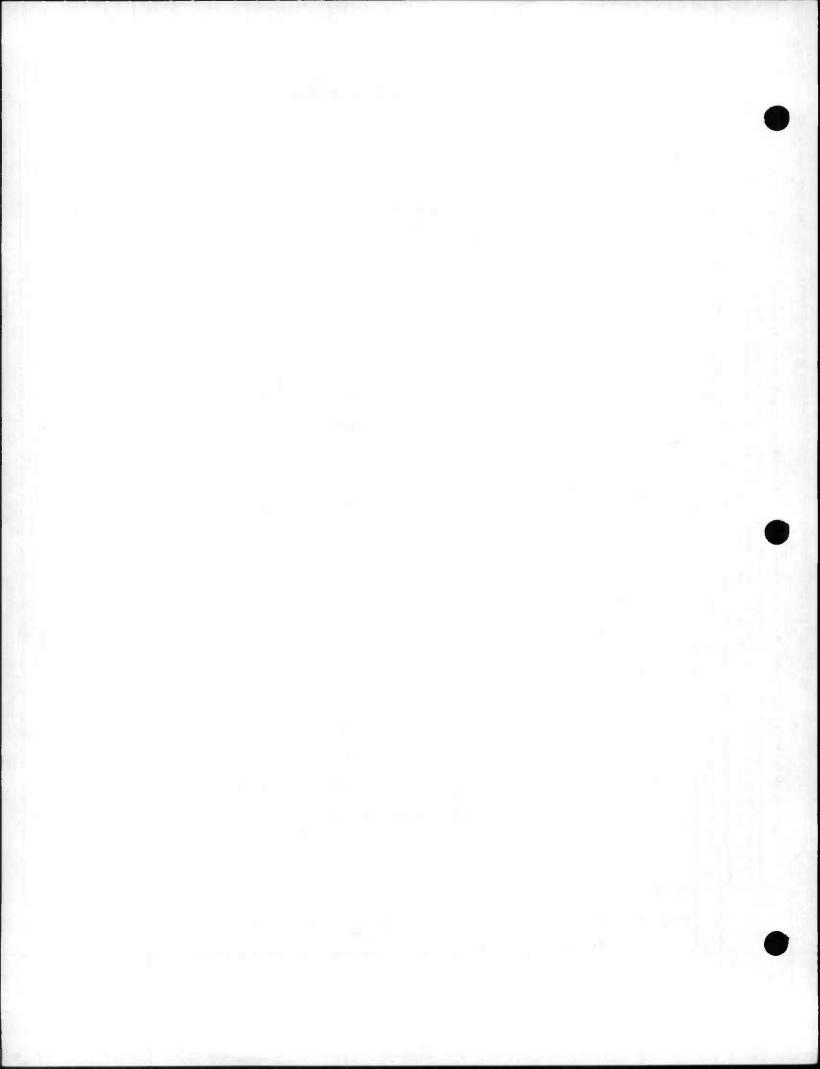
is marked,

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If item 21

100

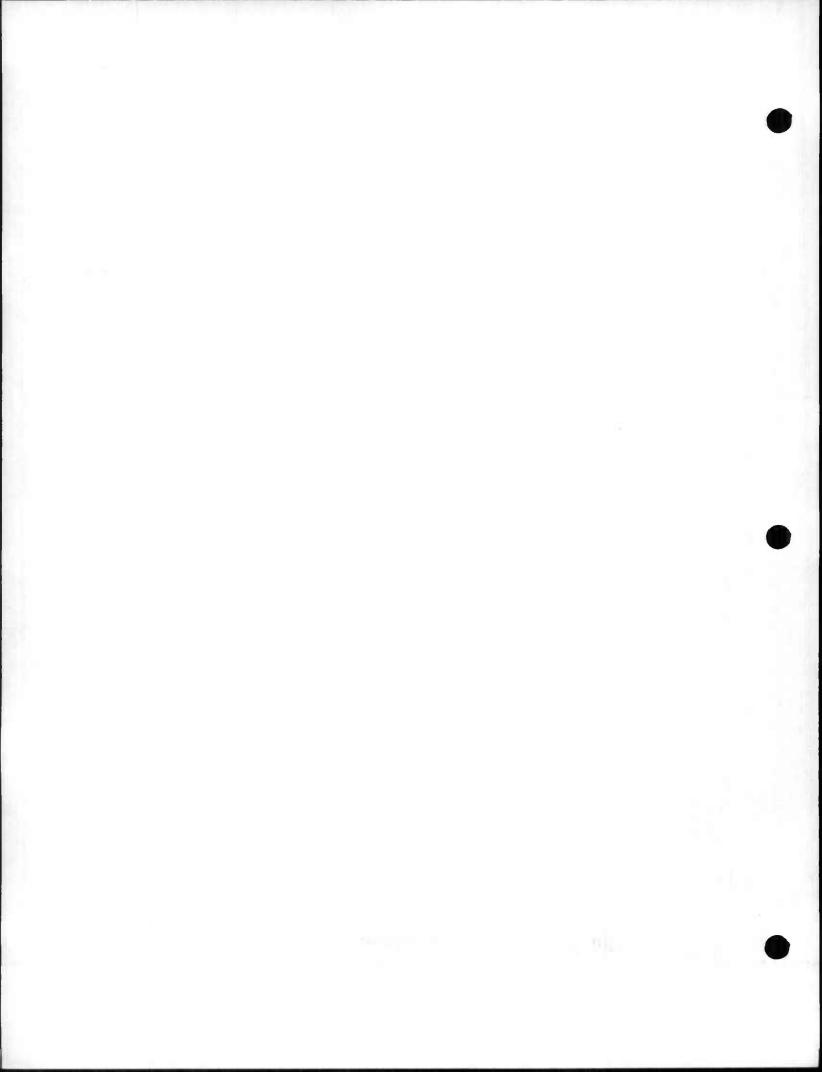
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 200 P Ran Kramer 7-2 2 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 9/5/1908 216-07-5835B MARYLAND 1 🗆 M 2 😿 F YRS. 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE COUNTY GENERAL HOSPITAL DIRECTOR RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE RANDALLSTOWN 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3505 BEAGLE LA., APT. 101 21133 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 N Merried BY 1 TYES 2 NO Specify Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MEYER **ABRAMSON** HANNAH **GOLDBERG** BE 190. INFORMANT'S NAME (Type/Print)
JULIUS KRAMER 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 3505 BEAGLE LA APT 101 RANDALLSTOWN. MD 21133 No. METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State ARLINGTON (CHIZUK AMUNO) 7/28/9DBALTTMORE, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. lensul 6010 RETSTERSTOWN RD. BALTO MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart feilure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Preumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Cancer 1 TYES 2 NO Coronany artem dissense 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Chack only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(a) and manner as steted. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 14 House Phylicum und 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Balt mane Sicki PHOSP tof MI em Country 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
992 Julia Davidson-Andrea



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMDODITANT: Him 28 is marked or Ham 22 shows not latter traumatic near the madical aramines must be southful at sace
---	--	--	--

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
	TATALLE .	rr	LAW					7	27	92	9:45 a m
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,	Year)	Cou	THPLACE (State or Foreign ntry)
	160-20-8663	XX M 2 □ F	65	YRS.			E39790 1383	2-23-	1927	PEI	NSYLVANIA
œ	Se. FACILITY NAME (If not institution, give s				9b. CITY		OR LOCATION OF DI		1	9c. COUNTY OF	DEATH
Ē	FRANKLIN SOUARE H	OSPITAL				R	OSSVILLE			Balt	imore
ñ	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN (OR LOCAT	TION				10d. INSIDE CITY
5	MARYLAND BA	LTIMORE				FO	RT HOWAR	מי			LIMITS?
AL	10e. STREET AND NUMBER						ZIP CODE		1	10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	9320 HOWARD AVENU	E					2105	2		u.	S.A.
5	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Sp	ecify Yea or	No- 14. RA	CE — American Indian, ck, Whita, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	•0			ecify Cuban, Maxica 2 XVO Specif		arc.)		c/fv:
	15. DECEDENT'S EDU	OLTION:	WWII		1						WHITE
COMPLETED	(Specify only highest grade	completed)	(G	CEDENT'S live kind of a Do NOT us	work done	during mo	ON ast of working	16b. KINC	OF BUSIN	ESS/INDUSTRY	
2	Elementary/Secondery (0-12) 12 VEARS	College (1-4 or 5	+)		NDUC	TAD			RAIL	מונת	
8	17. FATHER'S NAME (First, Middle, Last)	N/A		CO	Nouc	IUK	18. MOTHER'S NA	MF (First Middle			
BE C	LESITE LAW							Y STEWA		,	
	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRES	S (Street a	and Number or Rural			State, Zip Code)	
2	ROBERT A. LAW			3117	SPA	RROW	S POINT	ROAD 1	BALTI	MORE. N	MARYLAND 2121
	20a. METHOD OF DISPOSITION	ovel from State	20b. PLACE	AND DATE	OF DISPOS	SITION (No		DATE		TION — City or	
	1 Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		cemetery, cre SACRE	D HE	ART	OF J	ESUS 7-2	9-92	BAL	TIMORE.	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	01	/	22.	NAME A	RUCK FUN	CILITY			- VI
	I Charle	V - 7	shi/	1			WISE AVE				21222
	23. PART i. Enter the diseases, or o	omplications the	st caused the de	ath. Do i							Approximate
	ahock, or heart failure. iMMEDIATE CAUSE (Final	-									interval Between Onset and Death
	disease or condition resulting in death)	Malion	aans Limi	ala la la s				5 5 15 1	1.029	341 H.	
		DUE TO	OR AS A CONSE	QUENCE O	F):	Ount					
N	Sequentially list conditions, Arterioscience of rardiovascular Disease										
AŢ	if any, leading to immediate cause. Enter UNDERLYING	1006-10	OF AS A CONSEC	EQUENCE OF):							
임	CAUSE (Disease or injury that initiated events	e	OR AS A CONSEC	DUENCE OF	F):						
CERTIFICATION	resulting in death) LAST				,-						
		· ·									
MEDICAL	PART ii. Other aignificant condition	e contributing to	deeth but not r	eeuiting	In the ur	nderiyin	g ceuse given in		WAS AN AU		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Anemia							10	YES 2 5	NO	COMPLETION OF CAUSE OF CEATH?
_	High Fever							_	,	,	1 TES 2 NO
AZ	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (Ch	eck only one)			
14S	1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3	DOA 26b. TIM			e 5 🗆 Residence				
	1 Natural 5 Pending		Day, Year)		URY		PRK?	28d. DEŞCRIB	E HOW INJU	URY OCCURED	
BÁ	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE (OF INJURY — At ho	me, Jerm,	etreet, taci			20t LOCATION	(Street and	Number or Rura	Pouts Number
COMPLETED	4 Homicide determined	building	, etc. (Specify)		,			City or Tow	n, State)	Trombor of Fibre	TWO INDITION,
۳	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the heet o	f my knowledge de	ath annua	ad at the t		and - (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
N N											(s) and manner as stated.
	29b. SIGNATURE AND THE OF CERTIFIER	10		77.1							
H	//VW	1 ha	^ ^^	0			29c. LICENSE NUI	503	2	7	O (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (fone Prior)							142			
	Dr. Jahangir Kh	an 9000	Franklin	Squa	are [Driv	e Balti	more ,	1 d 2	1237	
	31. DATE FILED (Month, Day, Year) JUL 3 0	32. REGISTA	MIS SIGNATURE	4							
		1UH 1'7 /	Willia Margala	-a-11-61	ndelle						



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera be filled within 72 hours after death with the State Degr. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examin
's after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	dical
Pour	lled ir	E
hin 2	tely fi	£ ,
d wit	Cre	even
ecute	buria buria	atic
8	cian or to	Mane
ficate	physi-	ner tr
certi	ding Hydie	10
death	ental	Iry, o
if the	by the	三
es the	gned afth	s am
requir	of He	Show
MB (Dept.	23
THE ST	State	Hem
SICIA	the	6
PHY	this	rked
DING	After	S m
TTEN	after a	28 1
DR/	DIRE	Hem
PITAL	ERAL n 72	11 3
50	FUNI	TAN
뿚	五十二	APOF
H	7 2	=

_	1 - STATE REGISTRAR	STATE OF MAR			OF DEA		ENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lost) William H.						July 28,	1992 '	ZEAR 3. TIME OF DEATH 0 500 M
	4. SOCIAL SECURITY NUMBER 212 28 5284		MGE (In yrs. lest birthda 56 YRS.	MONTHS	YEAR IF UND	R 24 HRS.	June 29,	1932	BIRTHPLACE (State or Foreign Country) Maryland
e e	9a. FACILITY NAME (If not institution, give atreet and number) 211 Woodvale Road 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore								
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Ball	10c. C	ES	LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 YNO	
FUNERAL	10e. STREET AND NUMBER 211 Woodvale	Road		10f. ZIP CODE 21221					N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 12 YES 2					ORIGIN? (Specify Yes Puerto Rican, stc.)	or No — 14	I. RACE — American Indian, Black, White, atc. Specify White
OMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	18a. OECEDENT (Give kind o life. Do NOT	1 - 53 Specify White DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working No. Do NOT use retired.) Machinist Glidden Paint Co.						
BE COP		loyd Jr.				Hilda		per	
TO F	Iena M. Lloyd		19b. MAILII 30	og adoress 37 Jar	Street and Numb	er or Aural Acc	timore, M	arylar	nd 21230
ar must	20a, METHOD OF DISPOSITION 20 Buriel 2 Cremetion 3 Remo 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIFE	11	20b. PLACE AND DAT	ns-Gar	rison 1		7/31/92	Baltin	y or Town, State nore County, Mo
i examin	Sechand L	2)	when .	Bru		ci. Fun	eral Home e. Baltim		Vd. 21221
event, the medica	23. PÄRT I. Enter the diseases, or sanock, or heart fellure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)	let ghly one cause of	n each line.	mot enter t	he mode of d	ling, auch a	a cardiac or respi	retory arrest	t, Approximate Interval Between Onset and Death
, or other traumatic event, the medical examiner must be notified at once. ERTIFICATION TO BE COM	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
23 shows any Injury, AN: MEDICAL CE	PERFORMED? AMAILABLE PRIOR TO								COMPLETION OF CAUSE OF DEATH?
ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outpellert 2 - DOA	OTHER			Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJU (Month, Day, Ye	RY 28b. T	4 Nurel	8c. INJURY AT WORK?		8d. DESCRIBE HOW IN	JURY OCCUR	NED
28 is TED	3 Suicide 8 Could not be determined	28a. PLACE OF INJ building, stc. (URY — At home, farm Specify)	, street, facto	y, offica	2	81. LOCATION (Street a. Cify or Town, State)	nd Number or I	Rural Route Number,
O BE COMPLE		CIAN: To the best of my k							suse(s) and menner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER T. CLOHOM OF 30. NAME AND ADDRESS OF PERSON WHO	nova.	m.b.		29 _G , LIC	TENSE NUMBER	S 2	29d. DATE SI	IGNED (Month, Day, Year) - 29 - 9.2
3	J.C. OLDNOVAN	, M.D.	2112	Jun	DALK	AVE	F., BA	LLTO.	, MD. 2/222
	31. DATE FILEO (Month, Day, Year) 31.	1992 TRAR'S	ma Davidson	-Andal	6				

5+1

31. DATE FILED (Month, Day, Year)

JUL

3

permit Pages 1, 2, 3 should

detach		-
8		1
Should		Palition
2		8
page		4
director,	or death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked or item 23 shows any injury or other transmits event the medical averaging the section of any
funeral		Varmin
/ the	loval.	las.
5	ren	ŧ
2	8	Ě
1	9	3
8	nati	-
200	crer	Se al
8	rial,	
2	2	100
5	2	Ę
Sici	prior	1
Ē	9	9
5	ig.	=
900	£	6
ATT	enta	2
5	ž	- Pier
6	and	M
9	年	4
Sign	He	3
669	6	cho
as	Dept	23
ie.	ate	E
2	St	Š
Cert	the pe	5
INIS	with	head
Aner	leath	E
è	0 16	

	1 - FOR STATE REGISTRAR	STATE OF M.				OF HEALT		MENTAL HYGIEN REG. NO		2 210	84
	1. DECEDENT'S NAME (First, Middle, Last) Edward Hard:	ing	Leonar	d				July 28.1	992	YEAR 3, TIME OF C)EATH
	4. SOCIAL SECURITY NUMBER 528 44 0424	1 X M 2 □ F	6. AGE (In yrs. lest	birthday) VRS.	IF UNDER 1 1	YEAR IF UND DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH 10/13/191	.9	a. BIRTHPLACE (State of Country) Care	» Foreign
TOR	9a. FACILITY NAME (If not institution, give s 3733 White Pine R RESIDENCE OF DECEDENT		t "A"		9b. CITY, TOWN OR LOCATION OF DEATH Bowleys Quarters				9c. COUN	timore Cou	
DIRECTOR	10a. STATE 10b. COUNTY	more Coun	ty		wleys	LOCATION Gaure	ærs			10d. INSIDE (LIMITS? 1 YES 2	
FUNERAL	3733 White Pine	Road Apt	пДп			101. ZIP CO	DE 1220			S.A.	Y?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N	IED O					14. RACE — American Black, White, etc. Specify: White		
COMPLETED	(Specify only highest grade completed) (Give kind of the boundary/Secondary (0-12) Coffege (1-4 or 5 +)										
No.	17. FATHER'S NAME (First, Middle, Last)			Tuek	DITI	-	THER'S NA	ME (First, Middle, Maiden	Sumama	lon	
BE C	Gurl Leonard	1						zab et h Har			
2	19a. INFORMANT'S NAME (Type/Print) Juanita Leonard (wife) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21220 3733 White Pine Road Apt "A" Baltimore Maryland										
	20s. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AI	ND DATEO	F DISPOSITI	ON (Name of		DATE 20c. LO	CATION — C	e Marylar	
	21. SIGNATURE OF FUNERAL BETWICE LICE	ENSEE -	ih		22 NA Br	ME AND ADDR UZCZIN 07 Eas	ess of fa Ski R tern	uneral Hor Ave Baltin	ne P./	١.	
	23. PART L Enter the diseases, or of ahock, or haert fellure.	omplications that	ceused the dea	th. Do no	ot enter th	a mode of d	ying, auc	h as cardiec or resp	iretory arre	eat, Approx	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	l	CIRR	40	sis	0	74	- LIVE	R		and Death
	DUE TO (OR AS A CONSEQUENCE OF):									1	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (C	OR AS A CONSECU	JENCE OF							
	PART ii. Other algnificant condition	contributing to d	eath but not re	aulting is	the unde	rivina cause	given In	Part I. 24e. WAS AN	ALETTOPSY	24b. WERE AUTOPS	V ENDINGS
MEDICAL	- Cou	extine	ted - "1	rut	F	aili	we	PERFOR	RMED?	AMAILABLE PRI COMPLETION (OF DEATH?	OF CAUSE
ä	- 1con	ral t	onlu	1							_ 44
Sic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	26. PLACE DF	DEATH (Ch	eck only one)			
PHYSICIAN:	27. MANNER OF DEATH 1/2 Natural 5 Pending	28e. DATE OF IN (Month, Day,	JURY	28b. TIME	RY	c. INJURY AT WORK?		6 Other (Specify) 26d. DE\$CRIBE HOW I	NJURY OCC	URED	
TED BY	Maccident Investigation Accident Investigation	28e. PLACE OF building, et	INJURY — At hom c. (Specify)	e, term, st	M 1 YES 2 ND treet, factory, office 28t. L			28t. LOCATION (Street and City or Town, State)	81. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	290. CERTIFIER (Check only one) CERTIFYING PHYSIC MEDICAL EXAMINE	CAN: To the best of m	wiedge, deat	h occurred	i at the time	, date end plac	e, end dua	to the cause(s) and mar	nner as state	d. cause(s) and menner a	n stated.
BE	290. SIGNATURE AND TITLE OF CERTIFIER		wh-		lu		ENSE NUN			SIGNED (Month, Day, Ye	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETE OF THE					- 1	, , ,		110117	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Tavidson-Randall

32. REGISTRAR'S SIGNATURE

DHMH-15 Rev 1/89

3.7 034 SEVER RE REEL 22 ## ja bro artistic sulfry a clo produces and to various events to breaking "A" JUAN THEO STATE STATE EESE 3 54 C 12/ 12 10/12 m Jours r = r = -. 7 vev disease counting to be some with the cond of the cond of the contract greenmount eretery 07/30/02 circles. Erich

ruselland when I over 1.

15.ES English erositie ev mister 7041

9	42	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the formal within 70 hours after death with the State Date of Beath and Manal Ministry to hursing a comment.	IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
5	9	P
2	p d	E
24	100	4
草	etel	-
A	du	N.
cute	00 00	9
8	9	E
2	Ciar	ושת
cafe	Shirt	1
Ę.	0.9	5
5	endi	6
deal	att	2
the	the	=
hat	100	2
S	one the	60
-ja	SI	8
¥ 7e	pee .	8
6	has	23
Ĕ	ate	E
AN	tific	, =
SIC	9 4	0
F	this	9
NG	fter	E
2	A F	.00
	6	28
OR /	OIRE	E
A	A	=
SPI	NER.	Ë
웊	23	Y
星	五	Ó
2	22	2

	1 - STATE REGISTRAR		MARYLAND / Ce	DEPAR ERTIF	TMENT OF	HEALTI DE A	H AND	MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las	Mary	M.	Mona	ghan			2. DATE OF DEATH MONTH JULY 27	199	VEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-68-4269	5. SEX 1 [] M 2 F	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) April 21	,1956		PLACE (State or Foreign
-	9a. FACILITY HAME (If not institution, give		1 30		9b. CITY, TOWN	OR LOCA	TION OF D			TY OF DE	ATH
D.	320 Gorman Ave	nue			0c	ean (City		Worceste		ter
DIRECTOR	Maryland 106. COUN	Worceste	r	10c. CIT	y, TOWN OR LOC	ean (Citv			- 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	320 Gorman Ave	nue				of, ZIP CO	DE	842		ZEH OF WI	HAT COUNTRY? States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IH U.S. AR 1 YES 2 TH WAR OR DATES	MED 10	If yes, s	pecify Cut	OF HISPAI can, Mexico Specifi	NIC ORIGIN? (Specify York, Puerto Rican, etc.) y:		14. RACE	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY										
BE CON	17. FATHER'S NAME (First, Middle, Leet) John J. Monagha	n Jr.				18. MO	THER'S NA	T. DeCarlo	Surname)		
10 B	John J. Monagha	n Jr.	3	132	ADDRESS (Street	and Numb	enue	Route Number, City or To Baltimore	wn. State, Zio	^{co} 212	34
	20s. METHOD OF DISPOSITION 1	emoval from State	20b. PLACE A cemetery, cree	matory or of	of Disposition (In their place) f Faith		/ 30.		ocation —		
	21. SIGNATURE OF FUHERAL SERVICE	Milto Kuis			22. HAME	HD ADDR	ESS OF FA	CILITY	nore,	Md.	21214
	23. PART I. Enter the diseases, of shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PA	use on each line.	nc.	CANCI	oda of d	ying, suc	h se cerdiac or resp	olretory srr	est,	Approximate Interval Batween Onset and Daeth 3 MONTHS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	OR AS A CONSEC								
HÄ	resulting in death) LAST	d									
MEDICAL	PART II. Other significant condition	ASTASLS	death but not re	esulting i	n the underlyle	ig cause	given in	proce	RMED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:									
	27 MAHHER OF DEATA 1 Natural 5 Pending	28a. DATE Of (Month, I	FINJURY	28b. TIMI	URY W	JUPY AT ORK? YES 2		8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCC	URED	
TED BY	3 Suicide 8 Could not be determined	28e. PLACE (28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION					28f. LOCATION (Street City or Town, State	TION (Street and Number or Rural Route Number, Yown, State)		
COMPLETED								to the cause(s) and me time, data and place, a			end manner as stated.
BE CC	29b. SIGNATURE AND NITE ON CERTIF		\rightarrow				ENSE NUI		_		Nam, Day, Year)

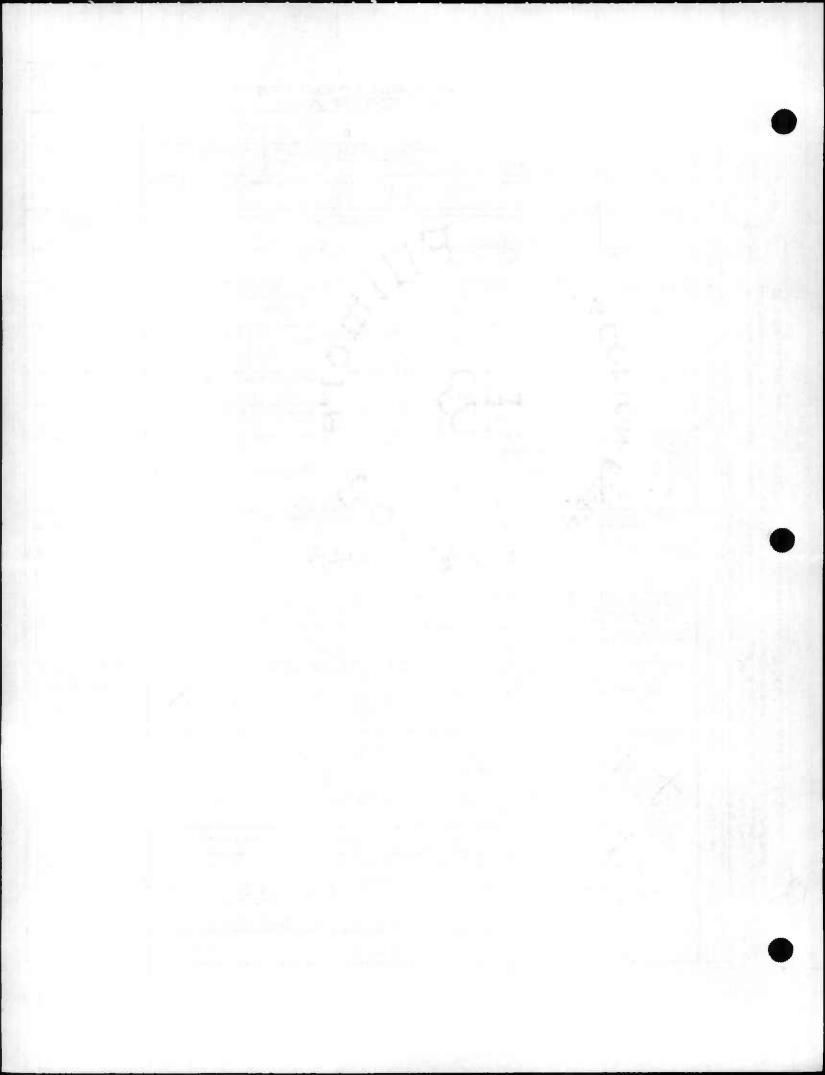
r M.D. 611 Park Avenue

M.D. 611 Park Avenue Baltimore, Maryland
32. REGISTRAR'S SIGNATURE

Julia Davidson-Rondall

Dr. Eric Seifter
31. DATE FILED (Month, Day, Ybar)

OHMH-18 Rev 1/89



YEAR

Penn

USA

Inc

Specify:

3. TIME OF DEATH

7:10p

10d. INSIDE CITY LIMITS?

1 YES 2 X NO

interval Between

Onaet and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign Country)

BALTIMORE

14. RACE — American Indian, Black, White, etc.

White

		90	
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending provided	filled in by the funeral director, page 5 should be detached for use as the burnitearus perhits on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending property.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary manner. Permit Remains and Mental Hyglene prior to burial, cremation, or removal.	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

pes 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

TO THE HOSPITAL OR AT
TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If item 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MILDRED 7/27/92 MARTIN 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 1 🗌 M 2 屎 F 205-32-0912 YRS. 83urs 9/19/1908 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GBMC 6701 NORTH CHARLES ST TOWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD LUTHERVILLE LUTHERVILLE Florida Holiday pasco 10e. STREET AND NUMBER 122 WEST BURY RD 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21093 34690-4122 2153 Erin Dr 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 XNO 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) John S. Mottinger Beulah Wood 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Etta M. Emerick Same as 10c 122 Westbury Rd. Lutherville Md. 20e. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Ha
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State emetery crematory or other place;
HIIItop Service Corp. 7/29/92 Towson . Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY - Grade 1050 York Rd. 21204 Ruck Towson Funeral Home. 23. PART I. Enter the diseases, or completions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) SUBDURAL HEMATOMA Sequentielly list conditions. OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 1 TYES 2 NO

1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

2 __ MEDICAL EXAMINER: On the bacle of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner se stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER M.A an

30060 2129197 Davis 6565 Achas

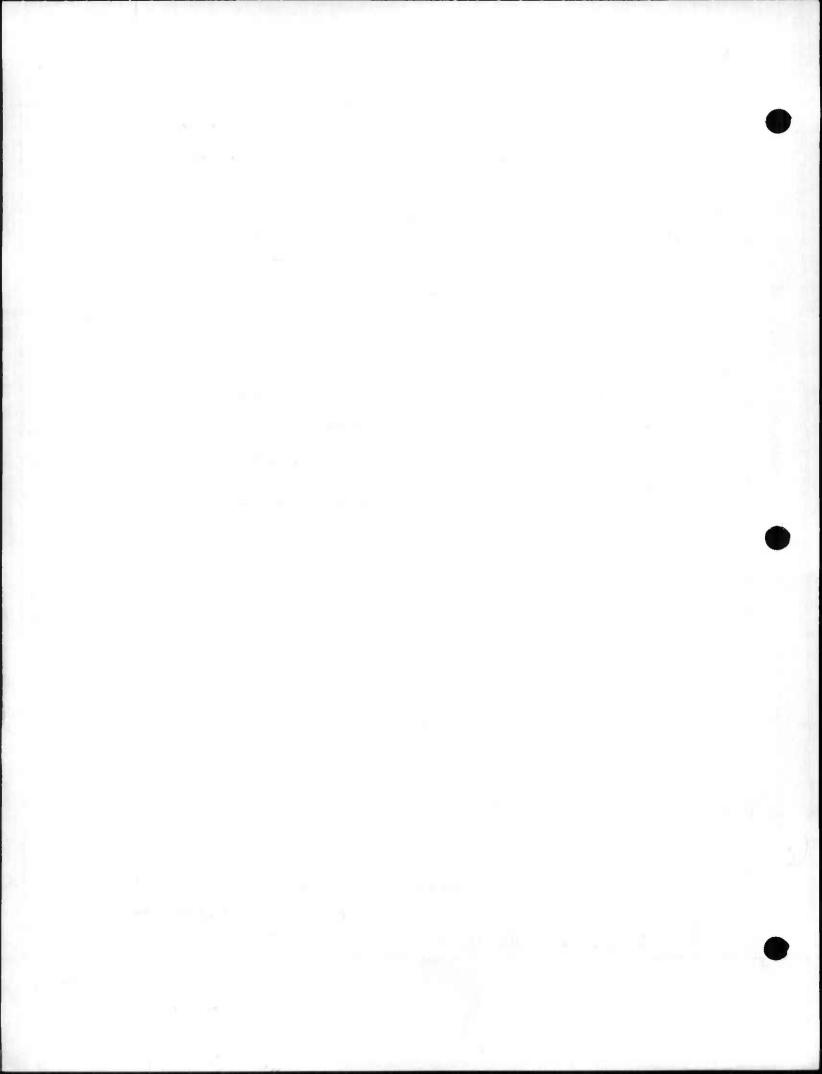
31. DATE TILEO VA JUL 3 0 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Parisher - Mongalla

DHMH-16 Rev 1/89

29d. DATE SIGNEO (Month, Day, Year)



noille n	should		
-	2		
S AB	page		
5	ctor,		
S S	dire		
and the state of t	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		
3	he	100	
	D.	оша	
2	E D	0	
1	1	tion,	
1	letel	еша	
	dmo.	al, ci	
	pul	Puni	•
5	5	2	
	ysicia	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	ద	ane.	
	guipt	Hygi	•
	atte	mtal	
	the	Me	
	2	and	
	ned	量	
	Sig	He	
	Deen	0	,
	has t	Dept	
	cate	State	
	ertifi	the	
	this c	With	
	ter 1	ath	

									(32 2	1087
	1 - STATE REGISTRAR	STATE OF MARYLANI) / DEPAR	RTMEN	T OF H	EALTH .	AND M	ENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. 1	IME OF DEATH
	PATRICIA MA	PATRICIA MACK Patricia C. Mack						A - 3	DAY -	42	4 A M
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs	. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	-	7. DATE OF BIRTH		6. BIRTHPLAC	E (State or Foreign
	212-02-8941	1 M 2 DXE 47	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	15	Country)	ryland
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CIT	Y, TOWN C	R LOCATIO	N OF DEA			INTY OF DEATH	
9	Stella Maris Hosp	ice		To	wson	ı.		Baltimore			
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY										
1 2					10c. CITY, TOWN OR LOCATION					10d.	INSIDE CITY LIMITS?
	Maryland Bal	to.	To	Towson				1 - YES 2 2 N			YES 2 1 NO
FUNERAL					10f.	ZIP CODE			10g. CIT	IZEN OF WHAT	COUNTRY?
y	601 Valley Lane			21286					U	S.A.	
	11. MARITAL STATUS 1 □ Never Married 2 ▼Married	 WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 		ARMED 13. WAS DECENDENT OF HISPA BNO II yes, specify Cuben, Maxic			HISPANIC	NIC ORIGIN? (Specify Yes or No- 14, RACE - American Indian		merican Indian,	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OATES		1 VES 24 NO Specify:			2011/10-01/10-02		Specify:	15.000	
	15. OECEDENT'S EDUCAT	ION 18a	OECEDENT'S	HELIAL O	CCURATIO	M.		Lat. William on the			ite
	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of life. Do NOT us	work done	during mas	st of working	7	16b. KIND OF BUSINESS/INDUSTRY			
급	(-12)		Homema	kor							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		11Omeme	rver		18. MOTH	FR'S NAM	E (First, Middle, Maide	Home		
	John W. Davidson,	Sr.						,	ourname)		
BE G	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street ar			Lee Ott	un State 76	Code	
2	Raymond B. Mack			-				are realized, city or lo	Pri, Otalie, £5	State, Zip Cooe)	
8	20a. METHOD OF DISPOSITION	20b. PLA	CE AND DATE			10e		OATE 20c. L	OCATION	City or Town, S	M-4-
2	1XXBuriel 2 Cremation 3 Remove 4 Donation 5 Ther (Specify)	I Irom State cemetery.	dawn C	ther place)			127 11				Net e
	21. SIGNATURE OF SONERAL SERVICE LICEN	MED /	wawii C				/31/9 S OF FACI		Balto	Md.	
	22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204					4					
	Ruck Towson Funeral Home Inc										
23. PART I. Entar the diseases, or complicatione that caused the deeth. Do not anter the mode of dying, such as cardiac Dr respirator shock, or heart failure. List only one ceuse on each line.				olratory an	rest,	Approximata					
	IMMEDIATE CAUSE (Finel										
£	disease or condition resulting in death) a. CACCINOMICA Lung DUE TO (OR AS A CONSEQUENCE OF):										
2	DUE TO (OR AS A CONSEQUENCE OF):										
N N	Sequentially list conditions,										
Ā	If eny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CON	SEQUENCE OF	F):							
CAUSE (Disease or Injury \$ c.											
E	that initiated evente resulting in death) LAST	95E 10 (011 AS A CON	SECUENCE OF	r):						i	
	d										
	PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
	PERFORMED?							ABLE PRIOR TO PLETION OF CAUSE			
		1 VES 2 DNO OF DEATH?							4.4		
2		1 VES 2 NO									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL										
Sic		HOSPITAL: OTHER:									
;] 숲	27. MANNER OF DEATH	288. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW IN HIGH COCCURED									
BY F	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY M	WORK?			DESCRIBE NOW INJURY OCCURED			
	3 Suicide 8 Could not be	3 Suicide 8 Could get be 26s. PLACE OF INJURY — At home, larm, street, lactory, office				-	281. LOCATION (Street and Number or Rural Route Number,				
TED	4 Homicide determined building, atc. (Specify))					
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIAL	290. CERTIFIER 1 ACERTIFYING PHYSICIAN TO the heat of an incompany of the heat of the									
N N	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.										
	29b. SIGNAPHRE AND TITLE OF CERTIFIER	0		,							
29d. DATE SIGNED (Month,											
0		myun		2		/			- 7	-29-	Tol

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

32. REGISTRAR'S SIGNATURE

, una Lavidson-Randalle

permit. Pages 1, 2, 3 should

use as the burial-transit

PHYSICIAN:

8

COMPLETED

BE

2

3 Suicide

4 Homicide

8 Could not be

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RALPH L. MENNERICK, JR. YEAR 01:00 A 28-1992 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
May 22, 8. BIRTHPLACE (State or Foreign Country) 219-18-8566 66 1 7 M 2 | F DAYS VDS May 1926 Md 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 NO BY FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 127 Garden Ridge Road 21228 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 M Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Electrician Electrical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ralph L. Mennerick, Sr. 8 Alice Ann Wilcox 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frances L. Mennerick 127 Garden Ridge Road Balto, Md21228 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State cemetery, crematory or other place)
GreenMount Crematory Donetion 8 - Other (Specify) _ 7/30 Baltimore, Md 22. NAME AND ADDRESS OF FACILITY
Sterling Ashton Funeral Home, Inc 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Moory 736 Edmondson Avenue 23. PART I. Enter the diseases, Dr complicatione that caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ehock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Metastatic Adenocationoma of Due to IOR AS A CONSEQUENCE OF: resulting in desth) DUE TO (OR AS A CONSCOLENCE OF): Devere CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING AtHal Fibrillation secondary to #A CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST Bilatera Venous thrombosis PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 6 rouchitis secundary 1 YES 2 DAG DE DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSBITAL OTHER: 1 TES 2 PNO 1 @ Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Reeldence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

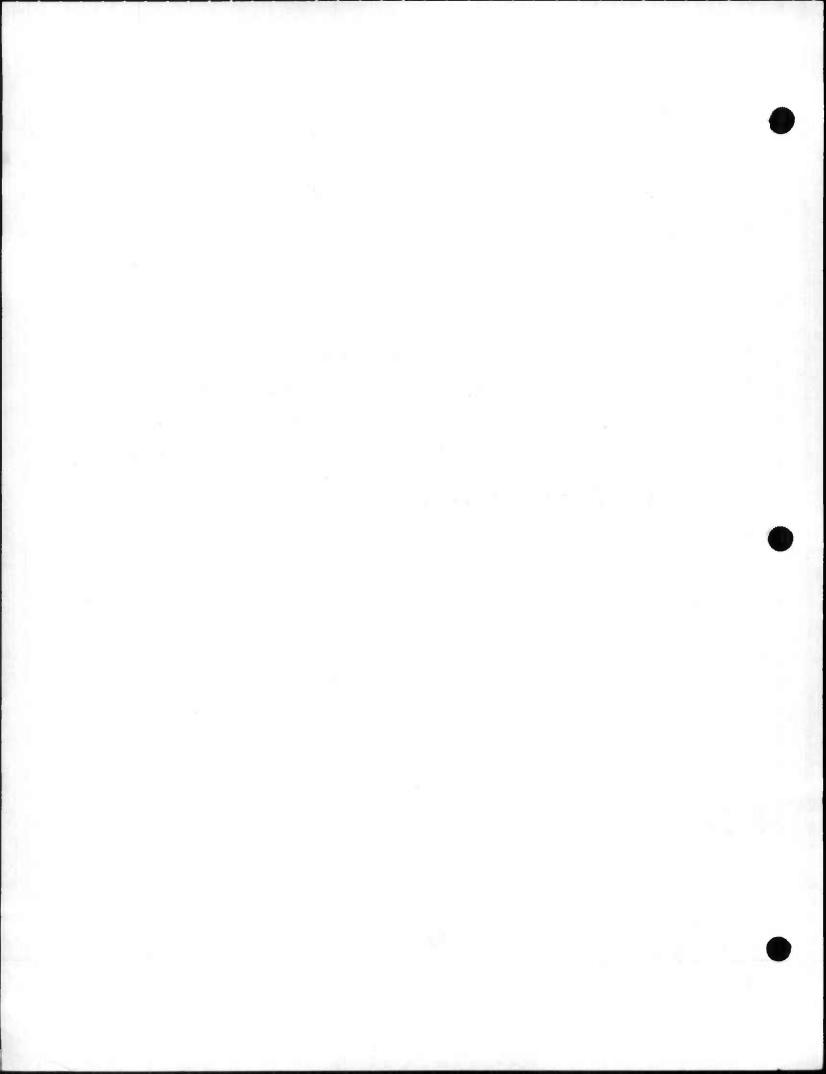
2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner ee stated. 295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Serie Dee Aud Physician (Kestde 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) her (Kestdent) -28-92 AGNES Baltimore HOSPITAL 900 Certery MD Ave 21220 JUL 3 0 1992 32. REGISTRAR'S SIGNATURE

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.





	_		
	Se		
	Pag		
	岩		
	Per		
	#		
S.	Tar.		
Sici	ial.t		
E.	Ž		
9			
pue	38		
F	950		
0	Ď		
50	8		
2	tach		60
음	de		2
B	2		M
200	정		9
eta	5		100
8	96 5		
AP.	ă		t b
E 49	tor,		30
90	lirec		1
E	E		=
E E	nue nue		E
5	he f	ē	
40	6	MO	63
Sign	=	F 76	Dec
7	8	n, 0	
n 2	4	atio	=
A P	plete	me.	ent,
8	E OC	ei.	8
50	P	Par	He
8	n a	2	Ĕ
2	sicia	rior	Ē
Cat	P S	9	-
E S	2	gier	5
40	pug	Ŧ	6
deat	att	ma	č
94	the	Me	큐
at	3	and	I A
# S	Deut	朝	9
Din	Si	훈	3
9	beer	9	뜫
8	98	Depl	23
H	te h	ate (E
3	ifica	St	른
30	Cen	#	
H.	his	With	Ped
6 6	er t	=	Tar.
TO_THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IVE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TEN	9	the	82
A AI	SEC.	13	E
0	5	Š	=
A	B	2	=
SP	NE.	thin	F
Ŧ	FF	W	FIE
E	E	flec	8
2	B	8	E

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

92 21089 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July 1050 PM M Rosanna В. Moore 92 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
1-11-10 6. AGE (In yrs. last birthday) BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 | M 2 | F 212-32-1151 YRS. Pa. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore City 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9 York 21218 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: 8 3. Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple entary/Secondary (0-12) College (1-4 or 5+) 12 4 Nurse Medical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Harry Bonbrake Rose Rouzer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Jane Mulligan 409 Tangelwood Ct Joppa Md. 21085 20e. METHOD OF DISPOSITION
1 Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE cemetery, crematory or other place) Green Mount Crematory Baltimore City 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Henry W. Jenkins & Sons Co 4905 York Rd. Baltimore, Vaves TII 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition resulting in death) CERTIFICATION

1

equentially list conditions, any, leading to immediate	bOUE TO (OR AS A CONSEQUENCE OF):		
ause. Enter UNDERLYING AUSE (Disease or Injury nat Initiated eventa sesulting in death) LAST	C		
ART II. Other significent condition	na contributing to deeth but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDIF AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO npetient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED. 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 8 Could not be 4 Homicide

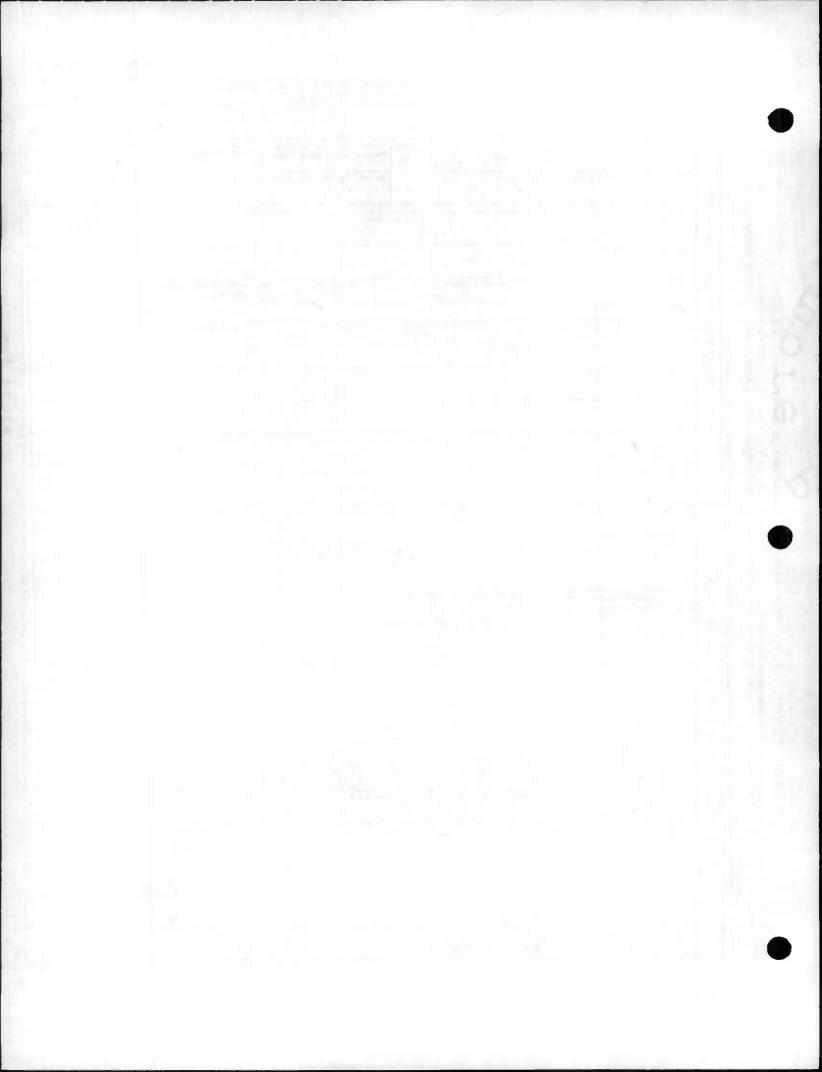
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

2 MECICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occursed at the time, date and piece, and due to the cause(e) and menner as stated.

SNE. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day,
Malley NO		D 7/24/97

Frank	Kohler	, , , , , , , , , , , , , , , , , , , ,	_ /	Hoga, tel
JUL 3 0 1992	July Davidson			· ingresor

1 TYES 2 THO



YEAR

Md

10g. CITIZEN OF WHAT COUNTRY?

Α.

9c. COUNTY OF DEATH

U.S

Md.

County

Md

92

3. TIME OF DEATH

7.00

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

21210

White

City

Balto

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TES 2 NO

29d. DATE SIGNED (Month, Day,

Interval Between

Onset and Death

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign Country)

REG. NO.

2

2. DATE OF DEATH

0

IF UNDER 24 HRS.

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Lyst)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

7. DATE OF BIRTH (Month, Day, Year MONTHS DAYS 213-10-1530 1 X M 2 - F 87 filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH Baltimore City Liberty eights Maryland Center DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore City Md BY FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 3609 Hayward Ave. 21215 Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. APPRED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 - YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Transit Transportation 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) notified at John Moran BE Eva Rice 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Howard De Muth Jr 4502 Schenley Rd Balto. 9 20e. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State
4 Donetion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Ridge Druid examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 24 hours after death. ellean Henry W. Jenkins & Sons Co ave 4905 York Rd Balto. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line. **IMMEDIATE CAUSE (Final** the attending physician and completely fille Mental Hygiene prior to burial, cremation, the diseese or condition TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremati IMPORTANT: If Item 28 is markad, or Item 23 shows any Injury, or other traumatic event. resulting in desth) ONE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated aventa resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 25 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 🗆 Nurs ng Home 5 - Residence 6 - Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) end mer 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 0 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30 NAME AND ADDRESS 12 0 613 01992 32. REGISTRAR'S SIGNATURE

ia Davidson

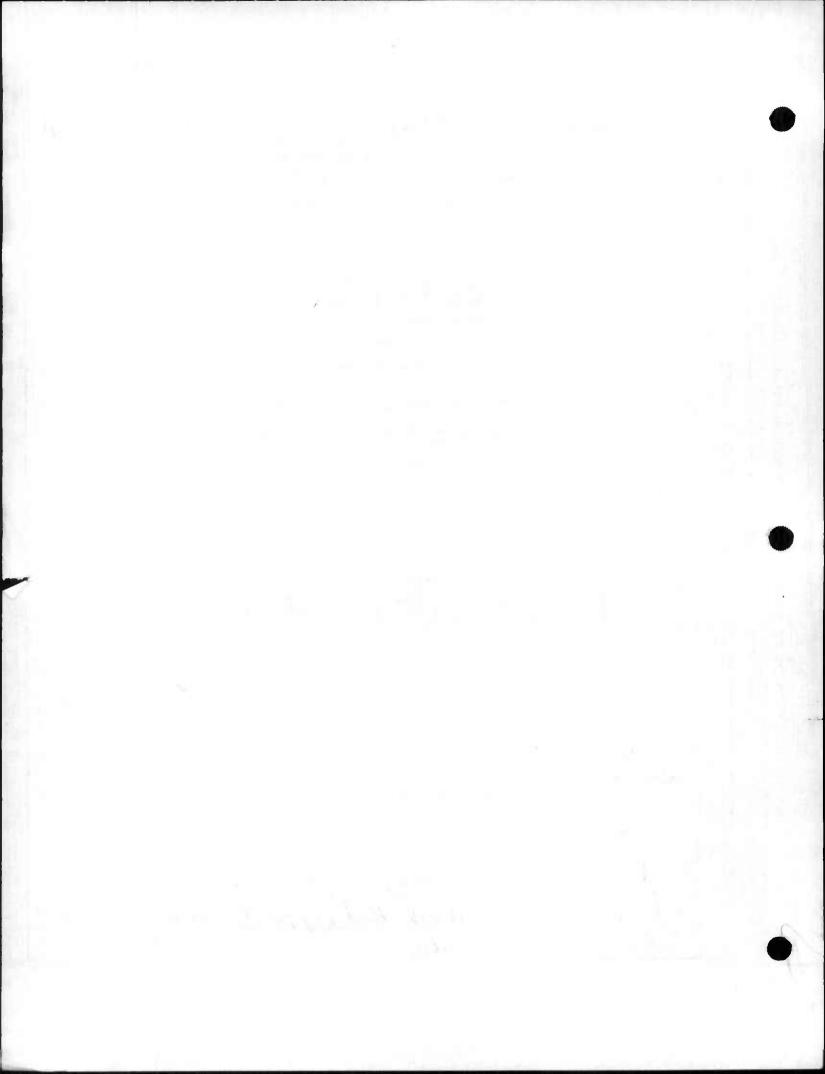
-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

8. AGE (In yrs. last birthday)

DHMH-16 Rev 1/89



BALIIMORE, MARYLAND 21215-0020	4 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the control of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
THE RECORDS, F.O. BOX 68760,	TO THE HIGH PALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filter within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

												92	210	91
	1 - FOR STATE REGISTRAR	STATE OF N					HEALTH DEAT			YGIEN EG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	L'ANNON							2. DATE OF C	DEATH	AY	YEAR	3. TIME OF DE	ATH
	DOROTHY A. Mac								07			92	7:00	PM M
	217-12-5325	5. SEX 1	8. AGE (In yrs. le	YRS.	MONTHS	ER I YEAR DAYS	HOURS	24 HRS. MIN.	OI/I3	123		8. BIRT	HPLACE (State or ARYLAND	Foreign
<u>م</u> ا	9e. FACILITY NAME (If not institution, give str						OR LOCATIO		EATH			OUNTY OF DEATH		
DIRECTOR	1117 DLONG ROAD	APT I	3		CA	TONS	VILLI	E			BA	LTIM	ORE	
표	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CI	TY
	MARYLAND BALTI	MORE		CAT	ONSV	ILLE							LIMITS?	₹ NO
RAL	10. STREET AND NUMBER	4.70.00	-			10	f. ZIP CODE				17		WHAT COUNTRY	
FUNERAL	1117 DLONG ROAD						212					.S.A	•	
	1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2X	NO NO	13	If yes, sp	secify Cubar	n, Mexica	NIC ORIGIN? (Sp in, Puerto Rican	ecify Yes	or No-	14. RAC Blac	E — American In k, White, stc.	dian,
B√	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES			1 TYES	2XXNO	Specify	y:			Spec		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16e. Di	ECEDENT'S	USUAL	OCCUPATI	ON ost of working		16b. KINI	OF BU	SINESS/INI		ITE	
	Elementary/Secondery (0-12)	College (1-4 or 5+) #	. Do NOT u	se retired.)	ost of working	g						
MP	12th		НС	OME M	AKER	}			OWI	OH V	ME			
	17. FATHER'S NAME (First, Middle, Last)	IMOM CD							ME (First, Middle					
BE														
유	199. INFORMANT'S NAME (Type/Print) DONALD A. SMITH (COUSIN) 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2014 DERRICKSON ROAD BALTIMORE, MD 21244													
	20e. METHOD OF DISPOSITION 1 Burlet 2XX remetton 3 Removal from State consider a company of control of the cont													
	4 Donetion 8 Other (Specify)		METRO	CRE	MATO	RY		7/2	28/92		ONSV			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE					ND ADDRES							_
	ModaMy In	the for	11/5		1	ERUY	M &	RUS	SELL C	WIT	ZKE	FUNE	RAL HOM , MD 21	Ε 228
	23 PART I Enter the diseases, or co shock, or heart feliure. Li	pripilicatione thet	ceused the de	eath. Do r	not ente	r the mo	de of dyle	ng, suci	h as cerdiec	or respi	ratory en	reet,	Approxi	
	IMMEDIATE CAUSE (Finei									9			Interval Onset a	
	disease or condition resulting in death)	acul	e m	MO	10	no	lea	le	nla	7 1	ter		1	aut-
1		DUE TO (OR AS A CONSE	OUTNICE OF	F):	,	1		100				·	ECHI
ON	Sequentially liet conditions, 6.	are	202	cle	RA	tre	he	2.2	rta	les	200	-	100	en.
RTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING	00E 10 (OR AS A CONSE	OUENCE OI	F):									
띪	CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS A CONSE	OUENCE OF	F):									
臣	resulting in deeth) LAST												į	
E	PART II. Other eignificent conditions		death but not	realities.	a sha a									
PHYSICIAN: MEDICAL			acotti bat ilot i	esuning	iii tiie u	noerlyni	g ceuse g	iven in	Part I. 24a.	WAS AN PERFOR	MEO?	24b	AWAILABLE PRIO	R TO
9									' 🗆	YES 2	NO		OF DEATH?	CAUSE
2									-				1 YES 2	NO
N. N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Che	ick only one)					
SK		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:			8 Other (Spe	clfv)				
E	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b. TIM		28c. INJ			28d. DESCRIBI		NJURY OCC	CURED		
B≺	1 Netural 5 Pending 2 Accident Investigation		1 34		М	1 🗆 1		NO						
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF building, a	INJURY - At ho tc. (Specify)	me, ferm, a	treet, fec	tory, office			281. LOCATION City or Tow	(Street e	nd Number	or Rural F	loute Number,	
<u>-</u>	no- organismo													
COMPLETED	Chack only CENTIFTING PHYSICI	AN: To the best of n	ny knowledge, de	eth occurre	d at the	time, date	end place,	end due	to the cause(s)	end men	ner es stat	ed.		
8		Un the basis of exa	imination end/or i	Investigation	n, In my	opinion, d	eath occure	d at the t	time, date end p	dece, end	due to th	e ceuse(e) end menner ee	stated.
8	296. SHATURE AND TITLE OF CENTIFIER	110		0.1			29c. LICEN				29d. DATI	ESIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPI EXPO OTTO	200	SUL	3		1	017	86		7	2	27-9	32

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

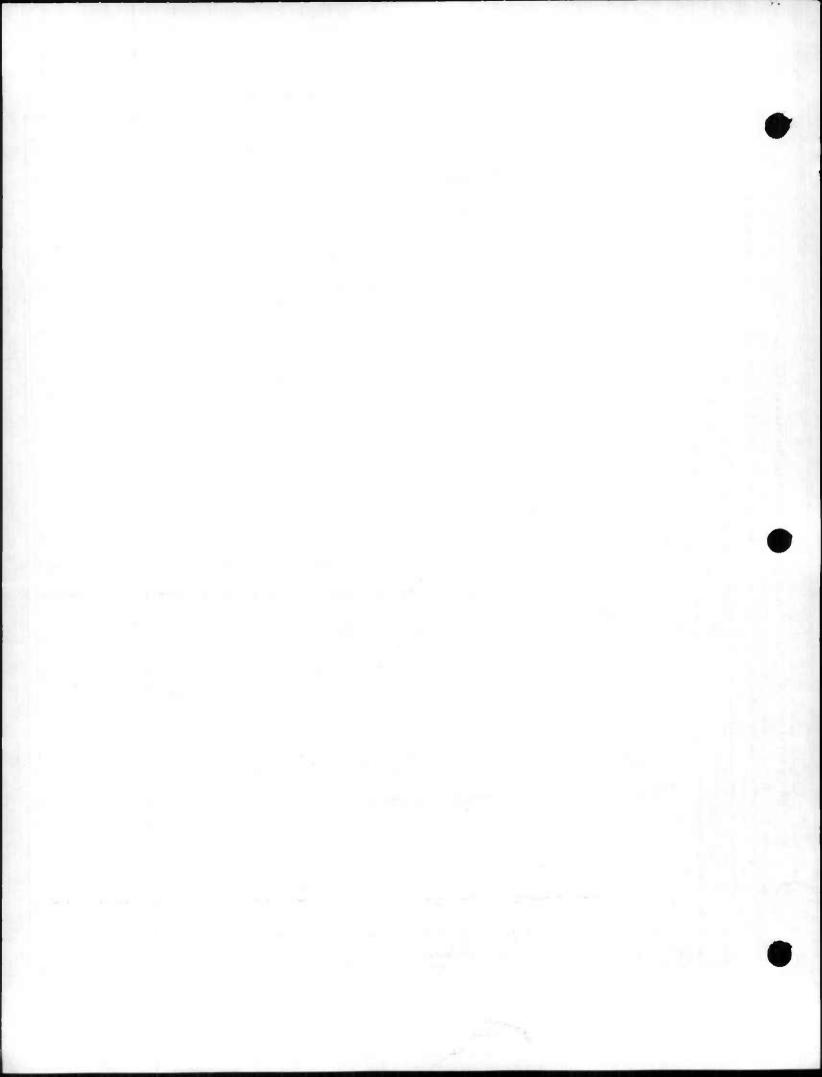
3455 WILKENS AVENUE SUITE 300 BALTIMORE, MD.

LAÜRENCE GALLAGER M.D.

31. DATE FILED (Month, Day, Year)

JUL 3 0 1992

June David 32. DEGISTRAR'S SIGNATURE
LINE DAVIDON-PROPERE

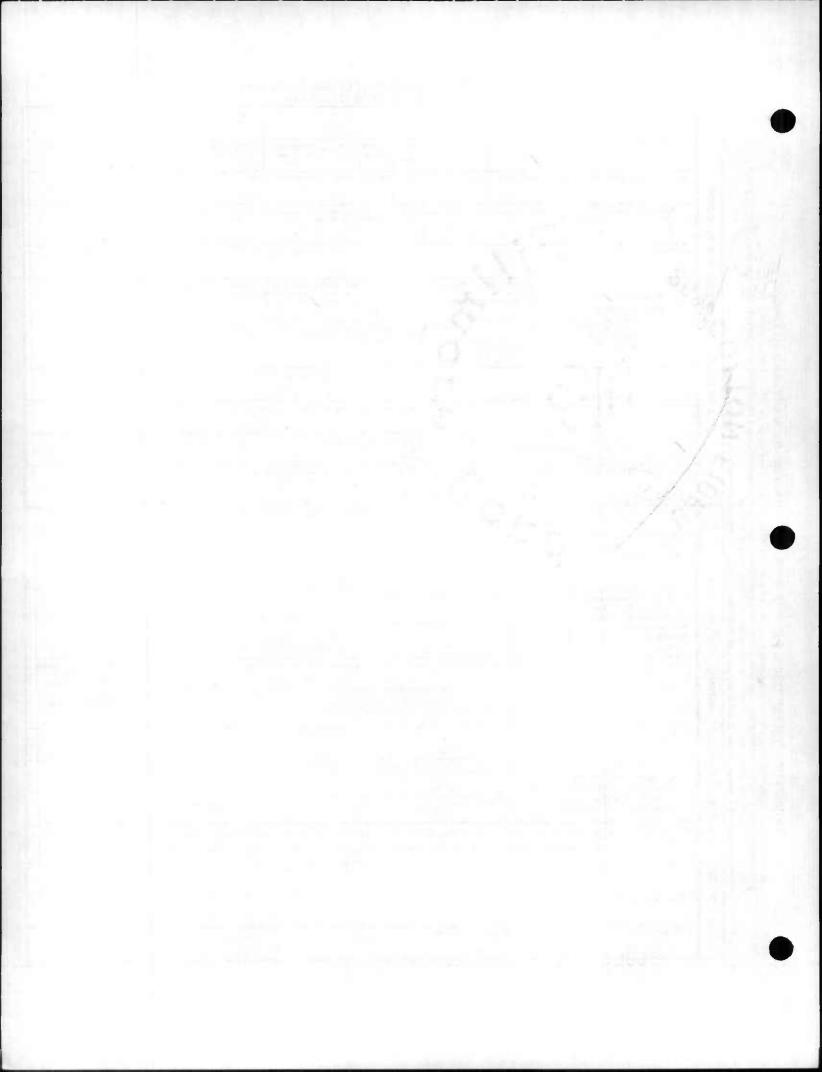


10 41413-0040	ospital or attending physic	hed for use as the burial		
STATE OF THE COURT	6 may be retained by the h	ector, page 5 should be detact		must be notified at once
The state of the s	24 hours after death. Page	y filled in by the funeral din	tion, or removal.	the medical examiner
	rifficate be executed within	g physician and completely	iene prior to burial, crema	ither traumatic event,
(00:1001:1	requires that the death ce	een signed by the attendin	of Health and Mental Hyg	shows any injury, or o
	DING PHYSICIAN: The law	After this certificate has be	death with the State Dept.	marked, or Hem 23
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)				ICATE OF	DEATH	2. DATE OF DEAT		1.	. TIME OF DEATH
JERRY	LEE		M	athis		MONTH 0.7	DAY	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRT	27		3 ± 3 () LACE (State or Fore)
220-36-9704	1 M 2 - F	50	YRS.	MONTHS DAYS	HOURS MIN	8/14/	41	N.C.	
9a. FACILITY NAME (If not institution, give of	street and number)			9b. CITY, TOWN	OR LOCATION OF			UNTY OF DEA	
FASTROLIND #170 CA	DDOI TON	יבו ווגיבו זג		BATITIM	IODE				
FASTROLIND #170 CA RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		SVERVOE							
MD 10a. STATE 10b. COUNT	Y			Y, TOWN OR LOCA				1	Od. INSIDE CITY
10e. STREET AND NUMBER			_ ва.	ltimore				1	YES 2 N
2608 Orleans S	2 +			10	f. ZIP CODE		1.00		AT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN II C A	DMED	1 40 1110 054	21224			S.A.	
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2		If yes, so	pecify Cuban, Max 3 2 NO Sp	PANIC ORtGIN? (Specifican, Puerto Rican, etc.) icity:	ly Yes or No	Black, Specify:	- American Indian. White, atc.
15. DECEDENT'S EDU (Specify only highest grade	CATION .	16a, D	ECEDENT'S	USUAL OCCUPATI	ON	16b. KIND O	F BUSINESS/IN		
Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done during mose retired.)					
Unk.,	Unk.]	Trucl	k Drive	r	Ва	kery		
17. FATHER'S NAME (First, Middle, Last)		3-3	4			NAME (First, Middle, M.			
Walter Mathis						e Simmo			
Month how Weth						rel Route Number, City o			
Martha Mathis						Baltimo:			
No. METHOD OF DISPOSITION Burial 2 Cremation 3 Rem	oval from State			OF DISPOSITION (N.			c. LOCATION -		
Donation 5 Other (Specify)		HOII	Ly, H.	Hariace) Mem		7/31	Balti	nore,	MD
21. SIGNATURE OF FUNERAL SERVICE LI	CAPAGE .								
Demand.	del	Dessel	26	B. D	abrows	ki & Son	n Fund	eral	Home
23. PART I. Enter the diseases, or	complications that	esta	leath. Do i	B. D 2818	abrows E. Ba	ki & So ltimore	. St.	2122	4
shock, or heart failure.	List only one cau	use on each fin	le.	B. D 2818	abrows E. Ba	ki & Son ltimore	St.	2122 rrest,	Approximate interval Bets
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cau	use on each fin	le.	B. D 2818	abrows E. Ba	ki & Son ltimore	St.	2122 rrest,	Approximate interval Bets
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	e. Ather	use on each fin	rotic	B. D 2818 not enter the mo	abrows E. Ba	ki & So ltimore	St.	2122 rrest,	Approximate interval Bets
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Ather	rosclei	rotic	B. D 2818 not enter the mo	abrows E. Ba	ki & Son ltimore	St.	2122 rrest,	Approximate interval Bet
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially tist conditions, if any, leading to immediate	e. Ather	rosclei	rotic	B. D 2818 not enter the mo	abrows E. Ba	ki & Son ltimore	St.	2122 rrest,	Approximate interval Bets
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially tist conditions,	e. Atherope to be DUE TO c.	OF AS A CONSE	rotic EQUENCE O	B. D 2818 not enter the mo	abrows E. Ba	ki & Son ltimore	St.	2122 rrest,	Approximate interval Bets
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. Atherope to be DUE TO c.	TOSCIE	rotic EQUENCE O	B. D 2818 not enter the mo	abrows E. Ba	ki & Son ltimore	St.	2122 rrest,	Approximate interval Bets
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. Atherope to be DUE TO c.	OF AS A CONSE	rotic EQUENCE O	B. D 2818 not enter the mo	abrows E. Ba	ki & Son ltimore	St.	2122 rrest,	Approximate interval Bet
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Ather DUE TO B. DUE TO d.	OR AS A CONSE	EQUENCE O	B. D 2818 not enter tha mo Carc	abrows E. Ba de of dying, a	iki & Son Itimore uch as cardiac or i	S AN AUTOPSY	2122 rrest,	Approximate interval Bett Onset and I
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Ather DUE TO B. DUE TO d.	OR AS A CONSE	EQUENCE O	B. D 2818 not enter tha mo Carc	abrows E. Ba de of dying, a	Itimore uch as cardiac or i cular	s an Autropsy	2122 rrest,	Approximate interval Bet Onset and I Onset
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Ather DUE TO B. DUE TO d.	OR AS A CONSE	EQUENCE O	B. D 2818 not enter tha mo Carc	abrows E. Ba de of dying, a	Itimore uch as cardiac or i cular	S AN AUTOPSY	2122 rrest,	Approximate interval Bet Onset and I Onset
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Ather DUE TO B. DUE TO d.	OR AS A CONSE	EQUENCE O	B. D 2818 not enter tha mo Carc	abrows E. Ba de of dying, a	Itimore uch as cardiac or i cular	s an Autropsy	2122 rrest,	Approximate interval Bett Onset and E Onse
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	e. Ather DUE TO b. DUE TO d	OR AS A CONSE	EQUENCE O	B. D 2818 not enter tha mo	abrows E. Ba de of dying, a	In Part I. 24a. Wa	s an Autropsy	2122 rrest,	Approximate interval Bett Onset and E Onse
shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	e. Ather DUE TO B. DUE TO d.	OR AS A CONSE	EQUENCE O	B. D 2818 not enter tha mo Carc F): F): In the underlyin OTHER:	abrows E. Ba de of dying, s	Itimore uch as cardiac or i cular In Part I. 24a. WA PE 1 Xyi Check only one)	SAN AUTOPSYRFORMED?	2122 rrest,	Approximate interval Betwonset and E Onset
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	e. Ather DUE TO b. DUE TO d. OUE TO d. HOSPITAL: 11 Inpatient 2	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE Death but not	EQUENCE O	B. D 2818 not enter tha mo Carc F): F): In the underlyin THER: OTHER: B. D 2818 26.Pi 26.Pi 26.Pi 26.Pi 26.Pi 26.Pi	abrows E. Ba Ide of dying, a Ide of dying, a Ide of dying, a	Itimore uch as cardiac or i cut (a) In Part I. 24a. WA PE 1 XYI Check only one)	S AN AUTOPSY RFORMED? ES 2 NO	2122 rrest,	Approximate interval Bett Onset and E Onse
Shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	e. Ather DUE TO b. DUE TO c. OUE TO d. HOSPITAL:	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE Death but not	EQUENCE O	B. D 2818 not enter tha mo Carc F): F): In the underlyin 26. Pi OTHER: 4 Nursing Hon E OF 28c. th, we	g cause given	In Part I. 24a. WA PE 1 Nyu	S AN AUTOPSY RFORMED? ES 2 NO	2122 rrest,	Approximate interval Betwonset and E Onset
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 17. MANNER OF DEATH 18. Netural 5 Pending	e. Ather DUE TO b. DUE TO c. OUE TO d	Joe on eath fin	EQUENCE O EQUENCE O TOTAL TIME TOTAL TI	B. D 2818 not enter tha mo Carc F): F): In the underlyin 26. Pi OTHER: 4 Nursing Hon E OF 28c. th, we	g cause given	In Part I. 24a. WA PE 1 Nyu	SAN AUTOPSY REORMED? ES 2 NO PEASTBO OW INJURY OF	2122 rrest,	Approximate interval Bet Onset and I
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 15. YES 2 NO 17. MANNER OF DEATH 17. Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 18. CERTIFIER (Check only) 1 CERTIFYING PHYS	e. Ather DUE TO b. DUE TO c. OUE TO d	Jee on eath fin	EQUENCE O EQUENCE O EQUENCE O Tesulting 2 db. TIM IN. ome, ferm, seeth occurrence.	B. D 2818 not enter tha mo Carc F): F): In the underlyIn 26. Pi OTHER: 4 Nursing Hon E OF 28c. th, WK M	g cause given LACE DF OEATH TOP S Residence TURKY AT TYES 2 NO	In Part I. 24a. When the control of	SAN AUTOPSY REORMEO? ES 2 NO PEASTBO OW INJURY OF	2122 rrest, 24b. W A C C O I I DUND # I CCURED or or Rural Rou	Approximate interval Bet Onset and I onset
Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pisease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation Pen	e. Ather DUE TO b. DUE TO c. OUE TO d	Jee on eath fin	EQUENCE O EQUENCE O EQUENCE O Tesulting 2 db. TIM IN. ome, ferm, seeth occurrence.	B. D 2818 not enter tha mo Carc F): F): In the underlyIn 26. Pi OTHER: 4 Nursing Hon E OF 28c. th, WK M	g cause given LACE DF OEATH TOP S Residence TURKY AT TYES 2 NO	In Part I. 24a. When the control of	SAN AUTOPSY REORMEO? ES 2 NO PEASTBO OW INJURY OF	2122 rrest, 24b. W A C C O I I DUND # I CCURED or or Rural Rou	Approximate interval Bett Onset and E Onse
Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	e. Ather DUE TO b. DUE TO c. OUE TO d	Jee on eath fin	EQUENCE O EQUENCE O EQUENCE O Tesulting 2 db. TIM IN. ome, ferm, seeth occurrence.	B. D 2818 not enter tha mo Carc F): F): In the underlyin 26. Pi OTHER: 4 Nursing Hon E OF 28c. th. WK M 1 street, factory, office ad at the time, data	g cause given LACE DF OEATH TOP S Residence TURKY AT TYES 2 NO	In Part I. 24a. WA PE 1 Avg. Check only one) 28d. OESCRIBE H 28f. LOCATION (Specify, or Town, street, and place) 1	SAN AUTOPSYRFORMEO? ES 2 NO DEASTBOOM INJURY OF Interest and Number State) If manner as state, and due to 1	2122 rrest, 24b. W CO 1 DUND # 1 CCURED Pr or Rural Rounted.	Approximate interval Betwonset and E Onset

32. REGISTRAR'S SIGNATURE

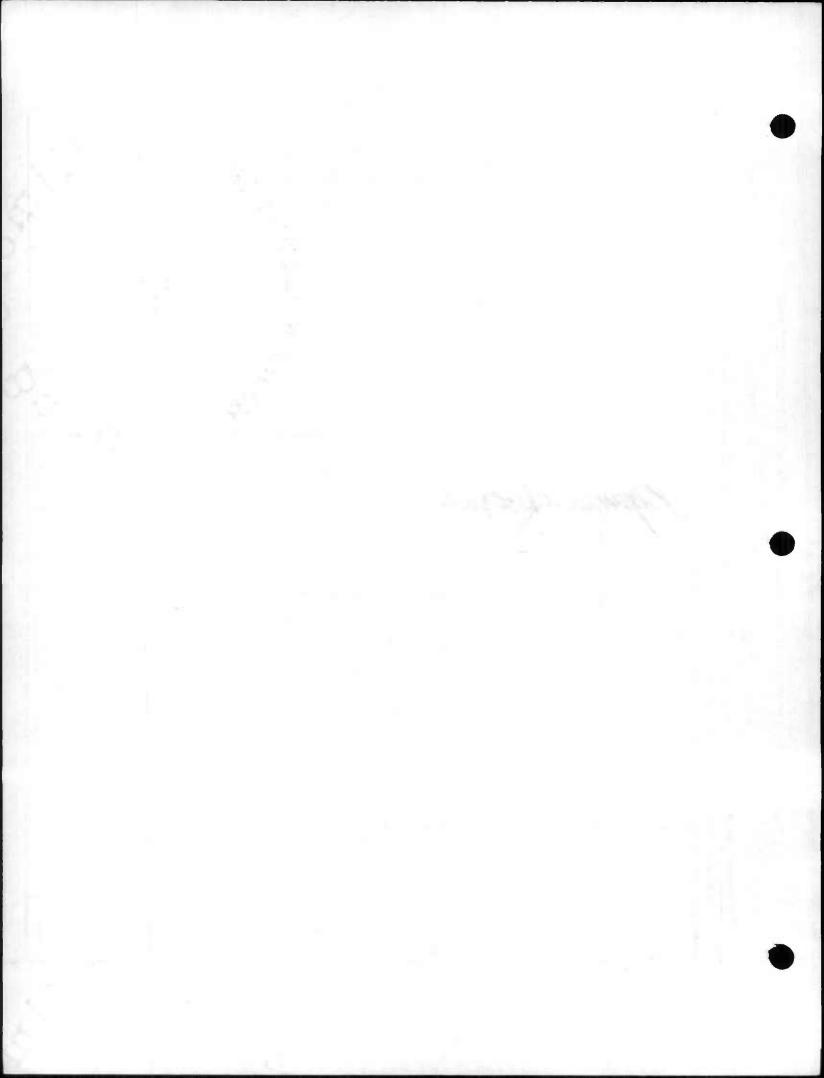
31. DATE FILED (Month, Day, Year)



OHMH-16 Rev 1/89

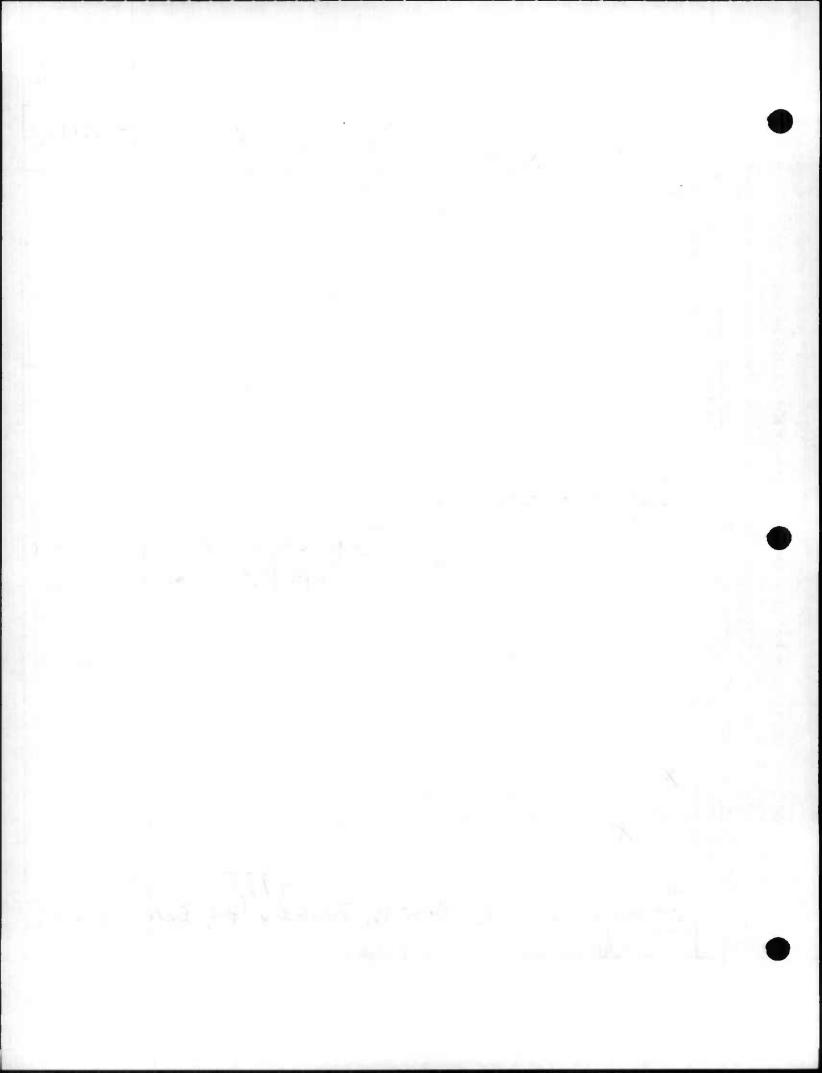
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an index death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should have within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND I	MENTAL HYGIENE REG. NO.	-	1.000	
1	1. DECEDENT'S NAME (First, Middle, Last)	BRYAN S		GWIN		2. DATE OF DEATH7		3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	6, BrRT	HPLACE (State or Foreign try)	
	212-15-1659	1XXM 2 □ F 15	YRS.			MARCH 18,1		IFORNIA	
	9a. FACILITY NAME (If not institution, give st 5330 NIGHT ROOST			COLUI	N OR LOCATION OF DI	EATH	9c. COUNTY OF		
	RESIDENCE OF DECEDENT						nov	HOWARD	
2	MADNI AND	WARD		Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?	
2	MARYLAND HO	WARD	00	LUMBIA	101, ZIP CODE		10g. CITIZEN OF	1 TYES 2 NO WHAT COUNTRY?	
	5330 NIGHT ROOS	T COURT			21045	l	U.S.	Α.	
ONE	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			ECENDENT OF HISPAI specify Cuben, Mexico	NIC ORIGIN? (Specify Yes	or No — 14. RAC Black	E - American Indian, ck, White, etc.	
-	Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		101	ES NO Specif	y:	Spe	city: WHITE	
3	15. DECEOENT'S EDUC		16a. OECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	INESS/INDUSTRY	***************************************	
ũ I	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during se retired.)	most of working				
COMPL	9		STUDENT			HOWARD H		OOL	
	17. FATHER'S NAME (First, Middle, Lest) CARL O GWIN					AME (First, Middle, Maiden:			
מ	CARL O'GWIN 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		LYN KENNE Route Number, City or Town			
2	CARL O'GWIN (FATHER)	5330	NIGHT 1	ROOST COUR	RT, COLUMBIA	, MD. 2	1045	
	20s. METHOD OF DISPOSITION XXBuriel 2 Cremation 3 Remarks	oval from State	other place)		cemetery, crematory or	10.100	CATION City or	Town, State	
	A Donation 5 Dother (Specify) OREM CEMETERY 8/3/92 OREM, UTAH 22 NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES								
	Dodani)	tilesten	25			SSELL C. WI LLS ROAD,CO			
	23/PART I. Enter the diseases, or o							Approximeta	
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	eech line.					Onset and Death	
	disease or condition resulting in death)	T-coll	leuken		. <u> </u>				
			A CONSEQUENCE O			6112			
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	PF:	Spinal	raid			
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Leuke	mia in	olving	i chest	lungs or	nedicist	inum	
RIPICATION	that initiated events resulting in death) LAST	TRANSA AP	A M	haras	Soft Andrew	fluid Tungs or r	E ALA:		
<u> </u>	PART II. Other significent condition							66. WERE AUTOPSY FINDINGS	
3	PART II. Other alignincent condition	ia contributing to death	but not resuming	in the under	ying cause given ii	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						1 🗆 YES 2	DANO	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C	heck only one)			
ı Sı	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Ou 28s. DATE OF INJURY		4 - Numing	Home 5 Residence	6 Other (Specify)	M 810V OCCUBED		
	1 Natural 5 Pending	(Month, Day, Year)	i i i	LJURY	WORK?	200. 5200.152.11011			
D BY	3 Suicide 6 Could not be	28a. PLACE OF INJUI building, etc. (Sc	RY — Al home, farm,	street, factory,	office	281. LOCATION (Street City or Town, State)	and Number or Rure	of Route Number,	
ETED	4 Homicide determined								
COMPLET	(Check only	SICIAN: To the best of my kno	-						
_	296. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examinat	non and/or investigat	ion, in my opini	29c. LICENSE N			ED (Month, Day, Year)	
BE	Marcie X(De Drug			2425	2	D 7/2	9/97	
2	30. NAME AND ADDRESS OF PERSON WI	TO COMPLETED CAUSE OF	DEATH (ITEM 27) (7)7	e, Print)			40	1116	
	Marcie K. We	1. Johns	Hopkins	Hospi	al, 6001	1. Wolfe S	tr. Ba	Itimore, MD.	
	31. DATE FILED (Month, Day, Year)	Janidana Ra	inde 82	•					
	■ しいしょ) ひ ししし イ	A count impost - A							



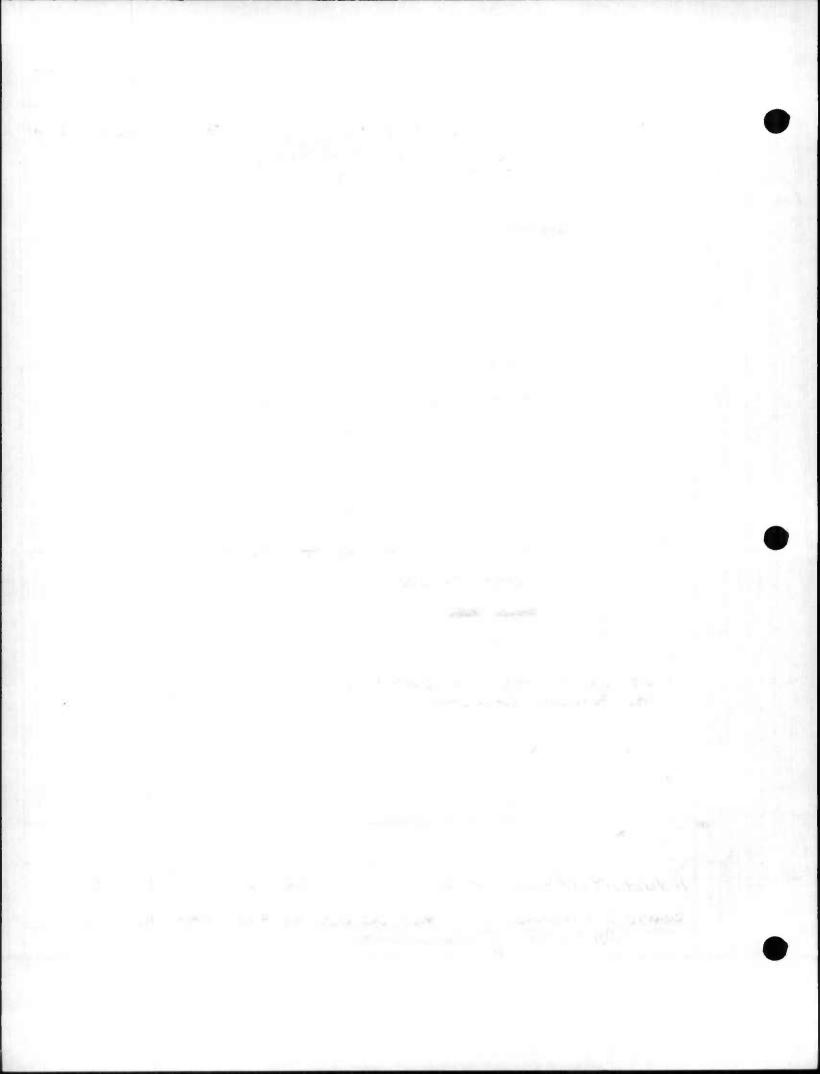
	Pages	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARYLAND) / DEPAI	RTMEN'	T OF HEA	ITH AND	MENTA	I HAGIEN	E	92	21	094
	1 - STATE REGISTRAR				E OF D			REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) A VID	POLLE,	KOF	F			2. DATE MONT	OF DEATH	2 , /	YEAR	3. TIME OF	M M
	4. SOCIAL SECURITY NUMBER 220-05-1760	5. SEX 6. AGE (In yrs	lest birthday) YRS.	IF UNDER		UNDER 24 HRS. URS MIN.	(Mont	OF BIRTH h, Day, Year)	3	Country	PLACE (Stor	e or Foreign
BO	90. FACILITY NAME (If not institution, give st	reet and number)			TOWN OR LO			1//1/0	7	NTY OF DI		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND				TOWN OR LOCATION TIORE						10d. INSIDI	3?
FUNERAL	100. STREET AND NUMBER 7028 SURREY DR	IOI. ZIF CODE						10g. CIT USA	IZEN OF W	HAT COUN		
BY	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 ND Specify:					or No-	14. RACE Black Specifi WH]		n Indian,			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) ELECTRICIAN 18 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ELECTRICIAN GENERAL							DUSTRY		OR		
Tr. Father's name (First, Middle, Lest) ABRAHAM POLLEKOFF 18. MOTHER'S NAME (First, Middle, Meiden Surname) SONIA (UNKNOWN)												
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7028 SURREY DR. BALTIMORE, MD 21215												
	20e. METHOD OF DISPOSITION ** Burle! 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) ** Burle! 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) ** Burle! 2 Cremetion 3 Removal from State ** Burle! 2 Cremetion 3 Removal from State ** Burle! 2 Cremetion 3 Removal from State ** ATTMORE MICRO MICRO								MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,			VINSON	VI & B	ROS.,	INC.			
	23. PART I. Entar the diseesas, or c	omplications that caused the	daath. Do	not entar	tha mode o	of dying, suc	ch as can	N RD.	ratory ar	rest,	Appr	21215 oximata val Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	1		R	espira	Lien	w	mfb,	eres	4		ot and Death
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON		M	ulh	ple	Sel	eros	w		45	48
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initisted events resulting in deeth) LAST	DUE TO (OR AS A CON	SEQUENCE O	PF):								
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	contributing to death but ne	ot resulting	in the ur	ndariying cs	use given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	AVAILABLE I	PSY FINDINGS PRIOR TO N OF CAUSE
AN: M											1 TYES	2 🗌 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Dither (Specify)											
ВУ РНУ	27. MANNER OF DEATN 1 A Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Tilk		28c. INJURY WORK? 1 YES	AT		BCRIBE NOW II	NJURY OC	CURED		
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — As building, etc. (Specify)	home, term,	street, fect	tory, office		28f. LOC City	ATION (Street e or Town, State)	and Number	or Rural A	oute Number	
COMPLETED		CIAN: To the best of my knowledge.									end menne	r as stated.
296. LICENSE, NUMBER 296. LICENSE, NUMBER 296. DATE SIGNED (Month, Day, Year)								Yber)				
임	30. NAME AND ADDRESS OF PERSON WHO	COMBLETED CALIFE OF DEATH (TEM 27 Char	0.1.0		-	1 1					



/	7	J	Page 1
	BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit. Pages 1 hours after death with the train of Mariel Hurisian price in burial production or companies.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely to bours after death with the Chair Death of Health and Marriel Humana price to bridge completely to bourse after death with the Chair Death of Health and Marriel Humana price to be bounded.

	1. DECEDENT'S NAME (First, Middle, Last)	h	Plun	Ka			DATE OF DEATH MONTH D	AY	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-14-4039	5. SEX 1 M 2 F 72	(In yrs. last birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER	R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 5/17/192	1.8	BIRTHPLACE (State or Foreign Country) MARYLAND		
OR	9a. FACILITY NAME (If not institution, give st BALTIMORE COUNTY		PITAL	96. CITY, TO RAND	ALLSTO	ION OF DEATH		BALT	MORE	Н	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	BALTIMORE		NDALLS						d. INSIDE CITY LIMITS? X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3525 KINGS POINT				10f. ZIP COD 211	33		USA		T COUNTRY?	
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES				iban, Maxican, Puerto Rican, etc.) Bias				American Indian, Inite, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. OECEDENT'S (Give kind of life. Do NOT U SUPERV	work done duri se retired.)	IPATION ng most of world	ing	STATE O		STRY		
III	17. FATHER'S NAME (First, Middle, Lest) ELLIS	SCH	NEIDER		16. MOT	LENA	(First, Middle, Maiden	Sumame) FE	INBER	kG	
임	198. INFORMANT'S NAME (Type/Print) HARRY PLUNKA						e Number, City or Tow RANDALLST			.133	
	20e. METHOD OF DISPOSITION f Disposition 3 Remote the Company of	oval from State	PLACE AND DATE netery, cremetory or of HEB SHAL	other place) OM MEN	. PARK		27/92 RE	CATION — CH			
	21. SIGNATURE OF JUNERAL SERVICE LIC	tellus	in .	SOI		SON &	BROS., I		, MD	21215	
	23. PART I Enfer the disease, of cahock, or heart falkire. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. RETTROYET	ach line.	2 4					et,	Approximate Interval Batween Onset and Death	
AL CERTIFICATION	Sequentialty list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. HETRIT FAILURE OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL		STITIS CH	OLEUTH		rlying cause	givan in Par	24a. WAS AN PERFOR	MED?	CO	FRE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE DEATH7 YES 2 1 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	estient 3 🗆 DOA	OTHER:	Home 5 R		Other (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 26 JURY	E. INJURY AT WORK?	28	d. DESCRIBE HOW I	NJURY OCCU	RED		
9	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm,	atreet, factory,	office	28	I. LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,	
립		CIAN: To the best of my known: On the basis of examination								d manner as stated.	
TO BE COM	296, SIGNATURE AND TITLE OF CERTIFIER	_ m:				ENSE NUMBER 36132		29d. DATE S		onth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO RICHARD P. FRANK		ATH (ITEM 27) (Type		DURT R	D #3	7 247	70. MI	~		

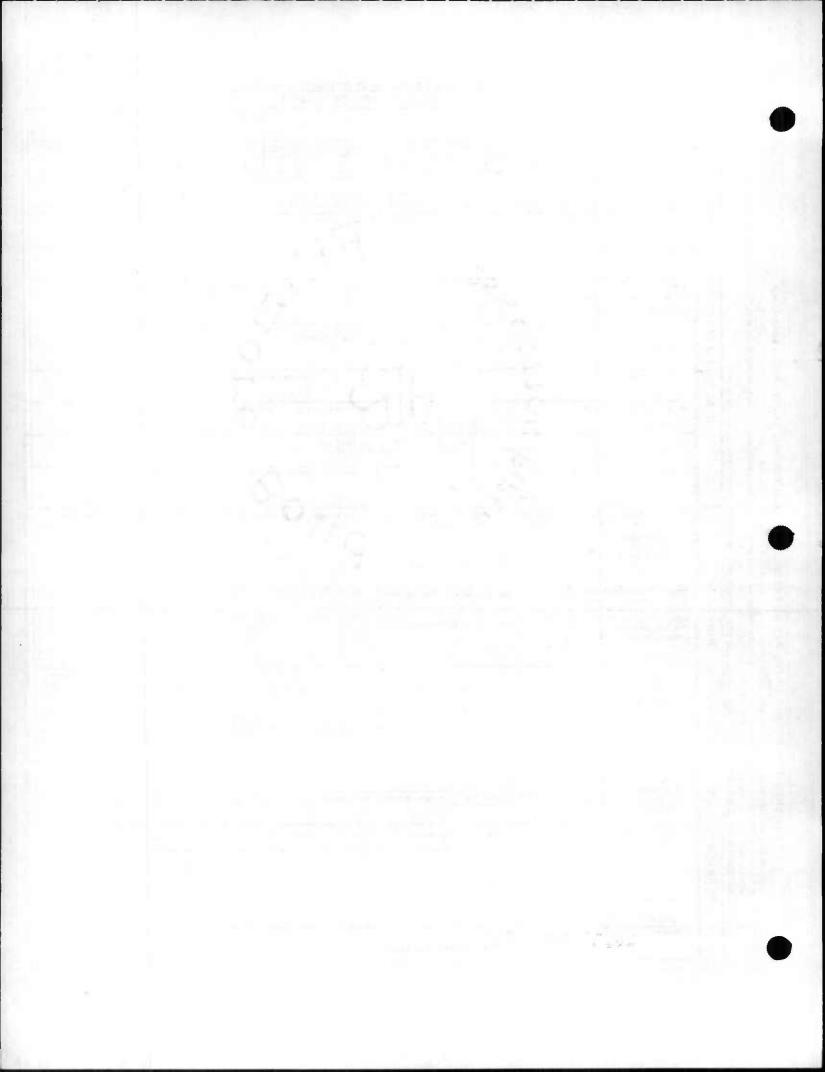


_	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGI REG.		ton (,	-1030
	1. BECEDENT'S NAME (First, Middle, Let 4. SOCIAL SECURITY NUMBER	1V/An	Vivian	Parks		2. DATE OF DEATH	792	YEAR	Z 33/N
	220-03-6894 9s. FACILITY NAME (If not institution, give	1 □ M 2 □xF 7	5 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	1917	Country) MD	CE (State oil Forbigh)
TOR	CHURCH HOSPI				MORE CI		9c. COUNT	Y OF DEATH	1
DIRECTOR	MD 106. COU	тү		ry, town on Local lltimor					LINSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 2727 Jeffers			10	21205		U.S	A .	COUNTRY?
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D.	2 NO		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:			American Indian, hite, atc. hite	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) Unk.	EDUCATION rede completed) Coffege (1-4 or 5+) Unk. 166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWife							
BE CON	17. FATHER'S NAME (First, Middle, Last) Arthur Baldw	in			18. MOTHER'S NA Unk.	ME (First, Middle, Mei	den Sumame)		
5	Albert Parks		2727	Jeffe	and Number or Rural i		imore,		21205
3	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	cen	PLACEAND DATE	4		7/31 B	altimo		
	21. SIGNATURE OF FUNERAL SERVICE	Calor	alux	B. D	abrowsk B. Bal	i & Son	St 21	22/1	ome
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUL MD Sequentially list conditiona, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. PERFORATE DUE TO (OR AS A	CONSEQUENCE O	STRIC BPHPE	& PEPT ENIC A	BSCES			Approximats interval Between Onset and Death
MEDICAL	ASHD CANCER CO		ut not resulting	in the underlyIn	g cause given in	PER	AN AUTOPSY FORMED? 2 \(\sum \) NO	COM	LABLE PRIOR TO IPLETION OF CAUSE DEATHS 2 NO
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Pinpatient 2 ER/Outp	etlent 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch				
ВУ РНУ	27. MANNER OP DEATH 1 Autural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED	
8	3 Suicide 6 Could not b 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, ferm,	street, factory, offic	10	281. LOCATION (Str. City or Town, St	eet and Number or ate)	Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMI	SICIAN: To the best of my knowl	edge, death occurr	ed at the time, date	and place, and due leath occured at the	to the cause(s) and time, data and place	manner as stated	cause(s) and	manner as stated.
BE	296_BIGNATURE AND TITLE OF CERTIFI				29 LICENSE NUM			1/28	-
0	BRIDGET KA 31. DAYE FFED (MORD) DO	HUTROFF.	MID TIMES AT THE ATT HANDELL	Print) +00 I	M. BEO	ADWAY	BAL	T, H	D 2123/
	JUL 3 171994	Junus wurterser			3 11	, G			

ments of Ently Tolonground office Analy PRIDGET E TOTALES , M. D. M. DECHMONT, DOLL

	١
	ř,
_	
0	
9/	
00	
9	
\approx	
2	
-	
O	-
0	
-	
S	
9	2
5	T.
\aleph	U
0	A
8	
_	
A	•
-	i
5	-
LL.	-
ō	-
-	
ົດ	
=	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The same of the sa
2	
	-
	-
	-

	1. DECEDENT'S NAME (First, Middle A	RUSSEL	EORGE	Е	RUS	SELI	,	2	DATE OF DEATH DO	2 0	3. T	IME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS. 7	DATE OF BIRTH (Month, Day, Year)	1	8. BIRTHPLAC Country)	E (State or Fore)		
	217 32 8027	1 M 2 🗆 I	5	YRS.					1-3-3		Mary	land		
œ	ea. FACILITY NAME (If not institution		9b. CITY,		R LOCATION		Н	9c. COUN	TY OF DEATH					
DIMECTOR	University Ho			Bali	timor	e		na						
ME		COUNTY			ry, town o		ON		10d.			INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER	na	_	В	altin					,		YES 2 N		
2	831 George S	treet				101.	ZIP CODE	2.1	204	10g. CITIZ	EN OF WHAT			
FUNERAL	11. MARITAL STATUS	12. WAS DECED	ENT EVER IN U.S		13. V	WAS DECE	NDENT OF		201 ORIGIN? (Specify Yes	or No—		SA merican Indian		
	1 Never Married 2 Marrie 3 Widowed 4 Divorced		1 YES 2 E WAR OR DATES		01	yes, spec	cify Cuban, 2 NO	Mexican, I	verto Rican, etc.)		Black, Whi Specify:			
LED	(Specify only higher	r's EDUCATION et grade completed)	1.50	Give kind of	work done a	CUPATION uring most	N t of working	1	16b. KIND OF BU	SINESS/INDU	JSTRY			
ī	Elementary/Secondary (0-12)	College (1-4 or	5+)		,				2					
COMPLET	17. FATHER'S NAME (First, Middle, L	est)					18. MOTHE	T'S NAME	(First, Middle, Maiden	Sumame)				
BEC	George E. Ru		11				Bea	tric	e Moore					
0	19a. INFORMANT'S NAME (Type/Pri								te Number, City or Tow					
	Beatrice Russ	ell	Sister				_	Ave	nue,Balti					
	1 Burial 2 Cremetion 3 4 Donation 5 Other (Specia	☐ Removal from State		CE AND DATE		TION (Nam	ne of		DATE 20c. LO	CATION — C	aty or Town, S	late		
	21. SIGNATURE OF FUNERAL SERV		ld Wade	-1	22.1	AME AND	ADDRESS	OF FACIL	TY State					
	23. PART I. Enter the disease ahock, or heart for iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sep	that caused the cause on each	ilna.	not enter	the mod	e of dying	, such a	e St. Ba. a cardiac or reap	ratory arre	oat,	Approximatinterval Bel		
		DUE	TO (DR AS A COA	NSEQUENCE O	r):									
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury													
CERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST													
	PART il. Other aignificant con	nditiona contributing	Ot resuiting	resulting in the underlying cause given in Part i.					AUTOPSY	24b, WERI	E AUTOPSY FIN			
DICAL	Liver diseas								PERFOR		COM	ABLE PRIOR TO PLETION OF CA EATH?		
MED	Pulmanay -	Pleared et	Lynn									YES 2 N		
SICIAN:	/													
3	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			OTHER		CE OF DEA	H (Check	only one)					
- 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										LIDEO.			
IVS	27. MANNER OF DEATH		28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d.						a. DEŞCHIBE HOW I	NJURY OCCI	UHED	28d. DEŞCRIBE HOW INJURY OCCURED		
L'H'A	27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investig	(Month	25/92			2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
ED BY PHY	1 Natural 5 Pendin 2 Accident Investig 3 Suicide 6 Could	getion (Month 7 28e. PLACE building	25/92 OF INJURY - A	_	street, facto			_	f. LOCATION (Street a City or Town, State)	and Number o	or Rural Route I	Number,		
TED BY PHY	1 Natural 5 Pendin Investig 2 Accident Investig 3 Suicide 6 Could determ 29e. CERTIFIER (Check only)	getion not be ined PHYSICIAN: To the best	25/92 E OF INJURY — Ang, etc. (Specify) of my knowledge	t home, farm,	ed at the tir	ry, office	ind place, er	26 due to	City or Town, State)	nner ää state	d.			
COMPLETED BY PHY	1 Natural 5 Pendin Investig 2 Accident Investig 3 Suicide 6 Could determ 29e. CERTIFIER (Check only)	rg getion not be ined 28- PLACE building PHYSICIAN: To the best XAMINER: On the basis of	25/92 E OF INJURY — Ang, etc. (Specify) of my knowledge	t home, farm,	ed at the tir	ry, office ne, date a sinion, des	and place, er	26 at the tim	City or Town, State) the cause(a) and mar e, date end place, an	ther as state	d. cause(s) and	manner aa sta		
BE COMPLETED BY PHY	1 Natural 5 Pendin Investign Suicide 4 Homicide 6 Could determ 29e. CERTIFIER (Check only one) 2 MEDICAL E	rg getion not be ined 28- PLACE building PHYSICIAN: To the best XAMINER: On the basis of	25/92 E OF INJURY — Ang, etc. (Specify) of my knowledge	t home, farm,	ed at the tir	ry, office ne, date a sinion, des	ind place, er	26 at the tim	City or Town, State) the cause(a) and mar e, date end place, an	ther as state	d.	manner aa sta		
BE COMPLETED BY PHY	1 Natural 5 Pendin Investigation of the Check only one) 2 MEDICAL E. 29b. SIGNATURE AND TITLE OF CE AND ADDRESS OF PERS	rg getton not be not be building a PHYSICIAN: To the best of extraction of the best of extraction of the bests of the best o	25/92 E OF INJURY — A rig, etc. (Specify) of my knowledge of examination and	t home, farm,	ed at the tir	ry, office ne, date a sinion, des	and place, er	26 at the tim	City or Town, State) the cause(a) and mar e, date end place, an	ther as state	d. cause(s) and	manner aa sta		
TO BE COMPLETED BY PHYSI	1 Natural 5 Pendin Investing 2 Accident 3 Suicide 4 Homicide 6 Could determ 29e. CERTIFYING one) 2 MEDICAL E. 29b. SIGNATURE AND TITLE OF CE	getion not be inned 28e. PLACE buildir 3 PHYSICIAN: To the best XAMINER: On the bests of ERTIFIER	25/92 E OF INJURY — And the standard of my knowledge of examination and was of DEATH (t home, farm,	ed at the tir	ry, office ne, dete a	and place, er	at the time	City or Town, State) the cause(a) and mar e, date end place, an	ther as state	d. cause(s) and	manner aa sta		



1	•	FOR STATE REGISTRAR
_	-	

perme. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

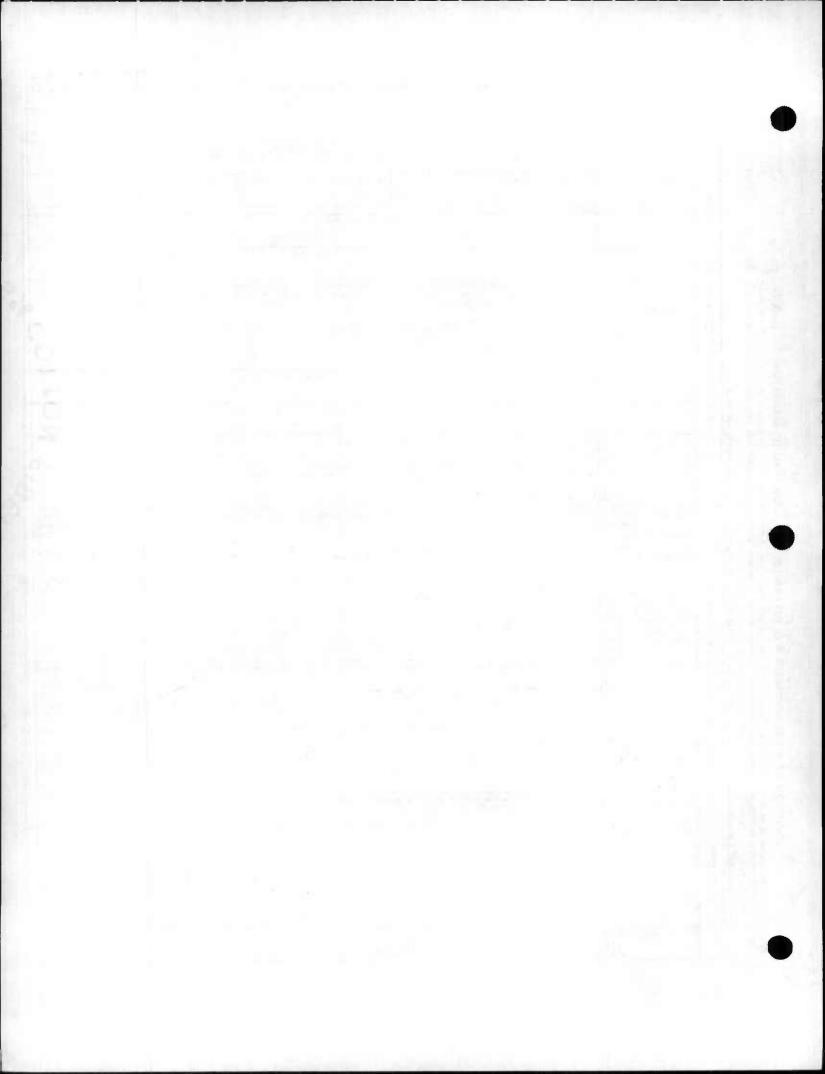
	REGISTRAR		CE	ERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			-			2. DATE OF MONTH	DEATH DA		WEAR	3. TIME OF DEATH	
		Theresa	Valle	Rá	aimondi		July	29	, 19	992	ам	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D			8. BIRTH Count	IPLACE (State or Foreign	
	215-01-8588	1 M 2 XF	88	YRS.	MONTHS DAYS	HOURS MIN.	Feb.	1	1904	Ita	Ϊγ	
	9a. FACILITY NAME (If not institution, give st				9b. CITY, TOWN	OR LOCATION OF DE			9c. COU	C. COUNTY OF DEATH		
6	8814 Hinton Ave	enue				Edgemere				Balt	imore	
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c CITY	Y, TOWN OR LOC	TION					10d. INSIDE CITY	
DIRECTOR	Maryland	Baltimo	re			Edgemere			LIMITS?			
	10e. STREET AND NUMBER	Darbino	71.0	_		of, ZIP CODE			10a. CIT	IZEN OF V	1 TYES 2 NO	
FUNERAL	8814 Hinton A	/enue				212	19				States	
S	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (S	Specify Yes		14. RACE	E — American Indian.	
BY F	1 Never Married 2 Married	FORCES? 1	☐ YES 2 🔀 N AR OR DATES	10		pecify Cuban, Maxica S 2 X NO Specifi		n, etc.)		Blaci Speci	k, Whita, etc.	
	3 Widowed 4 Divorced										" White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DE	CEDENT'S	USUAL OCCUPAT vork done during n e retired.)	ION lost of working	16b, Kil	ND OF BUS	SINESS/INC	DUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+	,								1.00	
N N	17. FATHER'S NAME (First, Middle, Last)		H	omemak	er							
	Paul Valle					16. MOTHER'S NA LUCIA S		lle, Maiden	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		198	L MAJLIND	ADDRESS (Street	and Number or Rural		City or Town	n Ctuto 7ic	Codel		
2	Marie G. Ercole					Avenue Bal						
	20a. METHOD OF DISPOSITION	T. 198	20b. PLACE	ANDDATEC	F DISPOSITION (A	lame of	DATE		CATION -		wn, State	
	1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		Dulan	matory or ot	alley M	emorial 8	3/1/92		oniu		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE MITTO	J Knig	int J	22. NAME /	ND ADDRESS OF FA						
	▶ Melton	Knigh	1		Leona	ard J Ru			more		21214 ford Road	
	23. PART I. Enter the disesses, Dr c	omplications that	csused the de	ath. Do n							Approximate	
	shock, or heart failure. I IMMEDIATE CAUSE (Finel	Jat only one caus	se on each line							*	Interval Between	
	disease or condition	A	« Ute	- 1	Nucl	· - 1:	1 T	a +-	cet	1141	1/400	
	resulting in death)	DUE TO	OR AS A CONSE	DUENCE OF	7: 7	a-di.		1 1				
Z		Arte	1103	cle	v . +1	0 611	onary	1 art	4	115	cive Yrs.	
5	Sequentisity list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):							
5	CAUSE (Disease or Injury	OUE TO	07.10.1.0000									
	that initiated events resulting in death) LAST	DOE TO (OR AS A CONSED	DUENCE OF):							
CERTIFICATION												
DICAL	PART II. Other significant conditions	4				ng ceuse given in	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음	Chronic	Lung	0,5	eas.	<u></u>] 1	YES 2			COMPLETION OF CAUSE OF DEATH?	
ME		U					_				1 TYES 2 ND	
ÿ.												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	LACE OF DEATH (Ch	eck only one)					
ΥS	1 YES 2 ND	1 Inpatient 2 I			4 - Nursing Ho		8 Other (S)	***				
亩	Netural 5 Pending	28s. DATE OF I (Month, De	y, Year)	28b. TIME INJU	JRY W	JURY AT ORK?	28d. DEŞCRI	BE HOW IN	NJURY OC	CURED		
BY	2 Accident Investigation	28a PLACE OF	INJURY — At hor			YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide datermined	building, a	nc. (Specify)	ine, term, s	treet, sectory, om	4	28f. LOCATIO	own, State)	nd Number	or Rural R	loute Number,	
COMPLETED	29a. CERTIFIER											
₩.	(Check only one) 294. CERTIFIER (Check only one) 2 MEDICAL EXAMINER											
			anniation grayor i	votigatio	i, in my opinion,							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	= h.	A A.A	,		29c. LICENSE NUN	44)		29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISI	E DE DEATH (ITEL	1 27) (Time	Print)	1001	, ,			110	777	
		enzer M.D				Street B	altimo	iro	Manu	land	,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	S'S SIGNATURE			JUICEL D	arcinc	,,,	mary	Lanu		
1	JUL 3 0 18	392 yul	ia Davidson	- Rang	402							
		- 100		-								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

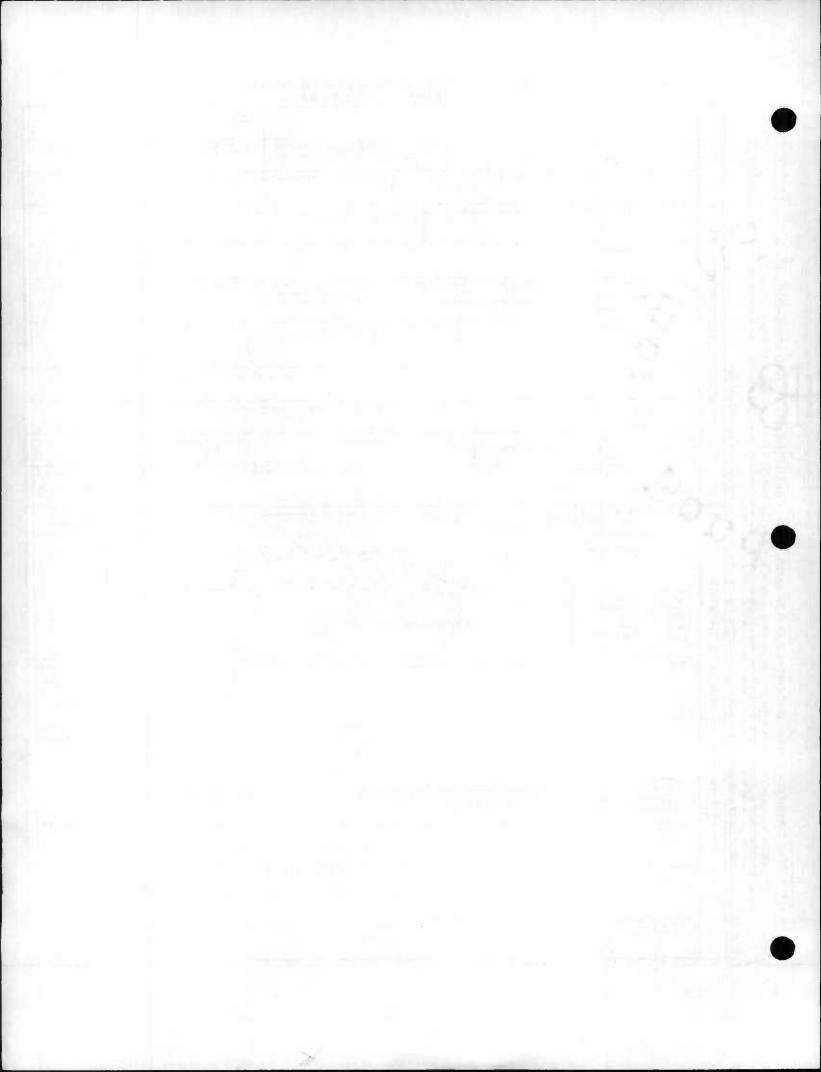
BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89



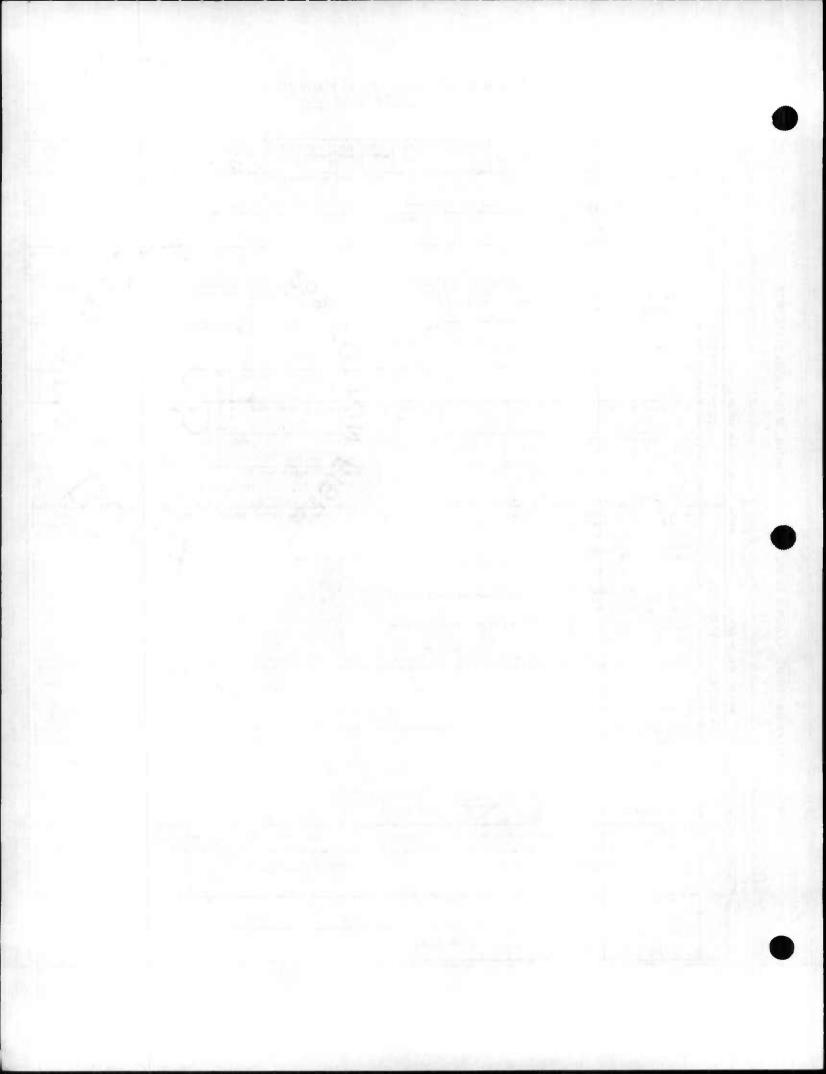
unial-transit permit. Pages 1, 2, 3 should		
is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should		st be notified at once.
d completely filled in by the funeral director	unial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
been signed by the attending physician an	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other trauma
VAL DIRECTOR: After this certificate has L	72 hours after death with the State Dept	If item 28 is marked, or item 23
TO THE FUNE	be filed within	IMPORTANT

ROTT 26 192 11:54 2 216-52-50/26 1.9 × 2	A ARACRACIA CAMPE LANG	, Middle, Last)				IOAIL	UF	DEA	1.11	2. DATE O	REG. NO.		11:	TIME OF DEATH
1. SEC. 1. SE	Ron	nnie			Robe	MONTH					Di		YEAR	
A COUNTY SET OF COME STREET AND NAMES OF COUNTY SET OF COU	4. SOCIAL SECURITY NUMBER	BER	5. SEX			IF UNDER	IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRT						BIRTHPLA	
Security MANE of our handword pies were and mandword STREET STREET STREET AND ADDRESS STREET STREET STREET AND ADDRESS STREET STREET STREET AND ADDRESS STREET STREET STREET STREET AND ADDRESS STREET STREE	216-52-502	26	/\	44	YRS.	MONTHS DAYS HOURS MIN. (Mon					_ 4.8			
Sec. STREET NO. COUNTY Sec. CITY, TOWN ON LOCATION Sec. PRODUCT SEC. PR	9a. FACILITY NAME (If not in	nstitution, give a	treet and number)			9b. CITY,	TOWN C	OR LOCAT	ION OF DE					1
Sec. STREET NO. COUNTY Sec. CITY, TOWN ON LOCATION Sec. PRODUCT SEC. PR	3117 E. P	reston	Street			Ba]	ltim	ore	City					
Baltimore No. STREET AND MUMBER 100. EP CODE 100. CONTRACT 100. CONTR					10c CIT								1 40	MOIDE OUT
THE AMPRIAN STATUS N. AMPRIAN STATUS N. A	MD													LIMITS?
3 117 E. Preston St. 11. NAS DECEDENT DELIVER IN U.S. AMERIC PROCESS 1 12 23 2 10 25 2 10 25 2 10 25 25 25 25 25 25 25 2					Da	ILIII)E			10a CITIZE		-
The Market Santills	3117 E. P	resto	n St.									- 17		COUNTRY
If yes, specify Cales, Marcian, Partifo Ricein, suc.) Sec.			12 WAS DECEDED	IT EVER IN U.S. AR	MED	13. 1				IIC ORIGIN?	Specify Yes			American Indian
18. DECEDENT'S EDUCATION (Disord) only highest price complication (Disord) only highest price complication (Disord) only highest complication (Disord) only highest price complication (Disord) only highest complication (Disord)			FORCES?	YES 2 V	МО		f yes, sp	ecify Cub.	en, Maxica	n, Puerto Ric	en, atc.)			ilta, atc.
Content of the property of t	3 Widowed 4 Dive	proed						- Ж	op.os.,					:k
TOT. FATHER'S HAME (Pint, Mickin, Lest) William Roberts The MALINO ADDRESS (Street and Number or Rural Route Number, City or Som, Stein, Ze Code) 3117 E. Preston St./Baltimore, MD 21213 No. METHOD OF DEPORTHY VIOLA Jennifer The MALINO ADDRESS (Street and Number or Rural Route Number, City or Som, Stein, Ze Code) 3117 E. Preston St./Baltimore, MD 21213 No. METHOD OF DEPORTHY VIOLA ST. Stein Stein St.	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL OC	CCUPATIO	ON st of work	ing	16b. K	IND OF BU	BINESS/INDUS	STRY	
The matter shake (Prof. Micson, Micson Summer) The matter shake (Prof. Micson, Micson Summer)	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)										
William Roberts Wiola Jennifer We information sharped (processed) Wiola Jennifer Wiola Jen				Un	remp	loye	d							
The INFORMANT'S NAME (Type/Pring) 198. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Rurs, Strate, Zp Code) 3117 E. Preston St./Baltimore, MD 21213 200. PLACE AND DATE OF STREET STRE														
Viola Roberts 3117 E. Preston St./Baltimore, MD 21213			. 5	40										
No. METHOD OF OISPOSITION 206. PEACE AND DATE OF DISPOSITION (Name of Capacity). Control of Capacity, Capacity, Control of Capacity, Control of Capacity,														
Continue				305 01 405	111/	E •	Pre	Sto	n 5 t					
23. PART I. Enter the disease, or complications that calused the desth. Do not enter the mode of dying, such as cerdisc or respiratory errest, inches, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions. If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY FROM MAIL ABLE PRIOR TO EXAMINED. 25. WAS CASE PETERRED TO MEDICAL PROMOTION OF CAUSE OF EXAMINED. 1 Population 1 Population 1 Population 1 Population 2 POPULATION OF CAUSE OF EXAMINED. 27. MANNER OF DEATH 1 Population 2 POPULATION POPULATION 28. PLACE OF DEATH (Chock only one) 29. LOCATION (Street and Number or Rural Route Number of Rural Route Number (Chyor Row, State) 29. LOCATION (Street and Number or Rural Route Number (Chyor Row, State) 29. LOCATION (Street and Number or Rural Route Number (Chyor Row, State) 29. LOCATION (Street and Number or Rural Route Number (Chyor Row, State) 29. LOCATION (Street and Number or Rural Route Number (Chyor Row, State) 29. LOCATION (Street and Number or Rural Route Number (Chyor Row, State) 29. LICENSE NUMBER 29. LICENSE	1 D Buriel 2 Cremetic	on 3 🗆 Rame	oval from State	cemetery, cre	matory or o	ther place)	inonina	nna oi	C 2 10 c	DATE	20c. LO	CATION — CH	y or Town,	Stata
22. PART I. Enter file diseases, or complications that destand the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heart fellure. List only one cause on each line. MMEDIATE CAUSE (Finel disease or condition resulting in death) Approximate interval Beth Onest and E of the course of			ENSEE	_ [10311	CII	22. NAME AND ADDRESS OF FACILITY					Juun	undalk, MD		
22. PART I. Enter file diseases, or complications that destand the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heart fellure. List only one cause on each line. MMEDIATE CAUSE (Finel disease or condition resulting in death) Approximate interval Beth Onest and E of the course of	1	4	- V	0										
Interval Bet Onset and E IMMEDIATE CAUSE (Fine) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF) 19	neu	0/1	Tone	×	W	M C	. M	ARCH	F.H	./11	01 E	. NOI	RTH AV	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 No 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 1 Y		+	Hyp	in Land										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 No 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 1 Y	Sequentially list condit if sny, leading to imme cause. Enter UNDERLIC CAUSE (Disease or inju- that initiated events	diate ING Iry	DOE 10	(OR AS A CONSEC	OUEHCE 6	01	de	nle	egs.	De	ioli Se	20	2_	
EXAMINER? 1 Yes 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	diate ING iry	DUE TO	(OR AS A CONSECUTION AS	QUENCE O	100	de	rle	egs.	De	ser	20		
HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA A Nursing Home Market Residence 6 Other (Specify)	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	diate ING iry	DUE TO	(OR AS A CONSECUTION AS	QUENCE O	100	derlying	g cause	given in	Pert I. 2	PERFOR	MED?	COA OF	LABLE PRIOR TO IPLETION OF CAUS DEATH?
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 28d. DESCRIBE HOW INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY AT WORK? 28d. DESCRIBE HOW I	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in deeth) LAS PART II. Other significations are supported in the signification of the signific	diate ING inty	DUE TO	(OR AS A CONSECUTION AS	QUENCE O	100				_	PERFOR	MED?	COA OF	LABLE PRIOR TO IPLETION OF CAUS DEATH?
Solicide	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other significations.	diate ING inty	DUE TO	(OR AS A CONSECUTION AS A CONSECUTION OF AS A	QUENCE OF	FI In the un	26. PL	ACE OF [DEATH (Chi	ack only one)	PERFOR	MED?	COA OF	LABLE PRIOR TO IPLETION OF CAUS DEATH?
28a. PLACE OF INJURY — At homa, larm, street, lactory, office determined 28a. PLACE OF INJURY — At homa, larm, street, lactory, office city or lown, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated, one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. LICENSE NUMBER 29b. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in deeth) LAS PART II. Other significations are caused to the cause of the	diate ING inty	DUE TO	(OR AS A CONSECTION AS A CONSE	esuiting	OTHER 4 Number of The E OF T	26. PL 3: sing Hom 28c. INJ	ACE OF D	DEATH (Chi	ick only one)	PERFOR	MED?	ON OF	LABLE PRIOR TO IPLETION OF CAUS DEATH?
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other significations of the conditions of the conditions of the conditions of the cause of	ondition O MEDICAL Pending	DUE TO	(OR AS A CONSECTION AS A CONSE	esuiting	OTHER 4 Number of The E OF T	26. PL 3: sing Hom 28c. INJ WO	ACE OF D	DEATH (Che	ick only one)	PERFOR	MED?	ON OF	LABLE PRIOR TO IPLETION OF CAUS DEATH?
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in deeth) LAS PART II. Other significations are caused by the cause of the	ont condition MEDICAL Pending Investigation	B Contributing to B Contributing to HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month,)	deeth but not r	CESUITING	OTHER 4 Num	26. PL 3: sing Hom 28c, INJ WO 1 \(\)	ACE OF E	DEATH (Che	6 Other (:	PERFOR YES 2 Specify) RIBE HOW II	MED? NO	AVA COA OF I	LABLE PRIOR TO IPPLETION OF CAUS DEATH? YES 2 \(\) NO
2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner as stated as a stated of the cause (s) and manner as stated on the cause (s) and manner as state	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other signification of the condition of the cause of	ont condition MEDICAL Pending investigation Could not be	B Contributing to B Contributing to HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month,)	deeth but not r	CESUITING	OTHER 4 Num	26. PL 3: sing Hom 28c, INJ WO 1 \(\)	ACE OF E	DEATH (Che	6 Other (:	PERFOR YES 2 Specify) RIBE HOW II	MED? NO	AVA COA OF I	LABLE PRIOR TO IPPLETION OF CAUS DEATH? YES 2 \(\) NO
0. C. M. E. 07/26/1992	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in deeth) LAS PART II. Other signification in the cause of the	ont condition MEDICAL Pending investigation Could not be determined PHYSI CIFYING PHYSI	B CONTRIBUTING TO CIAN: To the best of	deeth but not r ER/Outpatient 3 ENJURY At ho atc. (Specify)	resulting DOA 29b. TIM	OTHER 4 Num E OF URY M street, lacto	26. PL 3: sing Hom 28c. INJI WO 1 1 1 ory, office	ACE OF D	DEATH (Che esidence NO	8 Other (cause City or	PERFOR YES 2 Specify) RIBE HOW II ON (Street a Town, State)	MED? NO NJURY OCCUI	AMAI COM OF A COM OF	ELABLE PRIOR TO PELETION OF CAUS DEATH? VES 2 NO
0.C.M.E. 07/26/1992	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in deeth) LAS PART II. Other signification in the cause of the	ont condition MEDICAL Pending investigation Could not be determined PHYSI CIFYING PHYSI	B CONTRIBUTING TO CIAN: To the best of	deeth but not r ER/Outpatient 3 ENJURY At ho atc. (Specify)	resulting DOA 29b. TIM	OTHER 4 Num E OF URY M street, lacto	26. PL 3: sing Hom 28c. INJI WO 1 1 1 ory, office	ACE OF D	DEATH (Che esidence NO	8 Other (cause City or	PERFOR YES 2 Specify) RIBE HOW II ON (Street a Town, State)	MED? NO NJURY OCCUI	AMAI COM OF A COM OF	ELABLE PRIOR TO PELETION OF CAUS DEATH? VES 2 NO
30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other signification of the condition of the cause of	O MEDICAL Pending Investigation Could not be determined CIFYING PHYSICAL EXAMINE	B. DUE TO B. CONTributing to S. CONTributing to B. CONTRIBUTING CIAN: To the best of a	deeth but not r ER/Outpatient 3 ENJURY At ho atc. (Specify)	resulting DOA 29b. TIM	OTHER 4 Num	26. PL 3: sing Hom 28c. INJI WO 1 1 1 ory, office	ACE OF D	NO N	28d. LOCAT. City or	PERFOR YES 2 Specify) RIBE HOW II ON (Street a Town, State)	MED? NO NJURY OCCUI nd Number or	REO Rural Route	LABLE PRIOR TO PRICETION OF CAUS DEATH? YES 2 NO Number,
	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other signification of the condition of the cause of	O MEDICAL Pending Investigation Could not be determined CIFYING PHYSICAL EXAMINE	B. DUE TO B. CONTributing to S. CONTributing to B. CONTRIBUTING CIAN: To the best of a	deeth but not r ER/Outpatient 3 ENJURY At ho atc. (Specify)	resulting DOA 29b. TIM	OTHER 4 Num	26. PL 3: sing Hom 28c. INJI WO 1 1 1 ory, office	ACE OF I	NO N	6 Other (2 28d. DESCI	PERFOR YES 2 Specify) RIBE HOW II ON (Street a Town, State)	MED? NO NJURY OCCUI nd Number or ner as stated. d dus to the c	AMALONE CONTROL CONTRO	Number,



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNE WILL DIRECTOR. A RETINGED BY DESTREADING DAY THE STEEPING BY THE STEEPING DAY SHOW THE PROPERTY OF THE BY THE	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--

1. DECEDENT'S NAME (First, Middle, Last) TIMOTHY		CERT	CNICIANT		2. DATE OF	DEATN DAY	1992	3. TIME OF DEATN
			SNOWDEN		-			
4. SOCIAL SECURITY NUMBER 216-84-1321	1 🖳 M 2 🗆 F	8. AGE (In yrs. lest birthe	RS. MONTHS DA	YS HOURS MIN.	7. DATE OF (Month, D	(19°	73	BIRTNPLACE (State or Fore Country)
9a. FACILITY NAME (If not institution, give st 7200 BLK SAUERS			WN OR LOCATION OF D IMORE	DEATH	9	9c. COUNTY	OF DEATN	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c	CITY, TOWN OR LO	OCATION				10d. INSIDE CITY
MD		Baltimore City					o- orizen	LIMITS? 1 YES 2 N OF WHAT COUNTRY?
2317 Odell Ave	2			1.00			iog. Grizen	OF WHAT COUNTRY?
11. MARITAL STATUS XNover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes	21237 DECENDENT OF NISPA s, specify Cuban, Mexic YES 20 NO Speci	NIC ORIGIN? (Specify Yes or an, atc.)		RACE — American Indian Black, White, etc. Specify: Negro
15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind	NT'S USUAL OCCUP d of work done during OT use retired.)	PATION g most of working	16b. KI	ND OF BUSIN	ESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 8+)			ployed				
17. FATHER'S NAME (First, Middle, Last) Tony Snowden				18. MOTHER'S NA	ie Ma			
19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural	Route Number,	City or Town, S	State, Zip Cod	(e)
Willie Mae Snow	vden			ll Ave.,				
20s. METHOD OF DISPOSITION XSurial 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	oval from State	20b. PLACE AND DA	ATE OF DISPOSITION	Gardens	DATE	DATE 20c. LOCATION — City or Town, State Balto, MD		
Control of the Contro								
23. PAST I. Enter the piscess, or c shock, priheart failure. I	L. Ru	Caused the death.	Jose 222	eph L. R W. Nor	uss F	unera	al Ho	ome o, Md., 212 Approximatintervel Bet
21 SIGNATURE OF FUNERAL SERVICE LIC	omplications that clust only one cause	caused the death. I	JOS 222 Do not enter the	eph L. R W. Nor	th Av	unera e., E	al Ho BAlto tory arrest,	ome o, Md., 212 Approximatintervel Bet
23. PART I. Enter the disease, or c shock, or heart failure. I	DUE TO (O	caused the death. I	Do not enter the	eph L. R W. Nor	th Av	unera e., E	al Ho BAlto tory arrest,	ome o, Md., 212 Approximatintervel Bet
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	caused the deeth. It is not a consequence of as a consequence of a consequenc	22. NAM JOS 222 Do not enter the	e AND ADDRESS OF FIRE PARTY IN THE PARTY IN	tuss Fith Av	unera e., E	al HoBAlto	ome o, Md., 212 Approximatintervel Bet
23. PAST I. Enter the diseases, or c shock, princert failure. I immediate disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (O	caused the deeth. It is not a consequence of as a consequence of a consequenc	22. NAM JOS 222 Do not enter the	e AND ADDRESS OF FIRE PARTY IN THE PARTY IN	th Avch as cardiac	unera e., E c or reapirate	al HoBAlto	Approximatintervel Bet Onset and I Onset a
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	caused the deeth. It is not a consequence of as a consequence of a consequenc	22. NAM JOS 222 Do not enter the	e AND ADDRESS OF FA	th Av th as cardiac ck an Part I. 24	Le H	TIOPSY ED?	Approximatintervel Bet Onset and I Onset a
23. PART I. Enter the diseases, or coshock, or heart failure. I immediate Cause (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Vesual S NO 27. MANNER OF DEATN 1 Netural S Pending	DUE TO (O	Caused the deeth. It is on each lina. In As A Consequence of As A	22. NAM JOS 222 Do not enter the	e AND ADDRESS OF REPH L. R 2 W. NOT mode of dying, sue of Bo	Part I. 24	a. WAS AN AUT PERFORME YES 2 DOCATO SCI	TOPSY INO	Approximate intervel Bet Onset and II 24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, or c shock, princert failure. I immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	DUE TO (O	caused the death. It is on each lina. The As A CONSEQUENCE OF AS	22. NAM JOS 222 Do not enter the CE OF): CE	E AND ADDRESS OF FIRE PH L. R 2 W. NOT mode of dying, sue A B B B Tyling cause given in B. PLACE OF DEATH (C) Nome 5 Residence INJURY AT WORK? YES 2 X NO	Part I. 24 heck only one) 8 Yorker (SUBJEC	Le H	TOPSY ENE SHOT	Approximate intervel Bet Onset and II 24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 NO
23. PAST I. Enter the diseases, or c shock, or heart failure. I immediate Cause (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined	DUE TO (O	Caused the death. It is on each lina. The As A CONSEQUENCE OF AS	22. NAM JOS 222 Do not enter the CE OF): CE O	E AND ADDRESS OF REPH I. R 2 W. NOT mode of dying, sue of Bo ying cause given in s. PLACE OF DEATH (C/ Nome 5 Residence INJURY AT WORK? VES 2 NO office	Part I. 24 Peck only one) 8 4 Other (S 28d. DESCR SUBJEC 28t. Locatin 72 00 F	Le Cor reapirate or reapirate o	TOPSY	Approximatintervel Bet Onset and II 24b. Were autopsy fine Awarable Prior to Completion of Cal Of Death? 1 Yes 2 No.
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	DUE TO (O Caused the death. It is on each lina. The As A CONSEQUENCE OF AS	22. NAM JOS 222 Do not enter the CE OF): CE O	E AND ADDRESS OF REPH I. R 2 W. NOT mode of dying, sue of Bo ying cause given in s. PLACE OF DEATH (C/ Nome 5 Residence INJURY AT WORK? VES 2 NO office	Part I. 24 I Part I. 24 I Part I. 24 I Part I. 26 I Charles only one) 8 Other (S 28d. DESCR SUBJEC 28t. LOCATIL 7200 of time, data and MBER	Le H	TOPSY ENE SHOT Number or Rulers (Due to the case stated.	Approximatintervel Bet Onset and II 24b. Were autopsy fine Awarable Prior to Completion of Cal Of Death? 1 Yes 2 No.	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit if be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or tiem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

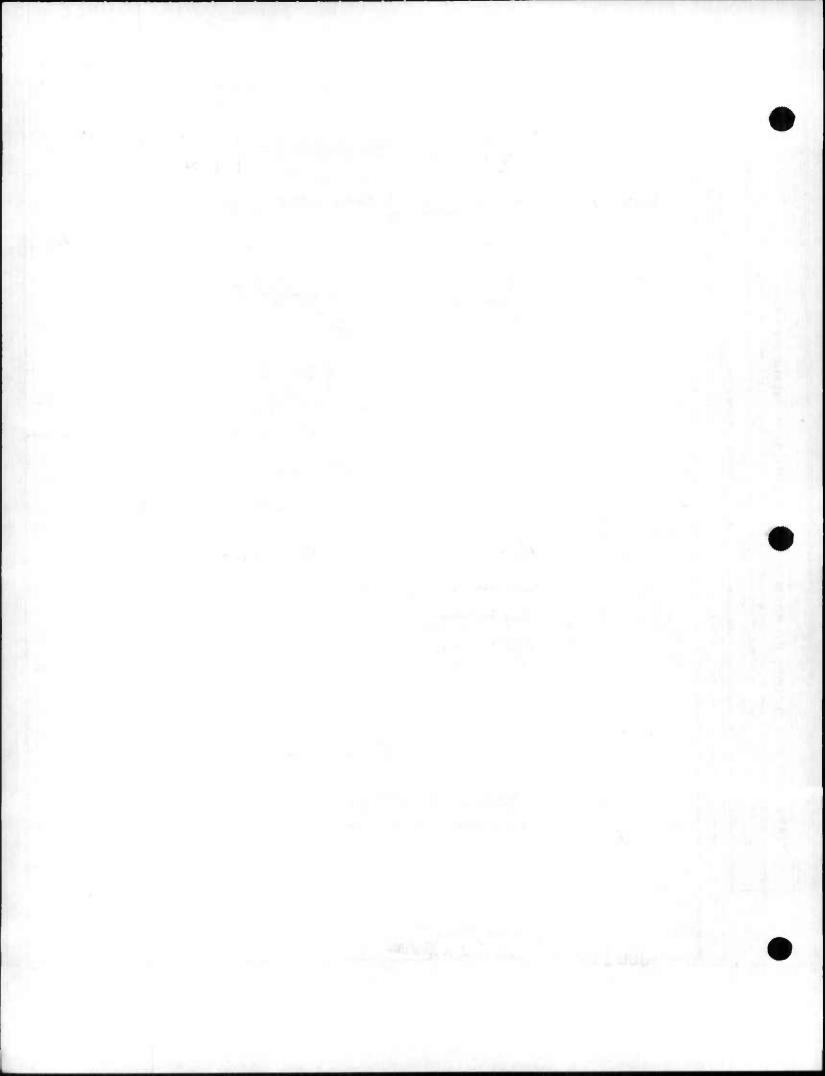
2

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN	NE	92	21101		
	1. DECEDENT'S NAME (First, Middle, Last) JETTCHEN	N. STE				2. DATE OF DEATH MONTH	DAY G	YEAR 92	3. TIME OF DEATH		
	045-22-5665	5. SEX 6. AGE ((In yrs. lest birthdey) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	,	8. BIRTH Count	IPLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not inatitution, give stro	ot and number)			OR LOCATION OF DI	EATH	9c. COI	UNTY OF D			
DIRECTO	10e. STATE 10b. COUNTY MARYLAND BALTIN	MORE		TY, TOWN OR LOCA LTIMORE	TION				10d. INSIDE CITY LIMITS? 1 YES 2 1 40		
FUNERAL	100. STREET AND NUMBER 3812 WOODGATE CT.			10	21.244		USA		WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	N U.S. ARMED 2 XNO ATES	If yes, sp	CENDENT OF HISPAI Decify Cuban, Maxica S 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	s or No	14. RACI Biaci Speci WH	•			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	,	ON ost of working	AT HOME			.10		
BE COM	17. FATHER'S NAME (First, Middle, Last) NATHAN NUSSBAU	JM			18. MOTHER'S NA ROSA	AME (First, Middle, Maiden STRU					
TO	GUENTHER STERN	1 3820 CORONADO RD BALTO MD 21244									
	20s. METHOD OF DISPOSITION Y Buriel 2 Cremation 3 Transvel from State 20b. PLACE AND DATE Of DISPOSITION (Name of camelory, crematory or other place) UNITED JEWISH CENTER 7/28/92 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20c. LOCATION — City or Town, State										
	· Ellerse	il Her	cheon	6010	REISTERS	& BROS, IN TOWN RD.	BALT	O., N	4D 21215		
	23. PART I. Enter the diseases, Dr cor ahock, or heart fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	RESPIRATO DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	ach line.				Iratory ar	rreat,	Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEIZURE	CONSEQUENCE OF		CCIDENT						
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions			in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOF	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:		1OSPITAL:	etiant 2 DOA	OTHER:	ACE OF DEATH (Ch						
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ URY WO	URY AT PRES 2 NO	28d. DESCRIBE HOW I	NJURY OC	CURED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, s	street, factory, offic		261. LOCATION (Street a City or Town, State)	and Number	r or Rural R	loute Number,		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowled On the beals of examination	edge, death occurre and/or investigation	ed at the time, data on, in my opinion, d	and place, and due	to the cause(a) and mar time, data and place, an	nner as sta id dua to th	ited, he cause(a	and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	4.			29c. LICENSE NUM	ABER .	29d. DAT	E SIGNED	(Month, Day, Year)		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

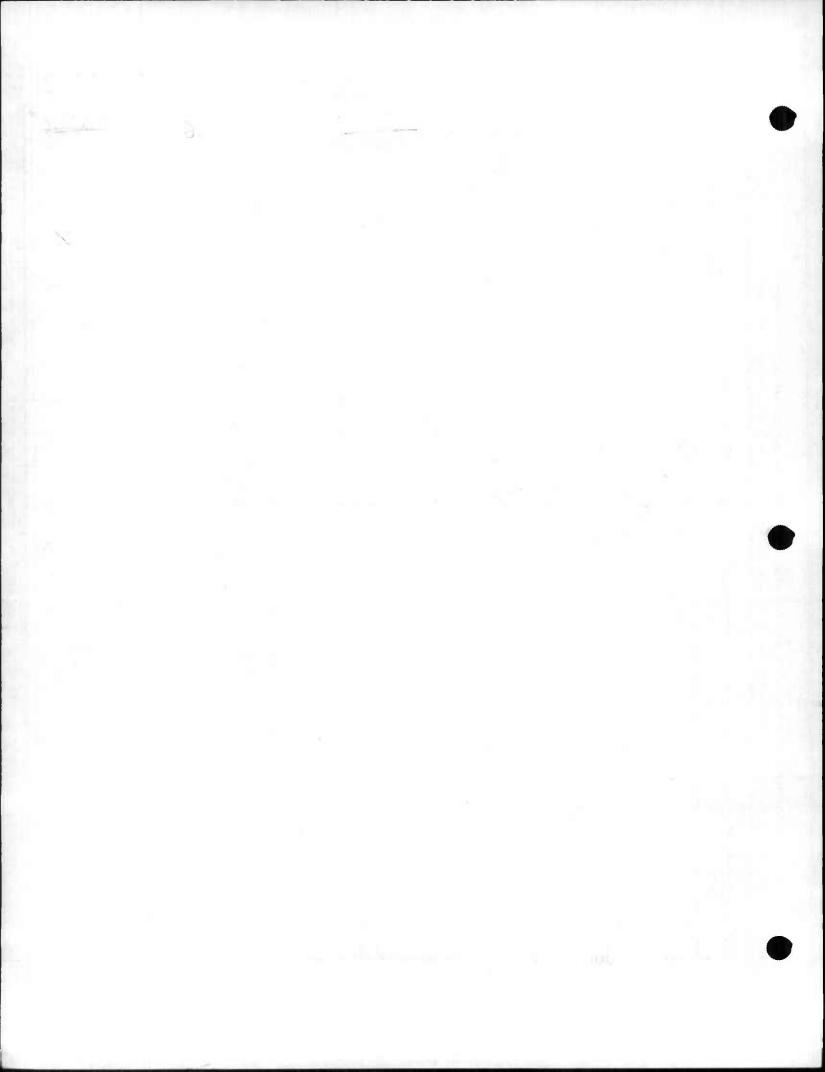
whia Savidson-Randall



		1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEP/ CERTI	RTMENT OF	HEALTH AND F DEATH	MENTA	L HYGIEN		2 2	1102
П		DECEDENT'S NAME (First, Middle Color	B Sandhai	B.	SANDBAN		MON.	11/ 28	198	Z .	3:45 P.
3		089-12-6405 9e. FACILITY NAME (If not institution	1 M 2 XF 8	E (In yrs. lest birthde	MONTHS DAYS		3/	co BIRTH (h, Dey, Year) 21/191	1 N	JEW Y	
(\)	CTOR		JNTY GEN. HOSPI	TAL	RANDA	LLSTOWN	JEATH .		BALTI	MORE	
nit. Pages	DIRECTOR	MARYLAND B	SALTIMORE		ALTIMORE						d. INSIDE CITY LIMITS? YES 2 NO
an. ransit permit.	NERAL	104. STREET AND NUMBER 8014 ARROWHEA			101. ZIP CODE 21208					N OF WHAT	T COUNTRY?
nding physician. s the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 25 NO	If yes,	DECENDENT OF HISP/ apacify Cuban, Moxic (ES 2) NO Spec	can, Puerto		or No 14	Black, W	
ospital or atte	COMPLETED		NT'S EDUCATION lest grade completed) College (1-4 or 5+)	(Give kind	of work done during use retired.) H AID	NTION most of working		EALTH (TRY	
d by the ho	ш	17. FATHER'S NAME (First, Middle, I RALPH B	Lest) BASKIN			18. MOTHER'S N	AME (First,	Middle, Meiden, HOROW	Surname) ITZ		
y be retained lage 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Pri STUART SANDBAN	NK	801	4 ARROWH			O.,MD	21208	3	
r death. Page 6 may be funeral director, pal. examiner must		900-METHOD OF DISPOSITION TO Buriel 2 Cremation 3 4 Donation 5 Other (Speci	offy) (POLACE AND DATE COMMENTS OF THE COMMENT OF THE COMM	SETH ISR 22. NAME SOL	AEL ANSHE AND ADDRESS OF F LEVINSON REISTERS	& BR	RD 7/		RO	SEDALE, M
the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran d Mental Hygiene prior to burial, cremation, or removal. Injury, or other traumatic event, the medical examiner must be notified at once.	CERTIFICATION	23. PART Enter the disease shock, or heart finded in the shock of heart fi	b. DUE TO (OR AS	eech line.	o not enter the r Z / \(\sum_{\text{OF}} \): OF): The section of the results	PIRCT	ch aa car	diec or respir	ratory srres	t,	Approximate interval Batween Onset and Death St D DXW
requires that the page of the	: MEDICAL	PART il. Other significent co	onditions contributing to deeth	but not resultin	g in the underly	ing ceuse given in	Part i.	24s. WAS AN PERFOR	MED?	AMA COS OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AN: The law incate has t State Dept r item 23	HYSICIAN	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C					
DING PHYSICIA After this certificate with the smarked, or	ву РНУ	T - MCCIDOIN	28e. OATE OF INJURY (Month, Day, Year	Y 28b. T	IME OF 28c. I	NJURY AT WORK? YES 2 NO	-	SCRIBE HOW IN	JURY OCCUP	EO	
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	LETED	3 Suicide 8 Could 4 Homicide determ	mined Sanarry, atc. (c)	pecify)			City	CATION (Street e. or Town, Stete)			Number,
E AKE	COMPL	(Check only one) 2 MEDICAL E	G PHYSICIAN: To the best of my knot EXAMINER: On the basis of examinat								f menner ee stated.
TO THE HOSPI TO THE FUNEF DE filed within IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF	entho			29c. LICENSE NU	2550	,	17	/27	nth, Day, Year)
2		31. DATE FILEO (Month, Day, Year)	ISON WHO COMPLETED CAUSE OF C	my /	100851	ZED BUN	Beu	D. 00	wite.	MIL	S,MD
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE	Panda P.					2	-///

92 21102

DHMH-16 Rev 1/89



1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

	Z
	24
90,	within
(687	executed
6	2
.O. B(certificate
S, D	death
	島
S	that
REC	requires
_	WE
IA	ě
OF VI	PHYSICIAN:
IVISION OF VITAL RECORDS, P.O. BOX 68760,	IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr
	œ

1992 Helen 29 Davenport Steele Julv 2:00 4. SOCIAL SECURITY NUMBER 212-22-9500 030-07-2385 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 01/13/22 8. BIRTHPLACE (State or Foreign Country) 1 M 2 XF MONTHS DAYS HOURS MIN. 70 Pennsylvania Page 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1600 Ruxton Road, Apt. A-5Ruxton Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Ruxton 1 YES 2 1 NO W. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1600 Ruxton Road, Apt. A-521204 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ho—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/IHDUSTRY (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Home once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) F Edward Turner Helen BE Davenport filled in by the funeral director, page 5 should on, or removal. notified 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1600 Ruxton Rd., Malcolm F. Steele APt. A-5Ruxton, MD 21204 pe 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Metro Crematory, Inc. 7/29 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Rd. Balto., MD 21228 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failura. List only one cause on each line. interval Betwee IMMEDIATE CAUSE (Finel Onset and Death the attending physician and completely fille Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic event, DVARIAN CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 shows any Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO 1 YES 2 HO certificate has been in the State Dept. of it PHYSICIAN: 23 × 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Hursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 HO 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA e 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW IHJURY OCCURED After this co 28 is marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be DIRECTOR: / COMPLETED 4 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and menner ea stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITUE OF CERTIFIER 20c. LICENSE HUMBER 284. DATE SIGHED (Month, Day, Year) BE 5 29 2 39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JHH Houck 31. DATE FILED (Month, Day, Year) 32 REGISTRAR SIGNATURE 992 Julia Davidson JUL 30

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

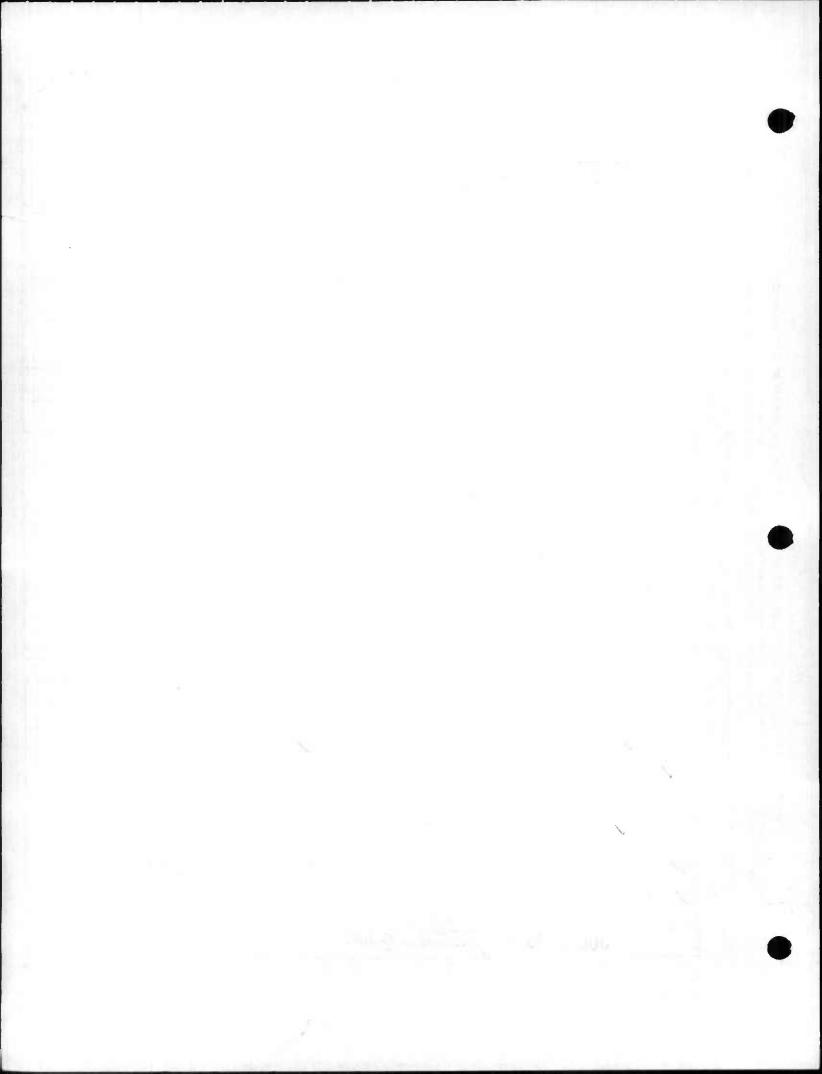
DHMH-16 Rev 1/89

92 21103

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH MONTH



	1 - STATE STATE CERTIFICATE OF DEA						
	1. DECEDENT'S NAME (First, Middle, Lest) ALEXANDER THOMPSON	2. DATE OF DEATH	DAY 1992 YEAR	3. TIME OF DEATH 7:05 P			
	4. SOCIAL SECURITY NUMBER 8. SEX 8. AGE (In us. last birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR HOURS 1. SOCIAL SECURITY NUMBER 8. SEX 8. AGE (In us. last birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR HOURS YRS.	7. DATE OF BIRTH (Month, Day Year	6. BIRTH	PLACE (State or Foreign			
)R	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL BALTIMOR		BALTIMOR				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						
DIRECTOR	106. COUNTY 106. COUNTY 106. CITY, TOWN OR LOCATION		737	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 101. ZIP COT	13	10g. CITIZEN OF W	HAT COUNTRY?			
В	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED IS WAS DECENDENT IN THE STATE OF THE	br HISPANIC DRIGIN? (Specify an, Mexican, Puerto Rican, etc.) Specify:	Yea or No- 14, RACE Black Specif	- American Indian, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work file. Do NOT use retired.)	16b. KIND OF	BUSINESS/INDUSTRY	Stool			
BE COM		THER'S NAME (First, Middle, Make	ten Surname)	, reen			
TO B	196. INFORMANT'S NAME (Type/Print)	r or Rural Route Number, City or	Town, State, Zip Code)	- CO			
	20e. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donal on 5 Other (Specify)	L 8/1 20	LOCATION — City or To	wn, State			
	11. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESSEE ROCK FUNERAL SERVICE LICENSEE ROCK FUNERAL SERVICE LICENSEE	SS OF FACILITY	ce 1721N	Morroe			
d	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dy shock, or heart failure. List only one cause on each line.	ing, such as cardiac or re		Approximate			
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. A cidosis		77.14	Interval Between Onset and Death 24 hours			
NO	DUE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF):			24 Kours			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ischemez)		48 hours			
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause	given in Part i. 24a. WAS		WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	Renal tailure, Urmany tract Afect Cardrae dys rhythmrus, digoxín toxin	TON IDE	FDRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN		DEATH (Check only one)					
IX	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 R	esidence 8 🗆 Other (Specify)					
ВУ РР	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2		W INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)	281. LOCATION (Stre City or Town, St.	net and Number or Rural Rate)	oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the films, date end place one) 2 MEDICAL EXAMINER: Dn the bests of examination and/or investigation, in my opinion, death occurred.			and menner ea stated.			
BE	296. SIGNATURE AND TITLE OF CONTIFIEN 296. LIC	ENSE NUMBER	29d. DATE SIGNED	(Month, Day, Year)			
2	3f. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		1/20	112			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1111 2 0 1992						

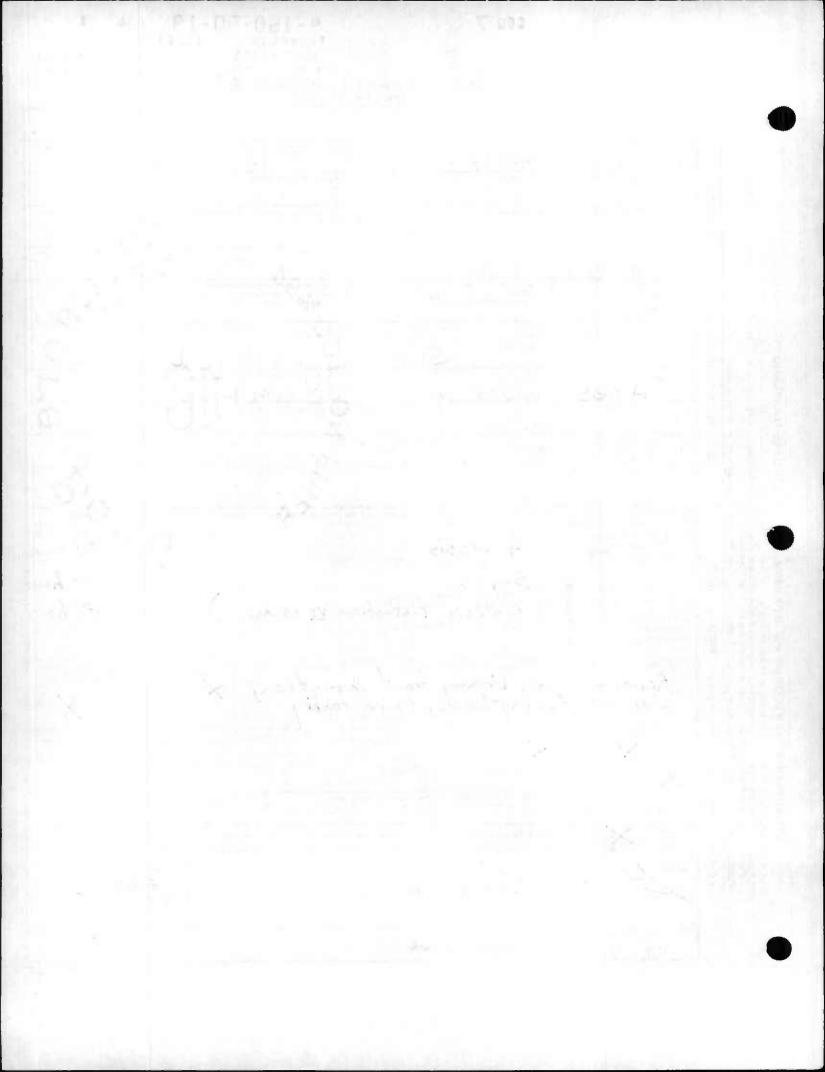
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

3 0 1992

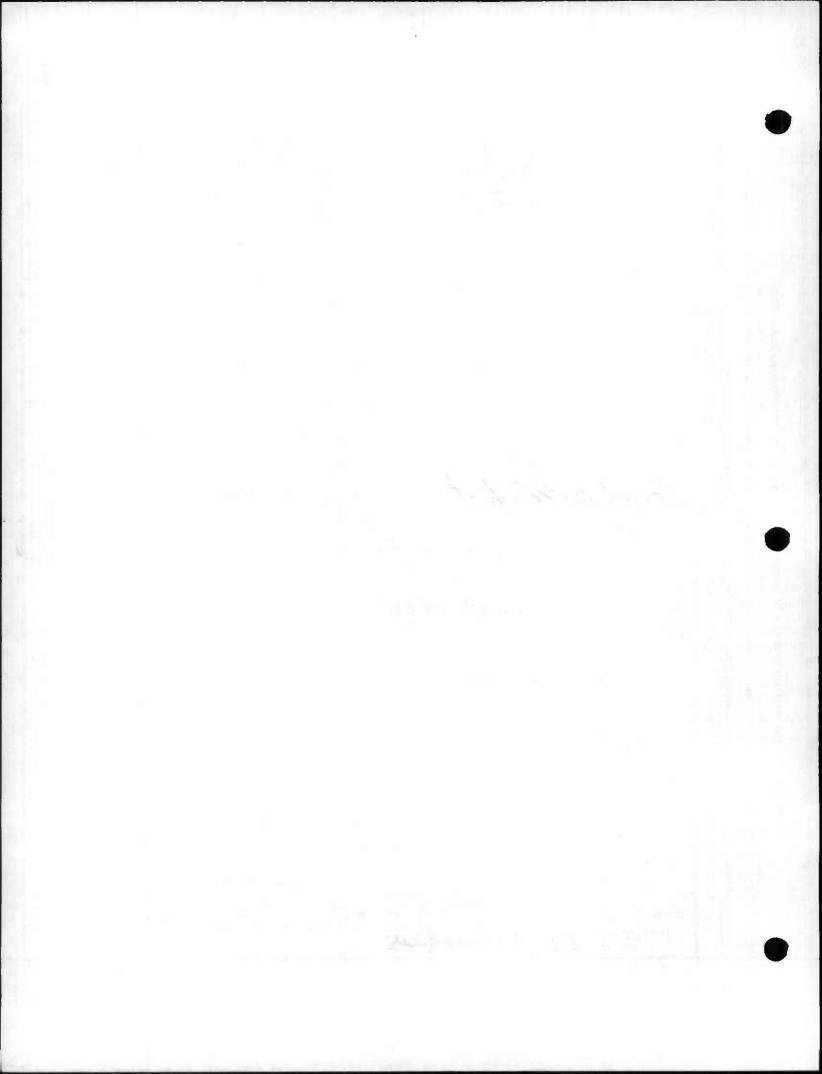
DHMH-18 Rev 1/89



								_	_	
	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPARTM ERTIFICA	ENT OF	HEALTH AND N	MENTAL HYGIEN	IE .		21105
	1. DECEDENT'S NAME (First, Middle STA)	No. Last) STANL	EY	VEV	RNUZ	2	2. DATE OF DEATH ON THE PROPERTY OF THE PROPER	7-25-9 - 1	PEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. les:	86 YRS. FUNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)						ACE (State or Foreign	
DIRECTOR	90. FACILITY NAME (If not institution BO / SOCO () RESIDENCE OF DECEDE	KS 4109	pi TAR	/ 2 2	CITY, TOWN	OR LOCATION OF DE	ath More ST	BA F	TY OF DEA	
Ä		COUNTY		10c. CITY, TO	WN OR LOC	ATION			1	Od. INSIDE CITY
_	Maryland	na		Balt:	imore				1	YES 2 NO
EHAL	10e. STREET AND NUMBER				1	of. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
Ė	1651 Huningt	on				21211			USA	
BY FUN		11. MARITAL STATUS 1				2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)				
COMPLEIED		IT'S EDUCATION est grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.) Merchant Sear							
_	17. FATHER'S NAME (First, Middle,	Last)				16. MOTHER'S NAI	ME (First, Middle, Maider	Surname)		
IO BE	19e. INFORMANT'S NAME (Type/Pr	int)	198	. MAILING ADD	DRESS (Street	end Number or Rural R	loute Number, City or Tov	vn, State, Zip (Code)	
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 4 Denation 5 Other (Special Contents)	Removal from State		ND DATE OF DI matory or other p		vame of	DATE 20c. LC	OCATION — C	aty or Town	ı, State
	21. SIGNATURE OF FUNERAL SER	WICE LICENSEE	d Wade,	Dir		W.Baltimo	State	Anat		
0	23. PART I. Enter the disease shock or heart	ses, or complications thet fellure. List only one caus	caused the da	ath. Do not a						Approximats
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	· Can	diac	Ar	rest					Interval Between Onset and Death
z		Se Se	OR AS A CONSECUTION	DUENCE OF):						

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATIO DUE TO (OR AS A CONSEQUENCE OF): 5 that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26: PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Impatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1. Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated. 2 🗌 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end my 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) DZ6256 125 92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
BICH DUONG MO 1940 W. Baltimore SL 31. DATE FILED (Month, Day, Year)

JUL 3 0 1992 32 EGISTRAR'S SIGNATURE



	1	E
	(H BK
	1	-
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNEARA DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit, mental presents

1 - STATE REGISTRAR		(ERTIF	CATE	OF DE	ATH	MENTAL I	REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF		4.0	WEAR	3. TIME OF DEA	тн	
Horace D. Wilder	race D. Wilderson						07 25			92	6:45	ДМ	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y		ER 24 HRS.	7. DATE OF	BIRTH		8. BIRTI	HPLACE (State or I	foreign	
418-20-9969	69 1 M 2 F 73 YRS. MONTHS DAYS HOURS MIN.							(Month, Day, Year) 08/10/18			Maryland		
9e. FACILITY NAME (If not institution, give	atreet end number)			9b. CITY, TO	WN OR LOCA	TION OF D	EATH		9c. COL	JNTY OF E			
7144 Baltimore-A	nnapolis	Blvd.		Fern	dale				An	ne A	rundel		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	rv		40. 0177		00171011								
The state of the s	Md. Anne Arundel Ferndale												
10a. STREET AND NUMBER	Arundel		Fer	ndale		441					1 YES 2	(NO	
7111. Deltimore toward in Division of What Country?													
7144 Baltimore—Annapolis Blvd. 21061 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Vee or No.— 14. RACE — American Indian.													
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicon, Puerto Rican, etc.) 1 YES 2 NO If yes, specify Cuben, Mexicon, Puerto Rican, etc.)												ien,	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White													
15. DECEDENT'S EDI (Specify only highest grad	JCATION e completedi	16a. 1	DECEDENT'S I	USUAL OCCU	PATION	dina	16b. Kil	ND OF BUS	BINESS/IN	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5		We. Do NOT use	retired.)	ng most or wo	rung							
12			lst Li	euten	ant		Ma	ryla	nd S	tate	Police		
17. FATHER'S NAME (First, Middle, Last)					18. M	THER'S NA	ME (First, Midd						
Horace Butler W	ilderson				Man	ide M	. Ford						
194. INFORMANT'S NAME (Type/Print)							Route Number,						
Catherine S. Wil	derson		7144 B	altim	ore-Ar	mapo	lis Bl	vd.	Fer	ndal	e. Md. 2	21061	
20e. METNOD OF DISPOSITION 1 X Burlel 2 Crematical 3 Ren	noval from State	20b. PLAC	E AND DATEO	E DISPOSITIO	M (Name of		DATE	20c. LO	CATION -	City or To	own, State		
4 Donation 5 Other (Specify)		Mead	orematory or oth					El	krid,	ge,]	Maryland	1	
21. SIGNATURE OF THEFTAL SERVICE LI	CENSER	,			WE AND ADD		an Fun	omol	TTom	00			
Lang	J. Ka	u Am	e				. Elkr				1227		
23. PART I. Enter the diseases or	complications tha	caused tha	death. Do n	ot entar the	moda of	lying, suc	h ea cardlec	or reapl	ratory ar	rest,	Approxim		
shock, or heart failure. IMMEDIATE CAUSE (Finel											Interval E Onset an		
disease or condition resulting in death)		Septice	mia du	ie to	multi	ple d	lecubit	ae					
resolving in Gazeth)	DUE TO	(OR AS A CONS	EOUENCE OF):									
	L Unde	rlying	disea	se Di	ahete	s mel	litue	and					
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A COUS	EOUENCE OF	us in	suffic	ienc	v	CI FI CO					
cause. Enter UNDERLYING CAUSE (Disease or Injury	C						<i>J</i> 						
that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	EOUENCE OF):			٠						
-	d												
PART II. Other aignificant condition	na contributing to	death but not	t reaulting in	tha unda	rlying cause	givan in	Part I. 24	n. WAS AN		24b	. WERE AUTOPSY F		
								PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
											OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE OF	DEATH (C)	eck only one)						
1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient		OTHER: 4 Nursing	Home 5 🗆	Residence	6 Other (St	pecify)					
27. MANNER OF DEATH	28e. DATE OF (Month, Di	INJURY IV. Year)	26b. TIME	OF 26	INJURY AT WORK?		28d. DESCRI	BE HOW I	NJURY OC	CURED			
1 Natural 5 Pending 2 Accident Investigation					YES 2	□ NO							
3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, atreet, fectory, office 26f. LOCATION (Street and Number or Rural Route Number, building and (Specific													
4 Homicide determined							417 51 15	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge,	death occurred	d at the time,	date end pla	ce, and due	to the cause(e	end man	ner ee sta	ted.			
one) 2 MEDICAL EXAMIN											i) and menner ea :	stated.	
29b. SIONATURE AND TITLE OF CERTIFIE		1				CENSE NU							
January Commence of the state o													
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)	Ιυ	U1.Z/	7			77	27/92		
Laurence r. Galla	ager. M.D	345	5 W+11	konc	11100000	D a	1 +	36	J 0.4	1000			
31. DATE FILED (WORKS, Day, 1881)	I 32. REDISTRA	R'S SIGNATURE	S WIII	ACIIS A	venue	ва	LLIMOT	. Mc	1. 2	229		-	
JUL 3 0 199	2 32. REDISTRA	Davidson-	gandal	2									
	6/		-									6 Rev 1/80	

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

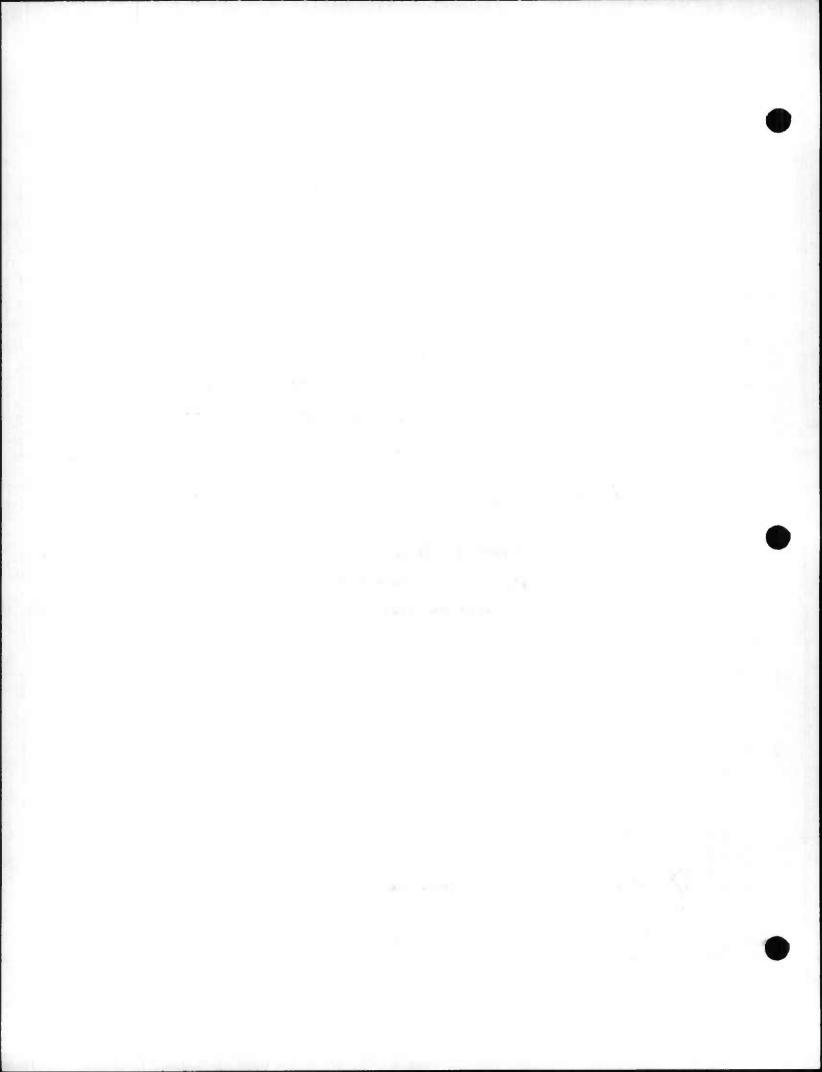
TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
	THEODORE HARPER WILHIDE JULY 26,1992										M				
	4. SOCIAL SECURITY NUMBER 5.		5. SEX	6. AGE (In yrs. lest birthde) 55 YRS.		IF UNDER	IF UNDER 1 YEAR HONTHS DAYS		IF UNDER 24 HRS. 7. D.		7. DATE OF BIRTH (Month, Day, Year) 2/13/37		BIRTHPLACE (State or Foreign Country) Md		
	9a. FACILITY NAME (If not in					9b. CITY	r, TOWN	OR LOCATI	ON OF DE		751	9c. COU	NTY OF D	109	
DIRECTOR	3804 Plum Spring Lane					E1	lic	ott	Cit	У		How	ard	County	
ᇤ	RESIDENCE OF DEC	10b. COUNTY	1		Inc CIT	Y, TOWN (ORLOCA	TION						10d, INSIDE CITY	
뜽	Md	н	oward					t Ci	+17					LIMITS?	
	100. STREET AND NUMBER					, <u>,,, ,, ,,</u>	_	1. ZIP COD				10a. CIT	IZEN OF W	1 YES 2 NO	
ER/	3804 Plum	210					42				SA				
FUNERAL	11. MARITAL STATUS	RMED 13. WAS DECENDENT OF NISPAN NO If yes, specify Cuben, Mexice					IC ORIGIN? (S	pecify Yee	or No-		- American Indian,				
BY	1 Never Married 2 X 3 Widowed 4 Divo	¥O	If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:						Specify: white						
TEC	(Specify only	EDENT'S EDU y highest grade	CATION completed)	(G	CEDENT'S	work done	during me	ON ost of working	ng	16b. KIN	ID OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-6 or 5+)					Do NOT use retired.) OWNER					Florist				
BE CO	17. FATHER'S NAME (First, M Leon Wilh		18. MOTHER'S NAME (First, Middle, Meid Alice Harper						n Surname)						
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3804 Plum Spring Lane Ellicott City									ty,Md21042					
	1 23 Burlet 2 Cremation 3 Removal from State cemetery, crem					AND DATE OF DISPOSITION (Name of meatory or other place)					DATE 20c. LOCATION — City or Town, State 7/29 Baltimore, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Druid Ridge 22. NAME AND ADDRESS OF FACILITY STERLING ASHTON FUNERAL HOM														
	1 vite	. D.	Alax)	Mas	11	7	36	EDM(ONDS	ON AV	E.C.	ATO	IVSV	ME 21228 LLE,MD.	
	23. PART I. Enter the di ahock, or he	iseases, or c asrt fallure.	complications the List only one cau	t caused the de ise on each line	ath. Do n	ot antar	tha mo	da of dyi	ing, such	as cardiac	or reapi	ratory ar	rest,	Approximata Interval Between	
ı	IMMEDIATE CAUSE (Final										Onset and Death				
	resulting in death)	→	Res	O ACU	CULL OUENCE OF	F):								Iday	
NO												Smmth Smmth			
CAT	If any, leading to immediate cause. Enter UNDERLYING CALLE (DEC.)												Smooth		
CERTIFICATION	CAUSE (Disease or inju that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC											
CER			d												
	PART II. Other significa	reaulting in the underlying cause given in					Part I. 24s. WAS AN AUTOPSY PERFORMED?			24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDICAL									1 _ YES		YES 2			COMPLETION OF CAUSE OF DEATH?	
-											1 YES 2 NO				
Ä	OF WAS CASE DEFENDED IN														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	/	5	OTHER	R:			ck only one)					
HÄ	27. MANNER OF DEATH		28e. DATE OF	ER/Outpatient 3	28b. TIM		28c. IN.	URY AT	sidence (28d. DESCRIE		LIURY OC	CURED		
ВУ Р		Pending Investigation	(Month, D	ay, Year)	LNI	URY M	WORK?								
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, term, stre-building, etc. (Specify)						pet, fectory, office 28f. LOCATION (City or Town					(Street end Number or Rural Route Number, m, Stete)			
H.	29a. CERTIFIER (Check only	IFYING PNYSI	CIAN: To the best of	my knowledge, de	ath occurre	ccurred at the time, date end place, end due to the cause(e) end menner se stated.									
COMPLETED	one) 2 MEOICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) and manner se stated.														
									29d. DAT	E SIGNEO	SIGNEO (Month, Day, Year)				
2	THE AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (TYDE, Print)										7/94				
	JEFF MII			•		•	HO	SPTT	AT.						
		JEFF MILLER UNIVERSITY HOSPITAL 31. DATE FILED (MOGIT, Apr., John) 32. BEGISTRAR'S SIGNATURE 34. Davidson-Randalle													
	1111 21	1992	gretia D	avidson-Ad	ndesc										





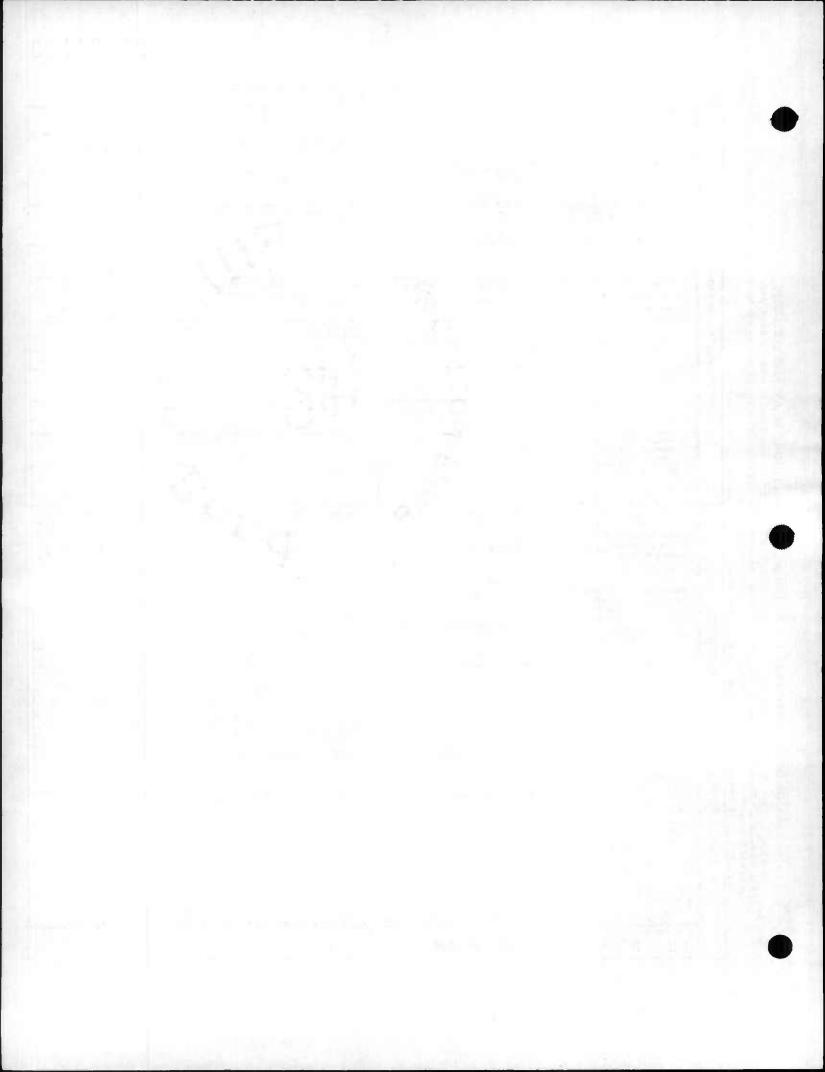
68760	
7	
00	
9	
×	
BOX	
m	
P.O.	
0	
-	
Ś	
0	
~	
\overline{a}	
\approx	
RECORDS,	
2	
OF VITAL RE	
Q.	
>	
11	
~	
0	
Z	
0	
=	
S	
DIVISION	
=	

31. DATE FILED (Morith, Day, Year)
JUL 3 0 1992

32. REGISTRAR'S SIGNATURE DEVILOR PROPERTY.

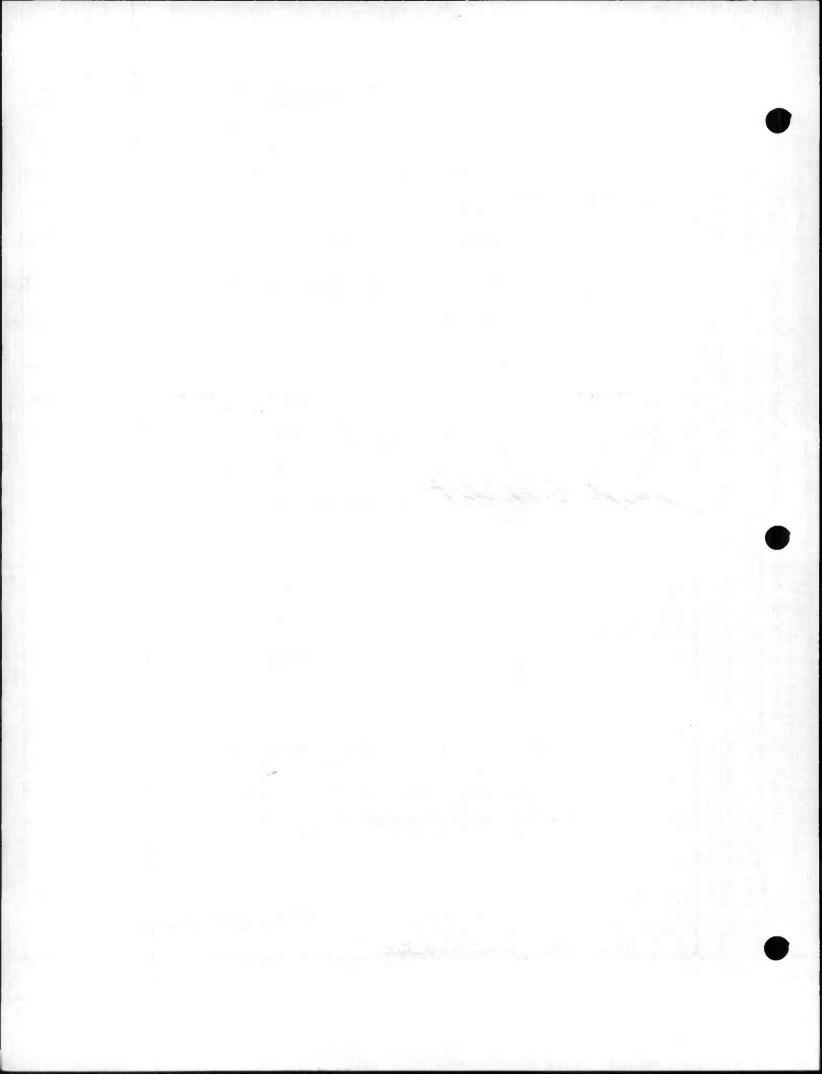
							*	26	2:100
	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF			HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) HAF	RRY L. WII	LIAMS	ON- JI	₹.	2. DATE OF MONTH	OEATH DAY		TIME OF DEATH 3:54 A
	10.1 10 2000	SEX 6. AGE (In yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	(Month, D	BIRTH		CE (State or Foreign
~	Se. FACILITY NAME (If not institution, give street	and number)			OR LOCATION OF		9c. COUN	TY OF OEAT	
0	SI JOSEPH A/E	SPITAL			COWSON		BAL	+1m .	PE3
DIRECTOR	10a. STATE 10b. COUNTY M) BALT	10c. CITY,	TOWN OR LOCA	NOI				I. INSIDE CITY LIMITS? YES 2 NO	
¥	10e. STREET AND NUMBER	1		10	ZIP CODE			EN OF WHAT	
FUNERAL	8200 RIDER A	. WAS DECEDENT EVER IN U.S.	ADARD	1 0 1110 00	2120	4		L.S.	
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 Y	NO	If yes, so	ecify Cuban, Mex 2 NO Spe	Ican, Puerto Rica	Specify Yea or No— an, etc.)	14. RACE — Black, Wi Specify:	American Indian, hita, etc.
COMPLETED	15. OECEOENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	oflege (1-4 or 5 +)	(Give kind of wo	ISUAL OCCUPATION done during me retired.)	st of working		NO OF BUSINESS/INDI		ER
	17. FATHER'S NAME (First, Middle, Last) HARRY L. WI	LLIAMSON SR				NAME (First, Mide	OPKINS		
TO BE	190. INFORMANT'S NAME (Typo/Print) SUE N. WILLIAM		19b. MAILING /	RIDER	AVE.,	TOWSON	City or Town, State, Zip, MD. 212	Code) 04	
	20a. METHDD OF DISPOSITION 1	from State 20b. PLAC	EAND DATE OF	FOISPOSITION (N. er place)	eme of EMATOR	V 17 - 28	20c. LOCATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME A	RY W	FACILITY JEN	KINS & BALTO.,M	SON	S
	HINESIATE OALIGE CO	only one ceuse on each it	ne.	ot enter the mo	de of dying, s	uch as cerdiad	or respiratory arm	eat,	Approximata interval Between Onset and Death
NO	Sequantially list conditions,	RUPtured diss DUE TO ODE AS A CONS Atheras Cle	no fic	di'se	95C		1160. 21		MINOR 7
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS							
CERTI	resulting in death) LAST								
PERFORMED? AMALABLE COMPLETE THES 2 NO OF DEATH THES THE						RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH? PES 2 NO			
25. WAS CASE REPERRED TO MEDICAL EXAMINED 26. PLACE DF DEATH (Check only one) 25. PLACE DF DEATH (Check only one) 26. PLACE DF DEATH (Check									
	27. MANNER OF DEATH 1 Pending 5 Pending	1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY 26b. TIME OF INJURY AT WORK? WORK? WORK? WORK? WORK? To be a considerable of the constant of the					URED		
LETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — Al building, etc. (Specify)	home, farm, str			28f. LOCATION OF T	ON (Street and Number (own, State)	or Rural Route	Number,
COMPLE		i: To the best of my knowledge,							d menner as stated
E C	296. SIGNATURE AND TITLE OF CERTIFIED	Chila	. 15		29c, LICENSE N				nth, Day, Year)

DHMH-16 Rev 1/89



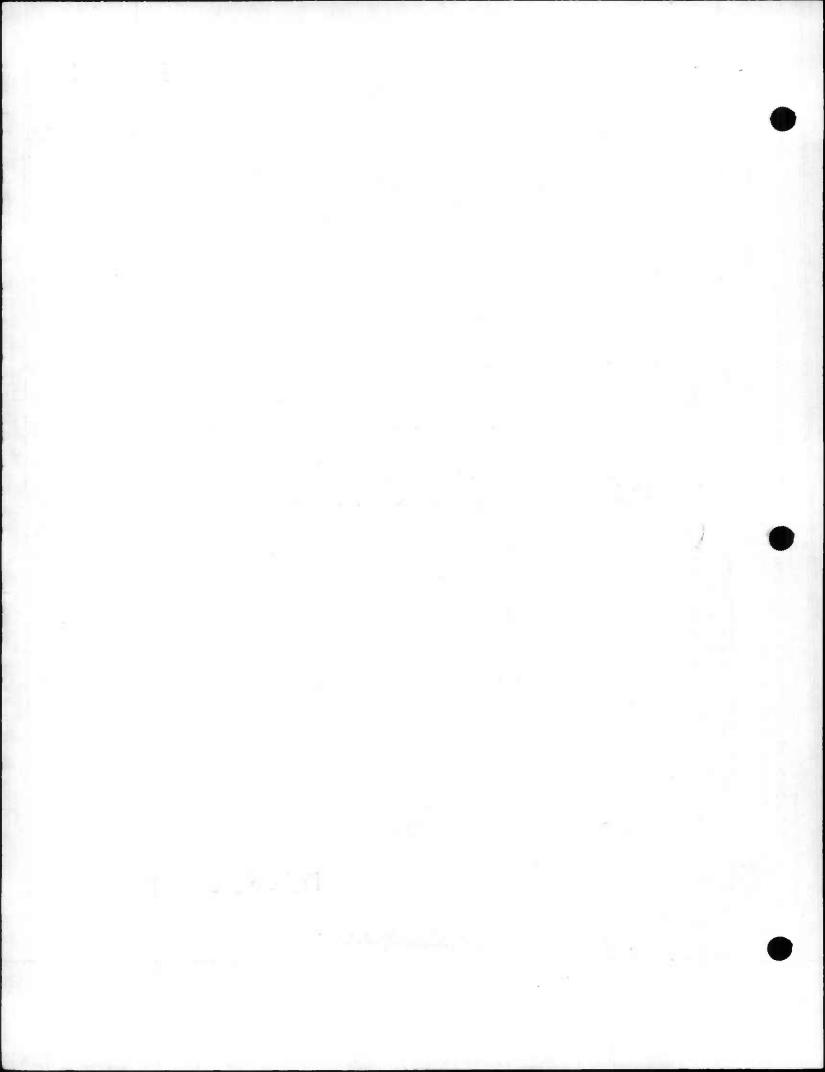
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificals inscisent signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit be State-Bayer of Health and Mental Hypiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE Law equires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certifical, his been signed by the attending physician and completely filled in by the fore within 72 hours after death with the State-Beet, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEP/ CERTI	ARTMEN FICAT	T OF H	EALTH AND DEATH	MENTA	REG. NO.	9	6	21109
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY	DOROTHY Z/EGZ			IEGLE		2. DATE	OF DEATH 7	-28-9		3. TIME OF DEATH 9: 15 P M
	4. SOCIAL SECURITY NUMBER 216 18 97 46	5. SEX 6.	AGE (In yrs. lest birthde	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN	. (Mon	OF BIRTH (h, Day, Year)		Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str		40	9b. CIT	Y. TOWN O	R LOCATION OF		21/1924	9c. COUNT		ryland
5	GOOD SAMADOTAN	HOPP, TAI		77		TIMON				na	211
DIRECTOR	RESIDENCE OF DECEDENT	7.3() / //									
1		TE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
	Maryland Balti 100. STREET AND NUMBER	more Coun	ty	Midd	le Ri	Ver ZIP CODE					1 TYES 2 NO
RA A	3508 Wheelhous	e Road			101,				10g. CITIZI	EN OF WI	IAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E		13	. WAS DECE	212		N? (Specify Yes	or No.— 1		American Indian
	1 Never Married 2 🔀 Married	FORCES? 1 [If yes, spe	cify Cuben, Max 2 NO Spe	ican, Puerto			Black, Specify	- American Indian, White, etc.
Э ВУ	3 Nidowed 4 Divorced		no							фил	White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT	of work done	during mos	N t of working	16	b. KIND OF BUSI	NESS/INDU	STRY	
2.6	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIB. DO NO	use retired.)		- 1				
MC	17. FATHER'S NAME (First, Middle, Last)					10 MOTHERIC	MANE (S)	Middle, Maiden S			
E C	Arize Heath Dale	Heath									
00	19a. INFORMANT'S NAME (Type/Print)	neach	19b. MAILI	NG ADDRES	SS (Street an			M Voah		ogt ode)	
2	Alvin Ziegler							iddleRi			1220
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	wal from State	20b.PLACE AND DAT	E OF DISPO	SITION (Ner		OAT		ATION - CI		
	4 Donation 6 Other (Specify)		cemetery, crematory of								
	21. SIGNATURE OF FUNERAL SERVICE LICE	Ronald			. NAME AN	D ADDRESS OF	FACILITY	STATE A	NATOM	IY BO	DARD
	Janet B.	In the	2/1/29/19					St, Bal			1201
	23. PART I. Enter the diseases, or conshock, or heert failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	AMI	AS A CONSEQUENCE								Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	Part II. Other significent conditions Pullurrany			g in the u	nderlying	cause given	In Part I.	24a. WAS AN A PERFORM 1 UYES 2	ED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 70
NA I	25. WAS CASE REFERRED TO MEDICAL				26. PLA	ACE OF DEATH	Check only o	ne)		1	
PHYSICIAN:	EXAMINER?	HOSPITAL:	/Outpatiant 3 DOA	OTHE	R:	5 🗆 Raaldeno					
	27. MANNER OF DEATH	26a. DATE OF INJ (Month, Day,)	URY 26b. T	IME OF NJURY	28c. INJU WOR	RY AT		SCRIBE HOW IN	JURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	(monn, ou),		M		ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF IN building, atc.	JURY — At home, farm (Specify)	n, street, fed	tory, office		281. LOC C/ty	CATION (Street an or Town, State)	d Number or	Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCK ONLY ONE) 2 MEDICAL EXAMINER	AN: To the best of my									and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		····			29c, LICENSE N	UMBER				Vonth, Day, Year)
10 B	Valonio a - F	edes							> 7.	- 3	8-92
	30. NAME AND ADDRESS OF PERSON WHO ANTONIO A . PEDRO	J60/ Loc	FOEATH (ITEM 27) (TY) H RAVEN	pe, Print)	LVD	BALTO	, M	0 21			
	ANTONIO A . PEDRO 31. DATE FILEO (MONTH, Day, Year) IUL 3 0 1992	32. REGISTRAR'S	SIGNATURE						Section 1		
1 1	JUL 3 U 1992	Jalia Da	norm-Randal								



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho x removal.	nedical examiner must be notified at once.	CONTRACT NO CONTRACT IN CONTRA
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be rised within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY BUYSICIAN. MEDICAL DEBTICIOATION

1 - FOR STATE REGISTRAR	STATE OF MARY	CERTIFIC	ATE O		MEN	TAL HYGIEN	92	2	1110
1. OECEOENT'S NAME (First, Middle, La:	OHN HENE	BARNES	,SR.		M	ATE OF DEATH DA		/EAR	TIME OF DEATH 505 A M
4. SOCIAL SECURITY NUMBER 216-16-5740 9a. FACILITY NAME (If not institution, gh	XXM 2 □ F	69 YRS. MC	NTHS DAY		MA	ATE OF BIRTH fonth, Day, Year) RCH 23	1	Country) MAI	CE (State or Foreign
Southern RESIDENCE OF DECEDENT	MARY LAND	Hospital		clini			-	Ca 9	
	CHARLES	10c. CITY, T	POR'	CATION T TOBAC	CO				1. INSIDE CITY LIMITS? YES XX NO
RT.#6 BOX		ROAD		101. ZIP CODE 2067			U	S.A	COUNTRY?
11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? XX YES IF YES, GIVE WAR OR WWII	IN U.S. ARMED B 2 NO DATES	If yes,	DECENOENT OF HISP , specify Cuban, Mexi /ESX2X NO Spe	can, Pue	IGIN? (Specify Yes rto Rican, etc.)	or No— 14	Black, W Specify:	American Indian, hita, atc.
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a, OECEDENT'S US (Give kind of work life. Do NOT use re	done during atired.)	most of working		16b. KIND OF BUS		STRY	
H.S.GRAD. 17. FATHER'S NAME (First, Middle, Last) EDWARD WILLIA	M BARNES	JHEAVY E	QUIP	16. MOTHER'S	NAME (Fir	CALVERT st. Middle, Maiden : LIZABET	Sumame)		POWER PI
FRANCIS H. BA	RNES, SR.			et and Number or Run	Aoute A	lumber, City or Town	, State, Zip Co	ode)	1646
20. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	omoval from State	b. PLACE AND DATE OF COMMENTS	NS CI	(Name of EM. 7-2)	2-9:	20c. LOC 2 CHEI	CATION — CIT	y or Town,	
21, SIGNATURE OF FUNERAL SERVICE	20. Kg	morel	AREI P.O	HART FULL BOX 56	NERA 7 1	AL HOME	A. MA	RYT.A	ND 2064
23. PART I. Enter the diseases, of ehock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Braw	STem			ich aa d	cardiac or reapi	ratory arrea	t,	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS C. OUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	3						
PART II. Other algorificant conditions and conditions are conditional conditions.	analythia			ring couse given i	n Part I	24a. WAS AN PERFORI	MED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO	HOSPITAL:		THER:	PLACE OF OEATH (C					
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME O	M 1	INJURY AT WORK? YES 2 NO	28d.	DESCRIBE HOW IN	JURY OCCUP	REO	
3 Suicide 4 Homicide 8 Could not be determined	building, etc. (Spe			·	(OCATION (Street at City or Town, State)			Number,
(Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my knowness. NER: On the basis of examination								I menner aa stated.
290. SIGNATURE AND TITLE OF CERTIF 30. NAME AND ADDRESS OF PERSON V	Timi M	EATH /ITEM OF T		D3	S S	06		- 18	nth, Day, Year)
HESH MAT	MAILESSI	South	n r	Ingland	Ho.	horage	cling	on 1	N
7-18 11221	'92 32. REGISTRAR'S BIG	ia Davidson-Ra	indett						

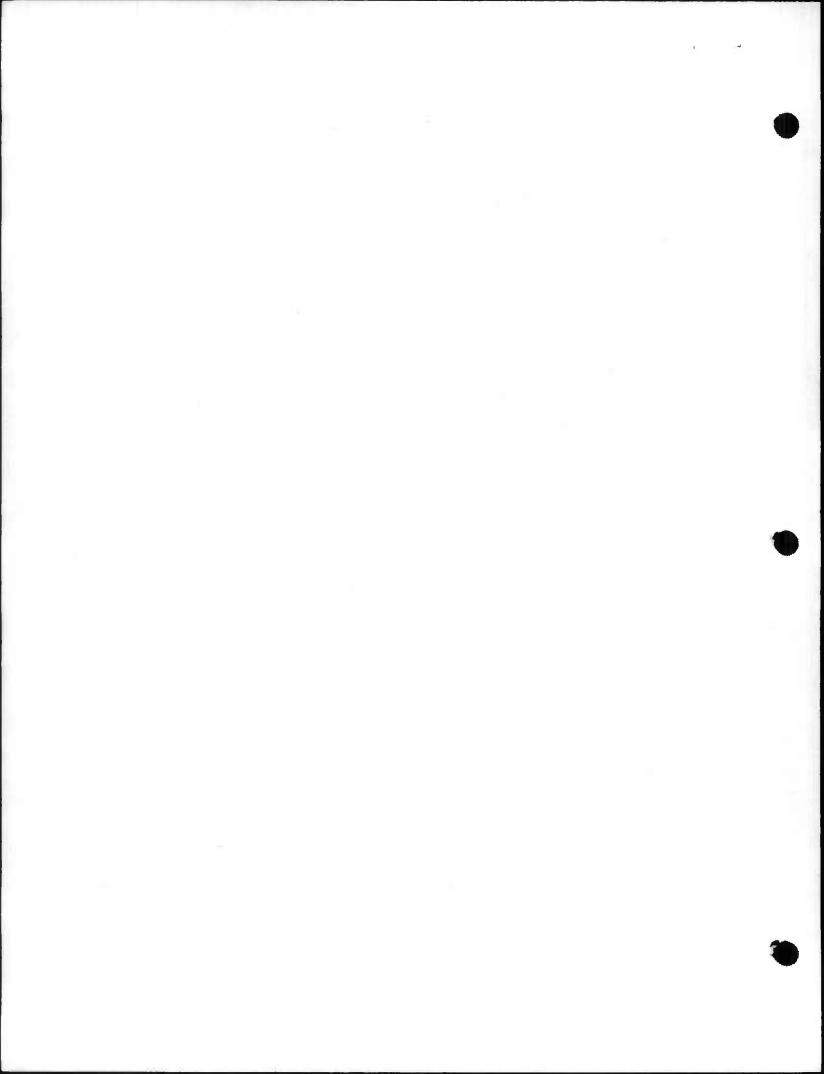


×	2
O. BOX	nortificate
л О	done
RDS,	that the
RECORDS	and in the
-	The face should
OF VITAL	LIVETORALI
DIVISION	AND STREET, OF THE
2	1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNCTION. After this certificate has been signed by the attendance provided in the times of the control
---	---

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. OECEOENT'S NAME (First, Middle, Last) GENE	A	UTRY	BART	ON	2. DATE OF DEATH	1 8 195	3. TIME OF DEATH 9:45 a m
	4. SOCIAL SECURITY NUMBER 5. S			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0	IRTHPLACE (State or Foreign Jountry)
	463-72-4981 1X 9e. FACILITY NAME (If not institution, give street a	nd number)	48 YAS.		R LOCATION OF DE	10-28-19	9c. COUNTY	CENNESSEE OF GEATH
DIRECTOR	Physicians Mem	orial Hos	pital	La Pla	ıta		Char	les
E S	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MARYLAND CHA	RLES		LA PL	ATA			1 🗆 YES XX NO
FUNERAL	10e. STREET AND NUMBER			1.0	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
崱	RT.#1 BOX 1190A	ANNAPOL	IS WOO					.S.A.
5	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN L FORCES? XX YES IF YES, GIVE WAR OR DAT	J.S. ARMED 2 NO			IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	a or No 14.	RACE — American Indian, Black, White, atc.
8≺	1 Never Married XX Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT VIETNAM	ES	1 TYES	XXNO Specify			Specify: WHITE
	15. DECEDENT'S EDUCATIO	N I	sa. DECEDENT'S U	SUAL OCCUPATION	IN .	16b, KIND OF BL	ISINESS/INDUST	
	(Specify only highest grade comp Elamentary/Secondary (0-12) Co	leted) llege (1-4 or 5+)	(Give kind of wo	vrk done during mo	st of working	11125356		
7	H.S.GRAD.		PLUM	BER		PLUM	BING (COMPANY
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider		
BE C	TILMON CHARLIE B	ARTON			BEULA	H MAE De	PEW	
10 B	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
۲	GROVER C. BARTON		7777	BLUEJA	Y COURT	ALEXAN	IDRIA,	VA.22306
	20s. METHOD OF DISPOSITION 1 Varial 2 Cremation 3 Removal 1 4 Donation 5 Other (Specify)	Imama Chata	other piece)		netery, crematory or		TAT DOD	or Town, State F, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	1.00	TIVITI	22. NAME AN	ID ADDRESS OF FA	CILITY		
	Mulos	0. Km	norel	/		ERAL HON	•	RYLAND 20646
	23. PART i. Eiter the disesses, or comp							Approximate
	shock, or hasrt failure. List							interval Batween Onset and Dasth
	disesse or condition resulting in death) s.	VIRAL	Kr	EU	MON	iA-		1-ANK
		DUE TO (OR AS A	ONSEQUENCE OF)	:		100		, ,
z		SEPTI	C SH	OCK	57	MDRO.	M	
5	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:	,			
2	cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A C	ONBEQUENCE OF					
E	that initiated events resulting in death) LAST	OUE TO (OH AS A C	ONSEGUENCE OF)	:				į l
CERTIFICATION	d							
	PART ii. Other significant conditions co	ntributing to death bu	t not resulting in	the undarlyin	g cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINGINGS AMA/LABLE PRIOR TO
8						1 YES	2X X10	COMPLETION OF CAUSE OF GEATH?
ME								1 YE\$ 2 NO
ž								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PI	ACE OF OEATH (Ch	eck only one)		
YSI	1 YES 2 NO 1	Inpatient 2 - ER/Outpat	tlent 3 🗆 DOA	4 Nursing Hon		8 Other (Specify)		
H.	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJU	IRY WO	URY AT	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
BY	1 Netural 8 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY - building, atc. (Specif	– At home, ferm, st y)	reet, factory, offic	•	28f. LOCATION (Stree City or Town, State	t and Number or F b)	Rural Route Number,
	29e. CERTIFIER	To the head of the beauty	4 -4	And the store of the				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: Of	To the best of my knowle to the basis of examination						nuse(s) and manner as stated.
	296 SIGNATURE AND TITLE OF CERTIFIED	. 1 0			29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)
) BE	pough M.	Malle	~ ·		D-2835	52	1	-18-92
2	30. NAME AND ADDRESS OF PERSON WHO CO					TT 2 = 1	20	1 0-11
	Krishan M., Mat	thur,MD	Pembroo	ke Squ	are, #2	213 Wald	way 10 orf,Ma	l South ryland 20603
	31. DATE FILEO (Month, Day, Year) 92	32. REMISTRARY SIGNA	on Handel	L				



GARY

GERSTENBLITH:

'92

32. REGISTRAR'S SIGNATURE

Gulia Davidson-Randalle

6	8	TE
OH ALLENDING PHISTARM THE TWO BOARDS THE THE DESTRICT OF THE SECOND WITHIN 24 HOURS Affect Death. Page 6 may be retained by	DIRECTOR: Affect this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be hours after death with the State Dept. of Health and Mental Hopers brien to burial, commission, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
8	age	be
6 ma	ector, p	must
30	- Offi	je
death.	funera	exami
affer	y the	E3
1	# 1	Ped
2 10	filled o.n	9
III 7	App.	#
DO WIT	DIRECTOR: Affer this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dect, of Heath and Mental Higlene prior to burille, compalion, or empoyal.	even
100	and burd	atic
8	1 2	aum
Ą	page 1	7
BATILITY BAT	Die po	othe
ē	B. H.	6
ne dez	the att	njury,
9	A P	W I
8	phil	\$ 2
regue	9 19	show
100	H de	23
Ē	具员	tem
ğ	がある	10
113	報	ed,
NG L	Affer II	mark
N.	DR: J	8 15
A	ECTL S af	n 21
5	Dir	ie

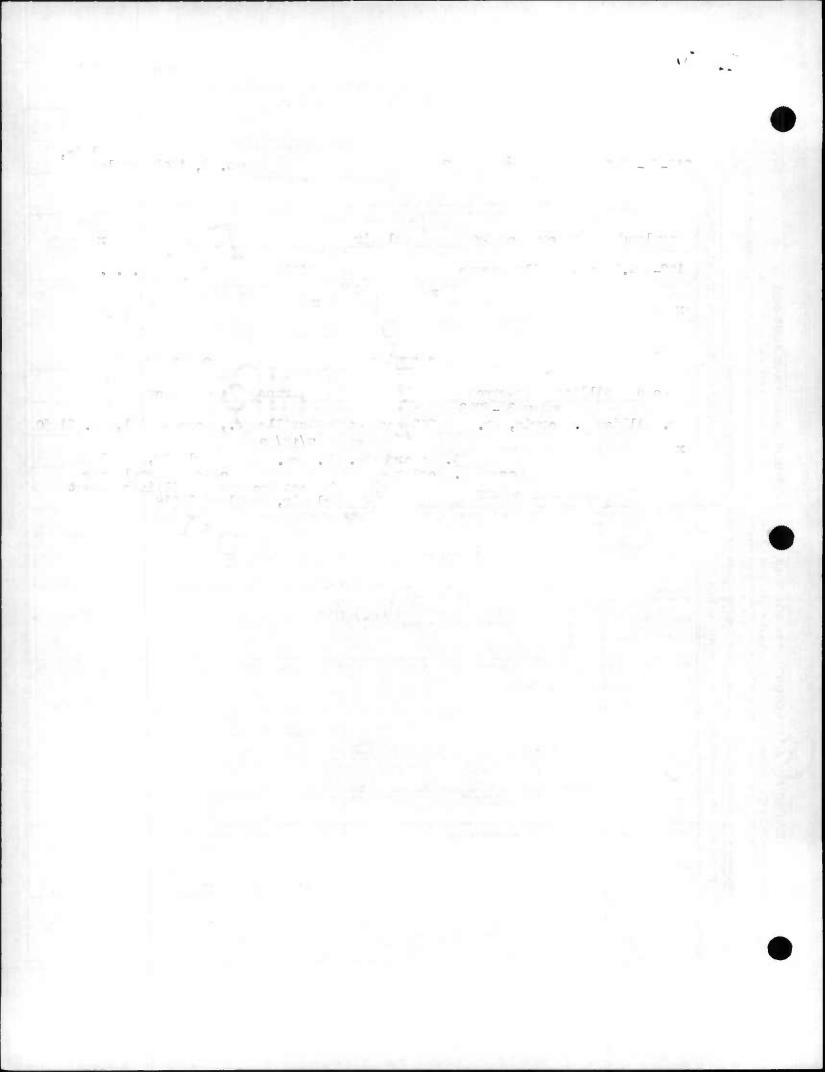
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S HAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH YEAR GLADYS Lee BEYER JULY 15, 1992 7:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACEYSTAN or Foreign IF UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS 1 M 2 K F 213-50-2912 87 Sept. 9, 1904 Maryland 9a. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford County Maryland Bel Air 1 TYES 2 NO FUNERAL 10e. STREET AHD HUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 102-Apt. 8 South Kelly Avenue 21014 U.S.A. 12. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 THO BY Spacify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/IHDUSTRY nentary/Secondary (0-12) College (1-4 or 5 +) 8 Housewife Homemaker 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Peterson Grace Lee DeBow BE 19a. IHFORMAHT'S NAME (Type/Print) | Oph ew838-5793 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. William C. Norris, Jr. 207 West Jarrettsville Rd., Forest Hill, Md. 21050 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 7/18/92 OATE 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1 T Burisi 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) Mt. Tabor Meth. Ch. Cem. Bel Air, Maryland 21. SIGNATURE OF FUHERAL SERVICE LICENSEE Joseph W. Foster 22. HAME AHD ADDRESS OF FACILITY Foster Funeral Home 50 West Broadway & Williams Street good inerestant Bel Air, Maryland 21014 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or reapiratory errest, shock, or heart failure. List only one cause on sech line. Approximete **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition DUE TO THE AS A CONSEQUENCE OF MINUTES resulting in death) 10-20405 CERTIFICATION Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING Constructive CAUSE (Disease or Injury that initiated events reaulting in daeth) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS RECOMPTE TENTR AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO Hyperetonsion 1 TYES 2 KNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 7 NO 4 - Nursi ng Home 5 - Residence 6 - Other (Specify) 26a. DATE OF IHJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation м 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 12 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 295. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 1440407 DIS320 July 16, 1992 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOHNS HOPKING HOSP. 600 N. WOLFE ST- BACTIKOPE,

WD 21205



Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

YSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hyglene prior to burial, cremation. or removal.	edical examiner must be notified at once.	TO BE COMDICTED BY CHINEDAL DIDECTOR
TO THE HIGGS BAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mou	TO THE PUNCHAL CHECKEL CHECKEN After this certificate has been signed by the attending physician and completely filled in by the temperature and the state Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ON DE COMOS ETEN DV DUVEICIAN: MEDICAS CEDTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF M					IEALTH DEAT		MENTA	NL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			7					2. DATE	E OF DEATH	IA.	YEAR 3.	TIME OF DEATH
	NORMAN C.	BIGGS	4 40F (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				IF UNDER		Section (Section)	JLY 1	3 19		1:40 am
	217-20-6749	1 😾 M 2 🗆 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	NOURS	MIN.	MA	th, Day, Year)	924	Country) MAF	ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give st 151 W. THOMSON RESIDENCE OF DECEDENT				9b. CITY		TON	ON OF DE	EATH		9c. COUN	CECI	
DIRECTOR	10a. STATE 10b. COUNTY	ECIL			ч, тоwn о		TION						d. INSIDE CITY LIMITS?
FUNERAL	10s. STREET AND NUMBER	N DRIVE	17	1 1111	CIOI	-	21	921			10g. CITIZ	USA	AT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Married X X Widowed 4 Divorced	12. WAS DECEDENT FORCES? X IF YES CIVE W WWII	TEVER IN U.S. AR X YES 2 1 AR OR DATES	MED NO		If yes, sp	ENDENT C	OF HISPAN	n, Puerto	IN? (Specify Yea Rican, etc.)	or No—	14. RACE — Black, V	American Indian, white, etc.
COMPLETED	15. DECEDENT'S EQUI (Specify only highest grade Elementary/Secondary (0-12) 1 2) (G		work done se retired.)	during mo	ON past of working		- 65	EPART	MENT	OF	IRCES
BE CON	17. FATHER'S NAME (First, Middle, Last) JOSEPH B. BIG	GS					12.91			Middle, Maiden			
TO B	19a. INFORMANT'S NAME (Type/Print) RICK & WAYNE BI	GGS	19							mber, City or Town			921
	METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other pl	OF DISPO	SITION (N	ame of ce	metery, crer			20c. LO	CATION —	City or Town	
	21, SIGNATURE OF FUNERAL SERVICE LIK	965			22.	R.T		DARE	FU	JNERAL			
	23. PART I. Enter the diseases, or o	complications that	caused the de	ath. Do	not ante		ING				iretory arr	est,	Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	(on each line										Interval Between Onset and Death
	resulting in death)	8	(OR AS A CONSE		NF):				_				†
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSE	QUENCE C	NF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSE	QUENCE C	F):								
MEDICAL	PART II. Other significant condition	s contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	C	PERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF I	DEATH (Ch	eck only	one)			
/SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	DOA	OTHE 4 Nu		ne 5 X R	esidence	6 🗆 Ott	her (Specify)			
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 [□ NO	28d. D	EŞCRIBE HOW I	NJURY OCC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined		F INJURY — At he etc. (Specify)	ome, farm,	street, fac	ctory, offic	ce			CATION (Street by or Town, State)		or Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												and manner as stated.
BË	29b. SIGNAPURE AND TITLE OF CENTIFIE	160	n	7			290 HG	-000	028	4		15/9	Aoreth, Diese Mawr) 2
임	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DESTRUCTS	M NO CL	- Drivet								

304-306 North Street, Elkton,

MD

21921

KENNETH M. CORRIN,

6'92

31. DATE FILED (Month, Day, Year)

JR.,

M.D.

Julia Savidson-Randall

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Я

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	HEGISTRAH				CERTIF	ICA	IE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First	t, Middle, Last)	Willi	am T	Plov	ri n	c c	70	2. DATE OF MONTH	DEATH	wt d	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMI	BER	5, SEX	6. AGE (In yrs.			DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	DIETH.	10-4	2	- 1820 M
	234-44-792		1 🔯 M 2 🗀 F		YRS.	MONTH	-	HOURS MIN.	(Month, I	Day, Year)	20	Counti	
į	9a. FACILITY NAME (If not in			63	1110	oh C	TTV TOWN	OR LOCATION OF D	_	22–19		Oh:	
œ						90. 0					9c. COU	INTY OF D	
DIRECTOR	Carroll Co	CEDENT	eneral Ho	spital	-		wes	tminster				Carı	LOTT
Ä	10a. STATE	106. COUNTY	1		10c. CIT	Y, TOW	N OR LOCA	TION			10d. INSIDE CITY		
	Maryland		Carroll]	Hamps	tead			1 TES 2 X NO		
₹	10e. STREET AND NUMBER						10	1. ZIP CODE			10g. CIT	IZEN OF A	WHAT COUNTRY?
FUNERAL	2439 Fairm	ount Re	oad		21074							USZ	A
2	11. MARITAL STATUS 1 Never Married 2 X	X YES 2						or No-	14. RACI Black	E — American Indian, k, White, etc.			
À	3 Widowed 4 Dive	War	ATES 1 YES 2 NO Specify:						Spec				
3		EDENT'S EDU	CATION		DECEDENT'S	USUAL	OCCUPATI	ON	16b. K	IND OF BUS	SINESS/IN	DUSTRY	WILLCE
<u> </u>	Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 5 +	,	(Give kind of ville. Do NOT us	work do se retire	ne during m d.)	ost of working					
COMPLEIED	12 years				Self-I	qnr.	loyed		Ba	M Ele	ectr:	ic M	otor Repair
5	17. FATHER'S NAME (First, A	Here's and						16. MOTHER'S N.	AME (First, Mid	dle, Maiden	Sumame)		
H H	Vernie F. 1		5					Beatri	ce Del	l p h			
5	19a. INFORMANT'S NAME (and Number or Rural					
	Gladys M. 1		5					nt Road,					
	20a. METHOD OF DISPOSIT t	on 3 🗆 Rame	oval from Stata	cametary,	CEAND DATE (cremetory or o	ther pla	ce)		DATE	1		City or To	,
	4 Donation 6 Other		ENSER _/	Cre	st Lav	_		ETY ND ADDRESS OF FA					ille, Md.
-	DR 4		11 1	1	H				1	Eline			Md. 21074
4		landses or o	complications that	Officed the	death Don	101.00							
ı	23. PART I. Enter the d shock, or b		List only one cau	se on each i	ine.	101 011	tol tile lik	ous or uying, suc	on as cardia	C Of Tespi	retory sr	rest,	Approximats interval Batween
ı	IMMEDIATE CAUSE (Fit disease or condition_	nsi	m	tou	MATI		0	0.0:0	1000	^ ~	>		Onset and Death
	resulting in death)		DUE TO	OR AS A CON	SEQUENCE OF	D:		uncy i	11000				
z			. 00	ne	inon	Λ.	~	de	all	K	Sor	le	۱ ۱
2	Sequentially list condit if any, leading to imme		DUE TO	OR AS A CON	SEQUENCE OF	F):		1	2				
CERTIFICATION	CAUSE (Disease or Inju		с										
	that initiated events resulting in death) LAS	T	DUE TO	OR AS A CON	SEQUENCE OF	F):							
		-	d										
F	PART ii. Other significa	ant condition	s contributing to	death but no	ot reaulting i	n the	underiyin	g cauae given in	Part i. 2	4a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3									,	YES 2			COMPLETION OF CAUSE OF DEATH?
E I													1 TYES 2 NO
į													
SICIAN	25. WAS CASE REFERRED 7 EXAMINER?	O MEDICAL	HOSPITAL:			ОТН		LACE OF DEATH (C	heck only one)				
2	1 YES 2 NO		t le Inpetient 2		1	4 🗆 t	Nursing Hon	ne 6 🗆 Residence					
		Pending	28m. DATE OF (Month, Da		28b. TIM INJ	URY	W	JURY AT ORK?	28d. DESCE	RIBE HOW II	NJURY OC	CURED	
0	2 Accident 3 Suicide	Investigation	28s. PLACE OF	F INJURY At	home form a	traat 1		YES 2 NO	264 LOCATI	ION /Otmat a	and Alice ha	D1	Route Number,
3		Could not be determined	building,	etc. (Specify)	roma, mitti, a		iectory, orne	•	City or	Town, State)	ina Numbe	r or Humai F	House Number,
4	29a. CERTIFIER	TIFYING PHYSI	CIAN: To the best of	my knowledge	death occurre	ed at th	o time date	and alone had d		(-) (-2-53		
ž I													i) and manner as stated.
3	295, SIGNATURE AND TITLE					_		29c. LICENSE NU					
	Colvitrar	les	mme	voa.	me	•		MR	200	₇	DAI	7 (1	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAUS	E OF DEATH (TEM 27) (Type,	Print)		0 50	0.0	4.100	-	1	
CHITAGITEDY NAGANNA					7	100 X	pool	120	WW	1/m	MA	317	
	31, DATE FILED (Month, Day,	1 '92	32. REGISTRAI	R'S SIGNATUR	- Mano	less							3)

المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

Brian

1 -

2:28

A.

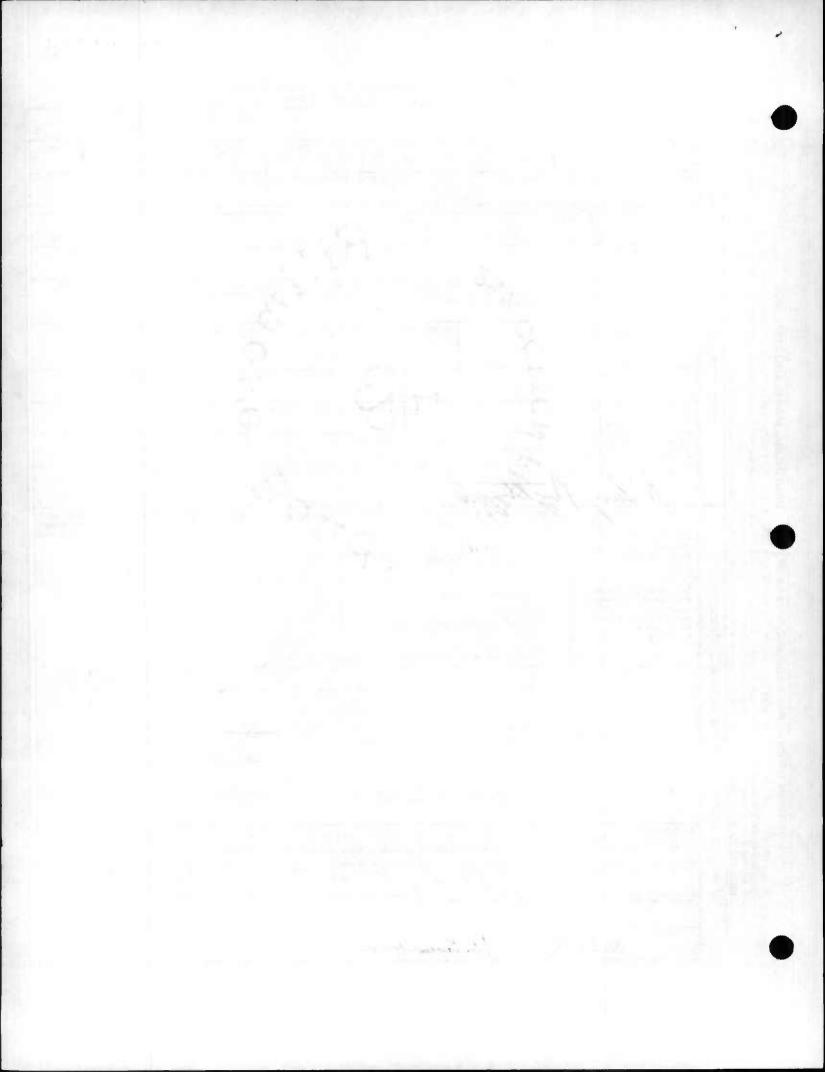
1992

2. DATE OF DEATH MONTH DAY 07 19

	212-62-48								-/	/24/19		ENGI	
œ	9a. FACILITY NAME (If not is							LOCATION OF D	EATH		9c. COU	NTY OF DE	
8	Carroll C	CEDENT		HOSPITA				ister			Ca:	rroll	
DIRECTOR	10a. STATE	10b. COUNT			10c. CITY,	TOWN OR L							IOd. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER		CARRO	<u> </u>		HAM	_	EAD OP CODE			10g. CITI		I YES 2 NO
FUNERAL	3701 SIN	IGER S	ST.				T		2107	7 4		USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Div	_	12. WAS DECEDED FORCES?	NT EVER IN U.S. A I YES 2 MAR OR DATES	ARMED	If ye	s, specif	DENT OF HISPAI fy Cuban, Mexico NO Specif	an, Puerto	IN? (Specify Yea Rican, etc.)	or No-	14. FIACE Black, Specify	- American Indian, White, etc.
		CEDENT'S EDI			DECEDENT'S U				16	ib. KIND OF BUS	SINESS/INC	DUSTRY	***************************************
COMPLETED	Elementary/Secondary (1	College (1-4 or 5		le. Do NOT use	retired.)		4					
NO N	12 17. FATNER'S NAME (First, A	viicidia, Lest)				Si	-	EYOR	ME /El-	STATE		MARY	LAND
ш			VILFORD	BARNE	S		'	o. MOTHER S NA	CIME (FRSE,	LAVI		REED	
TO B	198. INFORMANT'S NAME (WILFORD B		5		196. MAILING A	WESLI	reet and EY	Number or Rural RD., I	Aoute Nur	nber, City or Tow SBURG	n, Statu, Zip) . 2]	048
	20a. METHOD OF DISPOSIT 1 1 Burlat 2 Crematic 4 Donation 5 Other	on 3 🗆 Ren r (Specify)		annatur.	EAND DATE OF TREMBITORY OF Oth WESLE				1			City or Tow	n, Stata MARYLA
	21. SIGNATURE OF FUNERA	AL SERVICE LI	Latter	ando				ADDRESS OF FA	F	CLINE			HOME MD.210
	immediate cause (findisease or condition	ieart fellure.	Complications the	it caused the duse on each iir	10.	t enter the		of dying, suc	h aa ca	rdiac or reapi	iratory arr	reat,	
RTIFICATION	immediate cause (Fig	tions, odieta	ab	It caused the cuse on each life (OR AS A ODNS)	EDUENCE OF	t enter the		of dying, suc	th as car	rdiac or reapi	iratory arr	reat,	Interval Between
MEDICAL CERTIFICATION	snock, er in snock, er in snock, er in disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuict that initiated events	tions, dista	e	(OR AS A CONSI	EDUENCE OF):	t enter the	ès			24a. WAS AN PERFOR 1/21 YES 2	AUTOPSY MED?	24b. V	Interval Betwee Onset and Dai
: MEDICAL	snock, er in snock, er in snock, er in immEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS	tions, dilate ing	e	(OR AS A CONSI	EDUENCE OF):	the under	fyling c	ause given in	Part i.	24a. WAS AN PERFOR 1/21 YES 2	AUTOPSY MED?	24b. V	Interval Betwee Onset and Date of the Conset and Date of the Conset and Date of the Conset of the Co
CIAN: MEDICAL	IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS PART II. Other algnifications.	tions, dilate ing	B. DUE TO B. DUE TO C. DUE TO d	(OR AS A CONSI	EDUENCE OF:	the under	lying c	ause given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. V	Interval Betwee Onset and Date of the Conset and Date of the Conset and Date of the Conset of the Co
CIAN: MEDICAL	snock, er in snock, er in snock, er in immEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injutted initiated events resulting in death) LAS PART II. Other algnifications.	tions, dilate ing	a	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI death but not	EDUENCE OF): EDUENCE OF): resulting in	the under	flying c.	ause given in E OF DEATH (Ch 5	Part i.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. W	Interval Betwee Onset and Date of the Conset and Date of the Conset and Date of the Conset of the Co
PHYSICIAN: MEDICAL	SHOCK, OF IN SHOCK	tions, dilate ing	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI death but not	EDUENCE OF:	the under the under	lying c	ause given in E OF DEATH (Ch 5	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. V	Interval Betwee Onset and Dail Vere Autopsy Findin Malable Prior to Oximptetion of Cause F Death?
D BY PHYSICIAN: MEDICAL	SHOCK, OF IN SHOCK	tions, dilate iNG ury ET Condition	B. DUE TO b. DUE TO c. DUE TO d. DUE TO d. To DUE T	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI death but not ER/Outpetient INJURY INJURY INJURY	EDUENCE OF: EDUENCE OF: EDUENCE OF: Feaulting in 28b. TIME NJUI 2:00	the under the under There is Nursing OF 28c RY A M 1	lying c	E OF DEATH (Ch	Part i.	24a. WAS AN PERFOR 1727 YES 2	AUTOPSY MED? ON NO NJURY OCC MOT	24b. V	Interval Betwee Onset and Dail Vere autopsy Findin Mailable Prior to Completion of Cause of Death?
ETED BY PHYSICIAN: MEDICAL	SHOCK, OF INTERPRETARIES SHOCK, OF INMEDIATE CAUSE (Fit disease or condition reaulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAS PART II. Other algnification of the cause in the cau	tions, dista in a condition of the condi	B. DUE TO b. DUE TO c. DUE TO d. DUE TO d. To pus To DUE T	(OR AS A CONSI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI death but not ER/Outpettent EINJURY 19/, 1991 FINJURY — At hetc. (Specify)	EDUENCE OF): resulting in 28b. TIME INJU 2:00, some, farm, str	the under the under the under 2 OTHER: Nursing OF 28 RY A M 1 and, factory,	iying c	E OF DEATH (Ch. 5 - Residence	Part I. 6 Oth 28d. DB Dr. 281. LOC City 4 1	24a. WAS AN PERFORM 1/21 YES 2 DOTE (Specify) ESCRIBE HOW IN INCREMENT IN INCREMEN	AUTOPSY BMED? I NO NJURY OCC N	24b. V	Interval Betwee Onset and Dail Vere Autropsy Findin Man, Able Prior to Oximpte Tion of Cause of Death? Yes 2 \(No N
ETED BY PHYSICIAN: MEDICAL	SHOCK, OF IN SHOCK	tions, dista ING ury ST Condition Condition Condition Condition Could not be determined Could not be d	B. DUE TO b. DUE TO c. DUE TO d. DUE TO d. To the post of building.	(OR AS A CONSI EDUENCE OF): EDUENCE OF): Feaulting in 28b. TIME INJUI 2:00, some, farm, str	the under the under the under 2 2 THER: Nursing OF 26 RY M 1 ast, factory, at the time,	iying c	E OF DEATH (Ch. 5 - Residence Y AT ? 2 NO d place, and dua	Part I. 6 □ Oth 28d. DB 28f. LD City 41	24a. WAS AN PERFORM 1/2 YES 2 1/4 YE	AUTOPSY BMED? I NO NJURY OCC NJURY OCC Motend Number klers	24b. V	VERE AUTOPSY FINDINI MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Cle/Mailbo	
E COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, OF IN SHOCK	tions, dilate ing investigation Could not be determined	B. DUE TO b. DUE TO c. DUE TO d. DUE	(OR AS A CONSI EDUENCE OF): EDUENCE OF): Feaulting in 28b. TIME INJUI 2:00, some, farm, str	the under the under the under 2 2 THER: Nursing OF 26 RY M 1 ast, factory, at the time,	flying c. 6. PLAC: Nome: WORK: VES office date and	E OF DEATH (Ch. 5 - Residence Y AT ? 2 NO d place, and dua	Part i. sck only of the case of time, date in the case of the case of time, date	24a. WAS AN PERFORM 1/2 YES 2 1/4 YE	AUTOPSY MED? I NO NJURY OCC Mot and Number klers where as stated due to the	CURED OYCYC or Rural Roco SVIlle	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	Sindex, err is snock, err is s	tions, dilate ing ing investigation Could not be determined TIFYING PNYS HCAL EXAMINITIES OF CERTIFIE	a	(OR AS A CONSI resulting in 28b. Time NJU 2:00 attach occurred r investigation,	the under the under the under The index is a constant of the under the under The index is a constant of the under the under 22 The index is a constant of the under 23 The index is a constant of the under 24 The index is a constant of the under 25 The index is a constant of the under 26 The index is a constant of the under 27 The index is a constant of the under 28 The index is a constant of the under 29 The index is a constant of the under 20 The index is a constant of the under 20 The index is a constant of the under 20 The index is a constant of the under 21 The index is a constant of the under 22 The index is a constant of the under 28 The index is a constant of the under 29 The index is a constant of the under 20 The index is a consta	flying c. 6. PLAC: Nome: WORK: VES office date and	ause given in E OF DEATH (Ch 5	Part i. eck only of the case of time, dat MBER	24a. WAS AN PERFORM 1/2 YES 2 1/4 YE	AUTOPSY MED? I NO NJURY OCC MOT and Number klers iner as state d dua to the	CURED OYCYC or Rural Roco SVIlle	Interval Betwee Onset and Date of the Conset and Date of the Conset and Date of the Conset of the Co	
TO BE COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, OF IN SHOCK	tions, dilate ing investigation Could not be determined TIFYING PNYS ICAL EXAMINITY F PERSON WITH INTERPRETATION OF CERTIFIE CONTRACTOR OF CERTIFICATION OF CERTIFIC	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSI The EDUENCE OF: EDUENCE OF: EDUENCE OF: Feaulting in 28b. TIME INJUITED TO THE INJUITED TO	the under the under the under 2 OTHER: Nursing OF 2ec, Nursing of 2ec, factory, at the time, In my opinic	iying c 6. PLAC Nome !: INJURTATION WORK WORK YES date and	E OF DEATH (Ch The state of the	Part I. 6 Oth 28d. DB 26f. LOC City 41 to the cattima, dat WBER	24a. WAS AN PERFORM 1/21 YES 2 Per (Specify) ESCRIBE HOW II 1/21 YES 2 A 2 YOU Know I YES A YOU KNOW, State) 4 A Bec Ruse(a) and man the and placa, and	AUTOPSY BMED? I NO NJURY OCC Motend Number klers Norer as stated due to the 29d. DATE	CURED OF CYCLO OF RURAL ROCK ROCK ROCK ROCK ROCK ROCK ROCK ROCK	Interval Betwee Onset and Das VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO Cle/Mailbook Number, Page 10 No Number, Page 10 Number,	
TO BE COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, OF IN SHOCK	tions, dilate ing investigation Could not be determined TIFYING PNYS ICAL EXAMINITY F PERSON WITH INTERPRETATION OF CERTIFIE CONTRACTOR OF CERTIFICATION OF CERTIFIC	a	(OR AS A CONSI resulting in 2 DOA 2 DO	the under the under the under the under The set is a	iying c 6. PLAC Nome !: INJURTATION WORK WORK YES date and	E OF DEATH (Ch. 5	Part I. 6 Oth 28d. DB 26f. LOC City 41 to the cattima, dat WBER	24a. WAS AN PERFORM 1/21 YES 2 Per (Specify) ESCRIBE HOW II 1/21 YES 2 A 2 YOU Know I YES A YOU KNOW, State) 4 A Bec Ruse(a) and man the and placa, and	AUTOPSY BMED? I NO NJURY OCC Motend Number klers Norer as stated due to the 29d. DATE	CURED OF CYCLO OF RURAL ROCK ROCK ROCK ROCK ROCK ROCK ROCK ROCK	Interval Betwee Onset and Date of Conset and Date of Conset and Date of Conset and Date of Conset of Conse	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Barnes



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE LOSPITAL OR VITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUNERAL DECORD! After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled early with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT HIMM 22 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AN	D MEN	TAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH		ATE OF OEATH		3. TIME OF DEATH
	REGINA MARGARET	CUMMING				MC	6 2	199	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DA	TE OF BIRTH	0. BI	RTHPLACE (State or Foreign
	369-14-8802	1 ☐ M 2 🂢 F	79 YRS.	MONTHS DAYS	HOURS MIN	2.	onth, Day, Year) -12-191	3 Ma	ssachusetts
	Sa. FACILITY NAME (If not institution, give st			9b. CITY, TOW	OR LOCATION O	F DEATH		9c. COUNTY C	F DEATH
DIRECTOR	1724 Shookstown	Road		Frede	ick			Freder	ick
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY
DIR	Maryland Fred	erick	Fre	derick					LIMITS?
AL	10e. STREET AND NUMBER				Of. ZIP CODE			10g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	1724 Shookstown R	oad			21702			U.S.	Α.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES		13. WAS D	CENOENT OF HIS	SPANIC ORI	GIN? (Specify Yes	or No 14. R	ACE — American Indian, lack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗆 YI	S 2 NO Sp	ecity:	to ricell, etc.)		white
	15. DECEDENT'S EDUC	ATION	16a. OECEDENT'S	USUAL OCCUPA	ION	T.	16b. KIND OF BUS	SINESC/INCLISTO	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT us	work done during i	nost of working	12	TOOL KIND OF BOO	JINE33/IIIO031 N	,
Ę.	12 years		Homema	ıker					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (Fin	st, Middle, Maiden	Surname)	
BE	John Albert Cumm	ing			Annie				
2	19s. INFORMANT'S NAME (Type/Print)				and Number or Ru				
	Douglas R. Cavine				hth Str			-	
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val trom State 20b.	PLACE AND DATE	OF DISPOSITION (Name of	20	ATE 20c. LO	CATION — City o	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	A	22 NAME	AND ADDRESS OF	EACH ITY			
	x + 1+0	A Che in		ROBEI	T E. DA	ILEY	& SON I	FUNERAL	HOMES, PA
\dashv	23. PART I. Enter the diseases, or o	omplications was valend	the death Do	1201	NORTH M	ARKET	r ST. FI	REDERIC	K, MD 21701
- 1	23. PART . Enter the diseases, or co	ist only one cause on ea	ich ilne.	ior enter the h	ode or dying, s	such es c	erdiac or respi	ratory srrest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition	materia	4	200					Onset and Death
	resulting in death)	DUE TO (DR AS A	CONSEDUENCE OF		n Co	acci	noma		6 mo.
Z									
NT IO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEDUENCE OF	F):					
5	CAUSE (Disease or Injury	OUE TO (OR AS A	CONSERVENCE						
CERTIFICATION	that initieted events resulting in death) LAST	OUL TO (OR AS A	COMSEDUENCE OF	7):					
		•							
¥	PART II. Other significant conditions	contributing to death bu	it not resulting i	in the underlyi	ng ceuse given	in Part I.	24a. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ğ							1 TYES 2	X NO	COMPLETION OF CAUSE OF DEATH?
Σ								`	1 TYES 2 ND
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL								
Sici	EVALUATION	HOSPITAL: 1 inpatient 2 ER/Output	W=== 0 0 000 I	OTHER:	ALACE DF OEATH				
H	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIM		me 5 Residen	-	ther (Specify) DESCRIBE HOW IN	IIIDY OCCUBED	
	Netural 5 Pending	(Month, Day, Year)	INJ	URY	ORK? YES 2 NO	200.	PEQUINDE NOW II	SONT OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY	At home, farm, a			26t. L	OCATION (Street a	nd Number or Rur	al Route Number,
	4 Homicide determined	building, atc. (Special	(4)			٥	Ity or Town, State)		
2	29a. CERTIFIER Check only	IAN: To the best of my knowle	dge, deeth occurre	ed at the time, da	a and place, and o	due to the	cause(a) and man	ner as stated.	
COMPLETED	one) 2 MEDICAL EXAMINER	: On the basis of examination	and/or investigatio	n, in my opinion,	death occured at	the time, de	ate and place, and	due to the caus	e(s) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	00 1/)		29c. LICENSE I	NUMBER	, 1	29d. DATE SIDN	ED (Month, Day, Year)
2	Multsel	mul	NO		D36	70	/	▶ 6	26-92
-	30. NAME AND ACCRESS OF PERSON WHO								
	Sara Hutlsch-Smi			se Fre	derick,	MD 2	1701		
	JUN 2 9 1992	38. REGISTRAR'S SIGNA	Pandall.						

TO THE MOSPIZE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM				HYGIENE REG. NO.	lus .	to 1 1 1 /
1	1. DECEDENT'S NAME (First, Middle, Last) Ruth Fran	ces Concanno	on.			2. DATE OF		2 YEAR	3. TIME OF DEATH 1 D M
	180-22-3138	□ M 2/CXF		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D. March	ey, Ybar)	a. BIRTHP Country)	
TOR	99. FACILITY NAME (If not institution, give street 22 Hanover Road RESIDENCE OF DECEDENT	and number)	96		stersto			NTY OF DE	
DIRECTOR	10a. STATE 10b. COUNTY	ltimore		own on Locat Reister					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER 22 Hanove	r Road			ZIP COOE 21136	-	10g. Cf		HAT COUNTRY?
Β¥	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	: WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE		If yes, spe	ENDENT OF HISPA city Cuben, Mexic 2X NO Speci	an, Puerto Rica	Specify Yes or No-	14. RACE- Black, Specify	American Indian, White, etc.
COMPLETED	16. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ON Inpleted) Sollege (1-4 or 5+)	Give kind of work iffe. Do NOT use re Housewi	done during mos tired.)	N I of worlding	16b. Kil	ND OF BUSINESS/IN		
BE COM	17. FATHER'S NAME (First, Middle, Last) Clarence	Brown				ME (First, Midde e Merr	yman		
10	19a. INFORMANT'S NAME (Type/Print) Carole Cook		19b. MAILING AD 22 Han	over Ro	d Number or Rural 1., Reis	Route Number, tersto	City or Town, State, Zi Wn, Md.	21136	
	20a. METHOD OF DISPOSITION Burlel 2\(\) Cremation 3 \(\) Removal 4 \(\) Donation 5 \(\) Other (Specify) 21. SIGNATURE OF FUNEBAL'SERVICE LICENS	from State cemete	LACE AND DATE OF D LYV. crematory of other LECTO CTE	matory	July 23		20c. LOCATION — Baltimo	city or Tow	aryland
	· H.J. Ech	leadt		Eckha 1160	ardt Fun Reiste	eral C	Rd. Ow	ings 1	21117 Mills, Md.
	23. PART I. Enter the diseases, or com- shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pilications that caused to only one cause on each DUASO PUASO DUE TO (OR AS A C	Hine.			ch aa cardiad	or reapiratory as	reat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO							
AL CER	PART II. Other algnificant conditions c	ontributing to death but	not resulting in t	he undariying	cause given in	Part I, 24	a. WAS AN AUTOPSY	24b, 1	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA							PERFORMED?	0	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	0	26. PL	ACE OF OEATH (CI	neck only one)			
HYS	1 YES 2 NO 1	Inpatient 2 ER/Outpatie	28b. TIME OF	Nursing Home	5 Tesidence		pecify)	CUREO	
BY BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	PAUCHI		RK? ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, stc. (Specify)	At home, term, stree	t, tactory, office			ON (Street and Number own, State)	r or Rural Roo	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN								and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	70			D27		29d. DAT	TE SIGNED	22/92
	30. NAME AND ADDRESS OF PERSON WHO CO	0 6701	N.Ch	ins So		str	o. ho	21	204
	31. DATE FILED (MH) 02 120) 92	32. REGISTRAR'S SIGNATU	IRE Bonde	2					

at the war is, and the term to the MINE I STATE THE STATE OF THE STATE OF The Court Arteria Streets of the Court of th

1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

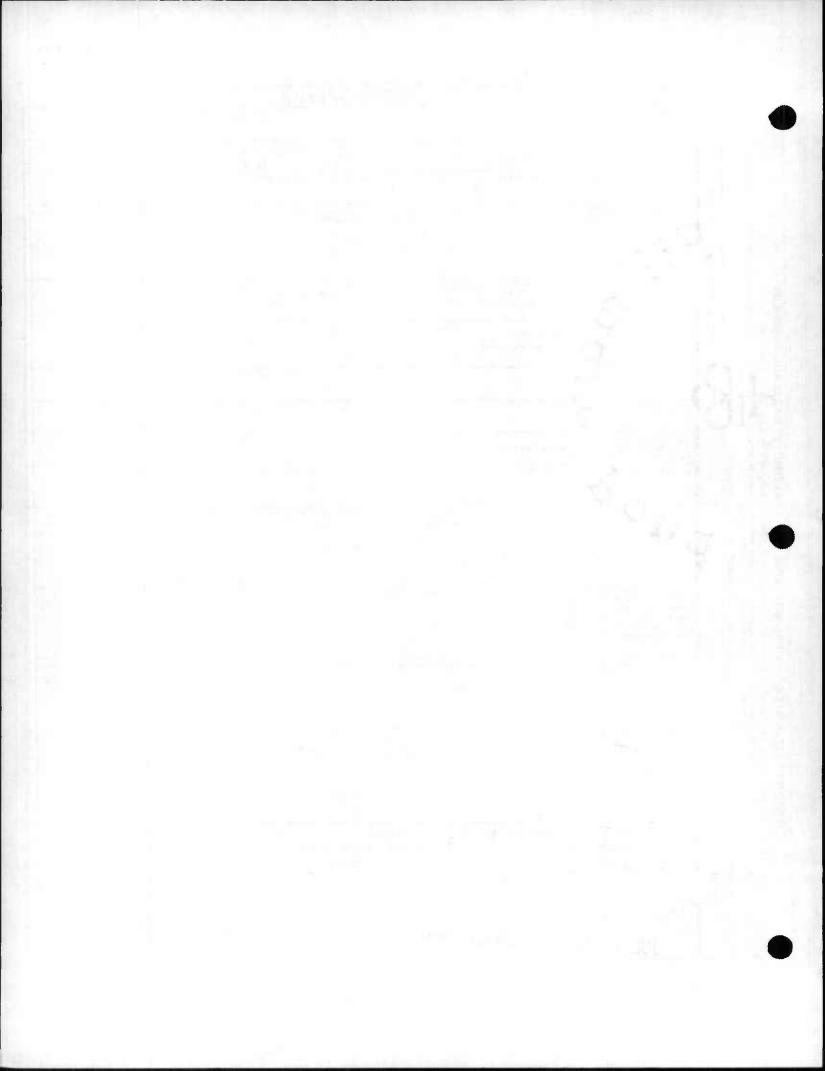
	1. DECEDENT'S NAME (First, Middle, Lest) Carl	E. Clar	k		119	2. DATE OF D	21 - 9	YEAR	100 A M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	S. BIRTHPLA	CE (State or Foreign
	244-24-1644	1 🔀 M 2 🗆 F	66 YRS. M	ONTHS DAYS	HOURS MM.	10-14	-25	Nort	h Carolina
	9a. FACILITY NAME (If not institution, give st	reet and number)	1		R LOCATION OF DE	EATH		TY OF DEAT	
FUNERAL DIRECTOR	5 Bethway Drive 1	Apt. 104		Sykes	sville		Ca	arroll	
ក្ន	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c. CITY,	TOWN OR LOCATIO	ON			100	d. INSIDE CITY
DIR	Maryland Cam	roll County	C	vkesvill	ام			LIMITS?	
A	10e. STREET AND NUMBER	COLT CAMILY			ZIP CODE		10g. CITI	ZEN OF WHA	
ER	5 Bothway Drive	0			21784			U.S	Δ
5	5 Bethway Drive	12. WAS DECEDENT EVER FORCES? 1 → YES			NDENT OF HISPAN				American Indian,
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			city Cuban, Mexica 2 🙀 NO Specify		, etc.)	Specify:	2007
	15, DECEDENT'S EDUC	CATION	Table properties						White
COMPLETED	(Specify only highest grade	completed)	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done durina mosi	t of working	160. KIN	D OF BUSINESS/IND	USTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Offic	,		C	orrection	nal (S	state)
MO	17. FATHER'S NAME (First, Middle, Lest)		1 OILLO		18. MOTHER'S NA	_	a, Maiden Surname)	101 (1	, cace,
	Charle	s Marvin Cla	ark		Cora	Foster			
BE (19a. INFORMANT'S NAME (Type/Print)	S HAIVIN CIO		DDRESS (Street an			ity or Town, State, Zip	Code)	
2	Miss Carol Benne	tt		Sykesy	ville, M	ID 2178	4		
	20a. METHOD OF DISPOSITION 1 Q,Burlal 2 Cremation 3 Remo		Ob. PLACE AND OATE ((Name	OATE	20c. LOCATION —	City or Town,	State
	4 Donation 5 Other (Specify)		Crestlawn	Memoria			Marrio	ttsvil	le, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	A	1		D ADDRESS OF FA		- (D 0)	2 10	\F\
	Duan &	. Haisa	4	Sykes	nt runer sville.	MD 217	e (P.O. 1 84 (410)	-795-1	400
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that cause	ed the deeth. Do no						Approximate Interval Between
					11-4	- /	, .		Onset and Death
	disease or condition resulting in deeth)	LIMA	CAMLEN	MA	astaru	= 10	ovam		MARK
	II teaditing in dectil	a. Dorw	Caro	1	021	1 -	0		1000
	readiting in death)	DUE TO (OR AS	ACONSEQUENCE OF	1 00	14424		110000		100001
NO	Sequentially list conditions,	LUNG DUE TO OR AS			luon e	vy o	usease		413.
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF		luon e	vy a	usease		413.
IFICATION	If any, leading to immediate	OUE TO (OR AS		<u> </u>	luon e	vy a	usease		418.
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS	A CONSEQUENCE OF)	<u> </u>	luon a	vy a	usease		418.
. CERTIFICATION	sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	:					418.
	Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):	:		Part I. 24s	. WAS AN AUTOPSY PERFORMEO?	24b. WE	LIVS.
	sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	:		Part I. 24s	. WAS AN AUTOPSY	24b. WI	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
: MEDICAL	sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	:		Part I. 24s	. WAS AN AUTOPSY PERFORMEO?	24b. WI	AILABLE PRIOR TO OMPLETION OF CAUSE
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	OUE TO (OR AS	A CONSEQUENCE OF):	tha underlying		Part I. 24	. WAS AN AUTOPSY PERFORMEO?	24b. WI	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	OUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in	tha underlying	cause given in	Part I. 24s	L WAS AN AUTOPSY PERFORMED? YES 2 WO	24b. WI	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS OUE TO (OR AS d	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in	tha underlying 26. PL OTHER: 4 Nursing Home OF 28c. INJL	ACE OF DEATH (C)	Part I. 24s	L WAS AN AUTOPSY PERFORMED? YES 2 WO	24b. Wi AM CC OF 1	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	OUE TO (OR AS OUE TO (OR AS d. BE contributing to deeth HOSPITAL: 1 Impetiant 2 ER/Ou	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in	tha underlying 26. PL OTHER: 4 Nursing Home OF 28c. INJL	ACE OF DEATH (C) S S Residence URY AT	Part I. 24s	L WAS AN AUTOPSY PERFORMED? YES 2 1 WO	24b. Wi AM CC OF 1	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significent condition	OUE TO (OR AS OUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in stipationt 3 □ DOA (28b. Time in.) (27 — At home, farm, st	tha underlying 26. PLI OTHER: 4 Nursing Home OF 28c. INJL RY WOTH 1 Y	ACE OF DEATH (C) 5 S Rasidence URY AT RK? ES 2 \(\sum \) NO	Part I. 24st 1 [heck only one) 6 Other (Sc 28d. DESCRI	L WAS AN AUTOPSY PERFORMED? YES 2 1 WO	24b. WI AM CC OF 1	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	OUE TO (OR AS OUE TO (OR AS d. BE contributing to deeth HOSPITAL: 1 tripetlant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in stipationt 3 □ DOA (28b. Time in.) (27 — At home, farm, st	tha underlying 26. PLI OTHER: 4 Nursing Home OF 28c. INJL RY WOTH 1 Y	ACE OF DEATH (C) 5 S Rasidence URY AT RK? ES 2 \(\sum \) NO	Part I. 24st 1 [heck only one) 6 Other (Sc 28d. DESCRI	L WAS AN AUTOPSY PERFORMED? YES 2 1 40 OCITY) BE HOW INJURY OCI	24b. WI AM CC OF 1	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	OUE TO (OR AS OUE TO (OR AS d. BE contributing to deeth HOSPITAL: 1 tripetlant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in repatient 3 □ DOA (28b. TIME INJU RY — At home, farm, streetly)	26. PL/OTHER: 4 Nursing Home OF 28c. INJ! WOY 1 VOT	ACE OF DEATH (C/	Part I. 244 1 [heck only one) 6 Other (Sp 28d. DESCRIP 28f. LOCATIO City or To	. WAS AN AUTOPSY PERFORMED? YES 2 HO wocify) BE HOW INJURY OC. IN (Street and Number wrn, State)	24b. WI AM CC OF 1	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	OUE TO (OR AS OUE TO (OR AS d. Is contributing to deeth HOSPITAL: 1 Inpatient 2 ERVOU 28a. DATE OF INJUR (Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Sp	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in reputent 3 □ DOA (28b. TIME INJU RY — At home, farm, streetly)	26. PLI OTHER: 4 Nursing Home OF	ACE OF DEATH (C/	Part I. 244 1 [Deck only one) 6 Other (Sp. 28d. DESCRII 28f. LOCATIO Chy or R. 28d. a to the cause(a	. WAS AN AUTOPSY PERFORMED? YES 2 WHO ecify) BE HOW INJURY OC: N (Street and Number and Number and Number), State)	24b. WI AM OC OF 1	ALLABLE PRIOR TO MIPLETION OF CAUSE DEATHY YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	DUE TO (OR AS OUE TO (OR AS d. Is contributing to deeth HOSPITAL: 1 thospitant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, stc. (Sp	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in reputent 3 □ DOA (28b. TIME INJU RY — At home, farm, streetly)	26. PLI OTHER: 4 Nursing Home OF	ACE OF DEATH (C/	Part I. 24s 1 [Deck only one) 6 Other (Sc 28d. DESCRI 28f. LOCATIC City or R a to the cause(a	N (Street and Number wrn, State)	24b. WI AM	ALLABLE PRIOR TO MIPLETION OF CAUSE DEATHY YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	DUE TO (OR AS OUE TO (OR AS d	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in repatient 3 □ DOA (28b. TIME INJU RY — At home, farm, streetly) wiedge, death occurred for and/or investigation	26. PL/ OTHER: 4 Nursing Home OF 28c. INJL WOF M 1 Y reet, factory, office	ACE OF DEATH (C) 5 A Raeldence URY AT RK7 (ES 2 \subseteq NO and place, and due beth occured at the	Part I. 24s 1 [heck only one) 6 Other (Sc 28d. DESCRI 28f. LOCATIC City or R a to the cause(s a time, data and	. WAS AN AUTOPSY PERFORMED? YES 2 1 100 wedity) BE HOW INJURY Oct N (Street and Number wirt, State) and manner as state place, and due to the	24b. WI AM COOP 1 1	ALLABLE PRIOR TO AMPLETION OF CAUSE DEATH? YES 2 NO No Number, No Number, Onth, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	DUE TO (OR AS OUE TO (OR AS d. Is contributing to deeth HOSPITAL: 1 thospitant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, stc. (Sp	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in stream 3 DOA 28b. Time (NJU RRY — At home, farm, streethy) wiedge, death occurred ion and/or investigation	26. PLIOTHER: 4 Nursing Home OF 28c. INJL RY M 1 Y reet, factory, office	ACE OF DEATH (C) 5 S Rasidence URY AT RK? ES 2 NO and place, and due seth occured at the	Part I. 24s 1 [heck only one) 6 Other (Sc 28d. DESCRI 28f. LOCATIC City or R a to the cause(s a time, data and	. WAS AN AUTOPSY PERFORMED? YES 2 1 100 wedity) BE HOW INJURY Oct N (Street and Number wirt, State) and manner as state place, and due to the	24b. WI AM COOP 1 1	ALLABLE PRIOR TO AMPLETION OF CAUSE DEATH? YES 2 NO No Number, No Number, Onth, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	DUE TO (OR AS OUE TO (OR AS d. HOSPITAL: 1 thostiant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Vear) 28a. PLACE OF INJURY building, stc. (Sp	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in repatient 3 □ DOA (28b. TIME INJU RY — At home, farm, streetly) wiedge, death occurred ion and/or investigation	26. PLI OTHER: 4 Nursing Home OF 28c. INJL RY M 1 Y reet, factory, office d at the time, data , in my opinion, de	ACE OF DEATH (C) 5 S Rasidence URY AT RK? ES 2 NO and place, and due seth occured at the	Part I. 24s 1 [heck only one) 6 Other (Sc 28d. DESCRI 28f. LOCATIC City or R a to the cause(s a time, data and	N (Street and Number wrn, State)	24b. WI AM COOP 1 1	ALLABLE PRIOR TO AMPLETION OF CAUSE DEATH? YES 2 NO No Number, No Number, Onth, Day, Year)

mining of Marketine I wast british The of the standard sold and second

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

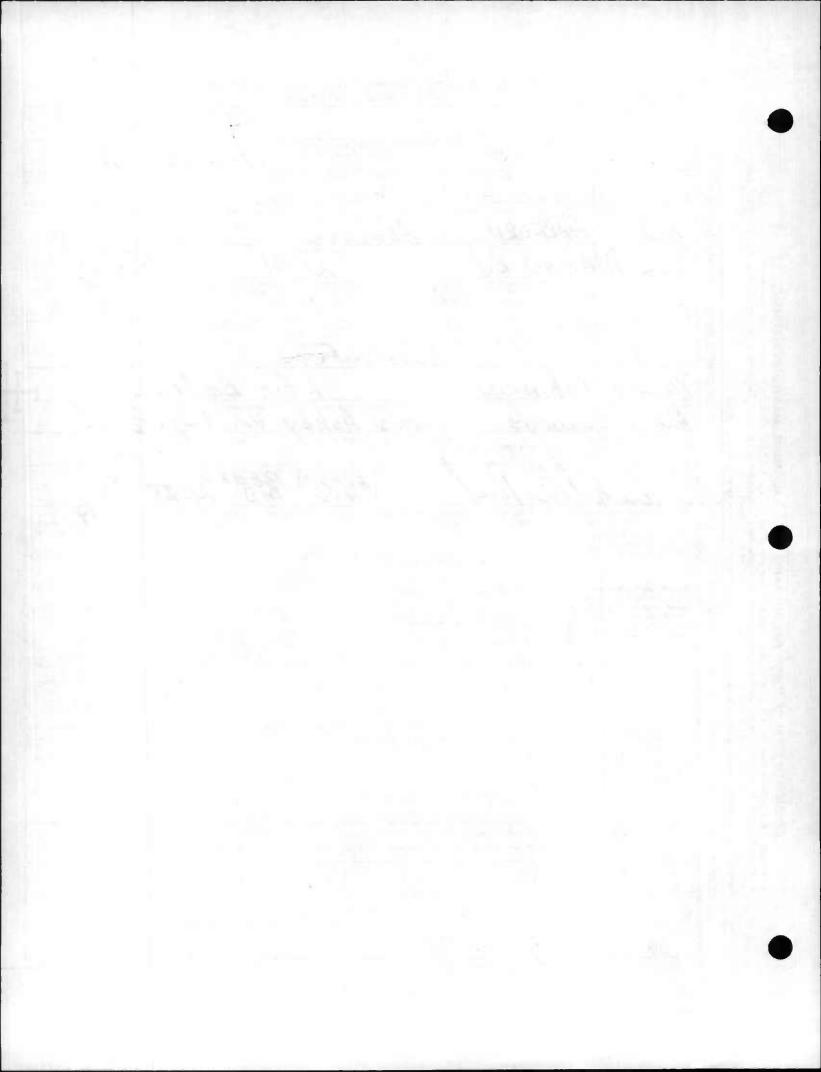
	STRAR				CERT				DEATH		REG.	NO.			
	NT'S NAME (First,	11/2									ATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	rances		1en			ors	_					1,199		705 am	M
	SECURITY NUMB		5. SEX		(In yrs. lest birtho 94 YR	1	HTHE D		IF UNDER 24 HRS HOURS MIN.		ATE OF BIRTH Worth, Day, Yea 1 15	7)	Cou	THPLACE (State or Fore) intry) ryland	gn
	Y NAME (If not in: Armory		street and number)						Fred 6	DEATH		9c. C	OUNTY OF	DEATH	
RESIDE	NCE OF DEC	EDENT 10b. COUNT								-4L L C	- N	100	11 46	10	
Mary			vert				OWN OR L		derio	k				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	0
	TAND NUMBER Armory	Roa	d						10 6 7 8			10g. (S A	
	L STATUS Married 2 wed 4 Divo		12. WAS DECEDE FORCES? IF YES, GIVE	I YES	2 XNO		If ye		ty Cuban, Mex	ican, Pue	HGIN? (Specify orto Rican, etc.		Bla	CE — American Indian, ack, Whita, atc.	
	15. DECI	DENT'S EDU	JCATION COMPLETE		16a. DECEDER	NT'S US	UAL OCCU	PATION			16b. KIND OF	DUSINESS/	INDUSTRY		-
Element	tary/Secondary (0-		College (1-4 or 5	+)	ille. Do No	OT use n	t done durir etired.)	ng most	of working		pub:	Lic 1	hea1	th	
III	neth A										Swit:		9)		
	iam A.		sey III		19b. MAII 3 0 0	LING AD	S o	treet and	Number or Rur Ons I	B .	Number, City or Rd • P	Town, State,	e Fr	rederick	Mo
1 🗆 Buriel	DD OF DISPOSITI	n 3 🗆 Rem	noval from State		PLACE AND DA				neral	२१-प्रत S.e	TE 20c.	LOCATION A 1 e	- City or	0678 Town, State dria Virg	gir
	P P		CENSEE				22. NA	ME AND	ADDRESS OF	FACILITY	Rai	ısch	Fun	eral Hom Republic	e
disease of resulting Sequential if any, less cause. En	elly itst conditionally its conditional in the conditional its	ons, liete	Se Se	(OR AS A	A CONSEQUENCE	E OF):	A	m	sthr	we	dion	opert	2	Onset and D	
that initia	Pisease or Injur ted eventa in daeth) LAST		DUE TO	(OR AS A	CONSEQUENC	E OF):									
PART II.	Other algnifica	t condition	na contributing to	death b	out not resulti	ing in t	he under	riying o	euse given	n Part i	PER	AN AUTOPS FORMED?	5Y 24	Ib. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	SE
	SE REFERRED TO	MEOICAL					2	8. PLAC	E OF DEATH	Check on	V one)				_
EXAMIN 1 YE	ER?		HOSPITAL:	ER/Oute	entient 3 🗆 DO	A O	THER:		9 Residenc						
27. MANNER			28a. DATE O	INJURY		TIME O	F 280	c. INJUR	Y AT	1	DESCRIBE HO	W INJURY (OCCURED		
1 Nat	ident II	rending . westigation	(Month, I		— At home, fai	INJUR	M 1		7 2 NO						
3 Sul		could not be etarmined	building	etc. (Spec	olfy)	on, atre	idutory,	OTHER			LOCATION (Stri City or Town, St		oer or Rural	I Route Number,	
29a. CERTIF (Check one)	only LERTI		KTAN: To the best of											(a) and menner as state	d.
29th, SIGNAT	URE AND TITLE		- 1 //	V	/				D3	UMBER	7			ED (Month, Day, Year)	
30 NAME AI	ND ADDRESS OF	PERSON WH	IO COMPLETEO CAU	SE OF DE	ATH (ITEM 27) (Type, Pri	nt)		U 5	> (\ \	, ,		1-1	1-7"	
31. DATE FIL	ED (Month, Day, Y		32. REGISTE	Als sigh	DUBEL 00							;			
	111 91		Alia DOLH	1000-1	ALABLA DE										





FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) AGNES	PAULING EDWARDS	2. DATE OF DEATH DAY	YEAR 8.10 M
	220 - 62 - 10 18	1 M 2/2 P YRS.	MIN. (Month, Day, Year) 15	8. BIRTNPLACE (State or Foreign Country)
TOR	Sa. FACILITY NAME (If not institution, give	rial Hospital Haure de G		arford
DIRECTOR	10e. STATE 10b. COUNT	REORD 100 OF LOCATION ADENVIEW		10d. INSIDE CITY LIMITS? 1 TYES 2 NO
FUNERAL	702 MAN	AN 20 101. ZIP CODE 2/0	01 109. CIT	IZEN OF WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NISPANIC ORIGIN? (Specify Yes or No Mexican, Puerto Rican, etc.) Specify:	14. RACE — American Indian, Black, Whita, etc. Specify: BIACK
TED	15. DECEDENT'S EDU (Specify only highest grad	e completed) (Give kind of work done during most of working	16b. KIND OF BUSINESS/INC	DUSTRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) House wife. College (1-4 or 5+)		
BE CC	17. FATHER'S NAME (First, Middle Lest)	DINSON LIN	P MAME (First, Middle, Maiden Eurname)	
TO E	190, INFORMANT'S NAME (Type/Print)	19b, MAILING ADDRESS (Street and Number or	Rural Roots Number, City or Jown, State, Zig	11100V
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cramatory or other place)	DATE 20c. LOCATION -	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICES	Coole 22 MAME AND ADDRESS	BEARD 21088	10
	23. PART/1. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the death. Do not enter the mode of dying List only one cause on each line. a	, such as cardiac or respiratory an	Approximata interval Between Onset and Death
z		Aspiration moumonia.		IK days
CATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF): CAA - Rt Memiylofiz 4 Ropensi	lam.	3 months
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEQUENCE OF): d. Renal failure. gangrene K	LU 3 du Toes	2 weely
CAL	PART II. Other algorificant condition	na contributing to death but not resulting in the underlying cause give. MRSA from fpMM.	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
N: MEDI			1 UYES 2 ND	OF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEAT HOSPITAL: OTHER:	TN (Check only one)	
PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1	28d. DESCRIBE NOW INJURY OC	CURED
TED BY	Accident Investigation Accident Investigation Suicide Suicide Could not be detarmined Could not be detarmined	28a PLACE DE INHIBY At home form street feature office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED		BICIAN: To the best of my knowledge, death occurred at the time, data and place, and ER: Dn the basis of examination and/or investigation, in my opinion, death occured		
TO BE C	286. SIGNATURE AND TITLE OF CENTIFIE	> B.D. PAREKH MD. 29c. LICENS	E NUMBER 29d, DAT	E SIGNED (Month, Dey, Year)
	BD. PAREKHMD	+0 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) - 1908 HARFORD ROAD FALLS 70	N, MD.21047.	
	JUN 1 7 '92	12. REGISTRAR'S SIGNATURE Julia Lawdson-Randell		



	Pane	1	
	J.		
	it ner		
lan.	trans		
tending physician	urial-1		
d Su	the by		
tendi	38		
0 वी	e use		
pital	ed fo		
e hos	etach		nce.
y de	be d		at o
Ded	pino		pa
reta	5 sh		noti
ay be	page		be
Ë 9	ctor	1	nust
Page	dire		101
thin 24 hours after death. Page 6 may be retained by the hospital or atte	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer nermit		INTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
ter de	the fi	Wal.	al ex
Irs af	o by	remo	edica
1 DOL	lled i	n, or	E
Jin 2	tely fi	natio	5
MID	mplet	Crer	Neu
cute	00 p	unial	tic e
6 600	an an	10 b	пша
ate D	TySici	prior	r tra
STUTIO	ng ph	giene	othe
ath ce	tendi	al Hy	6
e de	the at	Ment	jury,
nat the	by t	and	mi yr
requires that the de	igned	ealth	12 3
redui	een s	Of H	show
34	has b	Dept.	23
J.	cate !	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	item
CIA	ertific	the S	0
ALS	this c	MICH	ked,
NG Y	Wer 1	eath	mar
ENC	E FUNERAL DIRECTOR: After this	ter d	90
A	RECT	ars at	m 2
5	101	2 hou	f ite
2	VERA	hin 7	5
2	EF	D WILL	RIA

								9	2 2	1121
FOR 1 - STATE REGISTRAR	STATE OF N				HEALTH AND	MENT	AL HYGIE			
1. DECEDENT'S NAME (First, Middle,	Last)						E OF DEATH			. TIME OF DEATH
Thomas Whe	aton Ford					Jul		19	92	3:00 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEA		7. DAT	E OF BIRTH		6. BIRTHP	ACE (State or Foreign
096-01-9901	1)XXM 2 □ F	74	YRS.	MONTHS DAY	8 HOURS MIN.	Sen	t. 2,	1917	Conny)	ecticut
9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOW	N OR LOCATION OF I				TY OF DEA	
Union Hospital	of Cecil Co	unty			Elkton				ecil	
10a. STATE 10b. CC			10c. CITY	TOWN DR LO	CATION				11	Od. INSIDE CITY
Maryland	Cecil				E1kt	on			- 1.	LIMITS?
10e. STREET AND NUMBER				Т	101, ZIP CODE			10a CITI		
10 Appleton Aci	con Count			- 1		001		log. Citta	TIZEN OF WHAT COUNTRY?	
11. MARITAL STATUS		F 51/50 141 14 0 . 1				921			U.S	
1 Never Married 2XX Married	12. WAS DECEDEN' FDRCES? 1	YES XX	RMED ND	13. WAS D	SPECENDENT OF HISPA Specify Cuban, Maxie	ANIC ORIG	ilN? (Specify York Rican, etc.)	es or No-	14. RACE - Black,	- American Indian, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR DR DATES		1 🗆 1	ES XX NO Spec	Hy:	, , , , , , , , , , , , , , , , , , , ,		Specify:	
45 05050505050	1									White
15. DECEDENT'S (Specify only highest	grade completed)	16a. D	ECEDENT'S L	SUAL OCCUPI ork done during	ATION most of working		Sb. KINO OF B			
Elementary/Secondary (0-12)	College (1-4 or 5 +)	e. Do NOT use	retired.)			V.A. M			
	Four Years	s Re	gister	ed Nu	rse		Perry	Point,	Mar	yland
17. FATHER'S NAME (First, Middle, Las	t)				16. MOTHER'S N	AME (First	, Middle, Maide	n Surname)		
John Ford					Pe	ar1	Wheat	on		
19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	AOORESS (Street	et and Number or Rura	I Boude No.			Codel	
Mary Jane Ford					Acres Co				,	1 21021
20a, METHOD OF DISPOSITION										
1 🗆 Burial 2 💢 Cremation 3 🗆	tion 3 Ramoval from State cemetery, cremetery or other place!							OCATION —	Olty or Town	, State
4 Donation 8 Other (Specify)		R.A.	Ferri	s & Co	ompany	7/14	/92 We	st Che	ester	, Pennsylva
21. SIGNATURE OF FUNERAL SERVICE	n. Patter	۵m. ár	-	Lee	AND ADDRESS OF F A. Patteryville,	erson			eral	Home
23. PART i. Enter the diseases abock, or heart fall iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CENTER OF TO BUE TO	caused tha dise on each line	aath. Do no a.			ch sa ca	rdiac or rea	piratory arm	est,	Approximata Interval Batween Onaet and Dasth
Sequantisily list conditions, if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CAMS DUE TO (C. A 127 C DUE TO (OR AS A CONSE	COUENCE DF)	orke	CARDIO		curk	z DIS	EASE	
PART II. Other significant cond	itions contributing to	death but not	reaulting in	tha undarly	ing cause given in	Part I.	24a, WAS A	N AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
								AMEO?		MILABLE PRIDR TO OMPLETION OF CAUSE
					··· <u> </u>		1 🗌 YEŞ	5 Y NO		F DEATH?
									1	YES 2 NO
25. WAS CASE REFERRED TO MEDICA										
EXAMINER?	HOSPITAL:			26. OTHER:	PLACE DF OEATH (C	heck only o	one)			
1 TYES 2 X ND	1X Inpatient 2 🗆	ER/Outpatient 3			ome 5 🗆 Residence	6 🗆 Oth	er (Specify)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in a second to the significant conditions contributing to death but not resulting in the underlying cause given in a second to the s							ESCRIBE HOW	INJURY OCC	URED	
3 Suicide 6 Could no 4 Homicide datarmine	building, a	INJURY — At ho etc. (Specify)	ome, farm, atr	eet, factory, of	fica	261. LO	CATION (Street y or Town, State	and Number (or Rural Rou	e Number,
29a. CERTIFIER CERTIFYING PORE) 2 MEDICAL EXA	HYSICIAN: To the best of s	ny knowledge, di amination and/or	eath occurred	at the time, do	ate and place, and du	to the co	puse(s) and mi	nner se state	d. cause(s) a	nd manner as stated.
296. SIGNATURE AND TITLE OF CERT	. lujul	1			29c, LICENSE NU	MBEA				onth, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E DF OEATH (ITE	M 27) (Type, F	rint)				- (1	0	-
Rolando A. Naje	ra, M.D., 1	05 East	Main	Stree	t, ELktor	1. Ma	rvland	1 2192	1	
21 DATE Ell ED (March Day March					-, LIKCOI	-, 110	· · y rail(4 4174	1	

31. DATE FILED (Month, Day, Year) 192

32. REGISTRAR'S SIGNATURE
Suidson-Randell

Semester I Manual

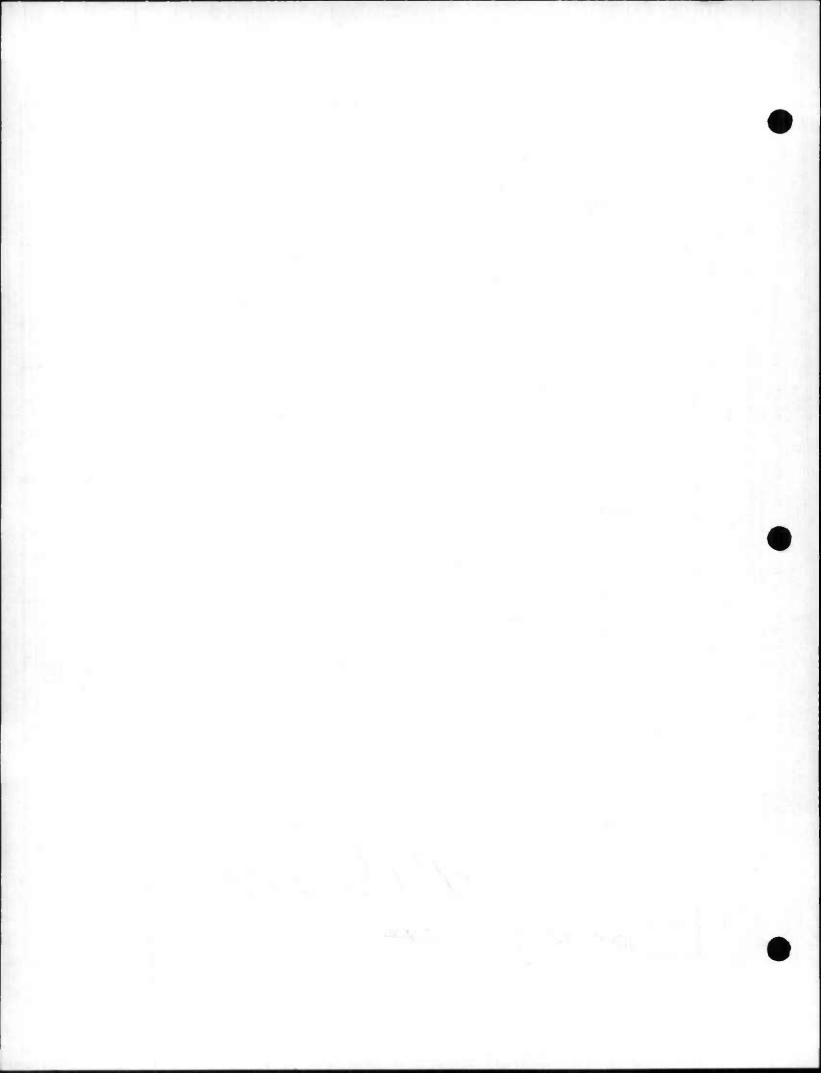
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft nermit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.
TO THE HOSP	TO THE FUNE!	be filed within	IMPORTANT
_	-	of the last	-

Pages 1, 2, 3 should

	1 - FOR STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	OLITIFI	OAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF	DEATH		
	Marta Gonzalez					1992	12:	10A M		
								or Foreign		
	151-46-2676 1 □ M 2 X F 56 9e. FACILITY NAME (If not institution, give street end number)	YRS.	MONTHS DAYS	HOURS MIN.	Jan 28,	1936 C	uba			
TOR	96. FACILITY NAME (If not institution, give street end number) 96. COUNTY OF DEATH Montgom									
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgomery			10d. INSIDE	17					
								2K X NO		
FUNERAL	28616 Kemptown Road	20872		ican	can					
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES GIVE WAR OR D	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— H yes, specify Cuban, Mexican, Puerto Rican, etc.) 1							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 17. The secondary (0-12) is a secondary (0-12) in the secondary (0-12									
\$	12 4									
	Cecilio Martinez			Feli:	ME (First, Middle, Malden	Surneme)				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow					
2	Arsenio Gonzalez	28616	Kempt	own Ro	ad, Damas	scus, M	[d. 2	0872		
	1 Burial 2X 2Cremation 3 Removal from State can	o. PLACE AND DATE One tary, crematory or off	her placa)			cation - city or thesda,		2081		
1/3	21. SIGNATURE OF FUNE AL SERVICE LICENSEE	Mr. Gomen	22. NAME A	D ADDRESS OF FA	CILITY					
j.	* Tohert L. William		Damas	cus, M	esworth, aryland	2087		1 Hor		
	23. PART I/Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, ahock, or heart failure. List only one cause on each line. Approximate interval Between Onest and Death disease or condition									
	resulting in death) DUE TO (OR ASIA CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE CHIEF UNDERLYING C. S. C.									
RTIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
AL CE	PART II. Other significant conditions contributing to daeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY ENDINGS									
PHYSICIAN: MEDICA			PERFORMED? 1 YES XXNO AMAILABLE COMPLETION OF DEATH?							
Σ.					_		1 TYES 2	NO		
N N	25. WAS CASE REFERRED TO MEDICAL		28. PI	ACE OF DEATH (Ch	ack anly one)					
Sic	EXAMINER? 1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home St. Residence 6 Other (Specify)									
Ť	27. MANNER OF DEATH 250. DATE OF INJURY	26b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
ВУР	Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 VES 2 NO									
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Rown, State)									
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner se stated.									
	29b. SIGNATURE AND TITLE OF CERTIFIER	AIM	111	29c, LICENSE NUN		29d. DATE SIGNE				
TO BE	Kenneth D. Miller, M.D.	W M	Wh	1336	6-6		e 28,	'		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE 18111 Prince Philip Driv			yland	20832					
	31. DATE FILED (MONTH), Day, Voor) 1992 32. BEGISTRAN'S SIGN	ATURE Pandale	•	****						



THE HOSPITAL OR AT ENDING PAYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF N	/ MARYLAND Ce	DEPAR ERTIF	ICATE	OF H	DEAT	AND I	MENTA	L HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH									3. TIME OF DEATH			
	Curtis Dalton GAI							7 15			M		
	4. SOCIAL SECURITY NUMBER	5. SEX	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTH	IPLACE (State or Foreign	
	186-16-1891 1⋅x м 2 □ F 71				WOMINS	DAYS	HOURS	MIN.	6-12-21			Va.	
~	9a. FACILITY NAME (If not institution, give s			9b, CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUN	TY OF D	EATH	
5	504 Concord Drive Perryville Cecil												
S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	10c. CIT	Y. TOWN C	DR LOCAT	ION								
E	Md. Cecil				erryv	11							10d. INSIDE CITY LIMITS?
4	10e. STREET AND NUMBER			1 1	EILY		ZIP CODE				100 CITIZ	EN OF Y	1 → YES 2 NO
ER	504 Concord Dri	Ve						2100	2		,		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. AR	MED	13.	WAS DEC		2190	7 0 0 0				— American Indian,
BY	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 A	10		f yes, spe	ecify Cubas 2-√ NO	n, Maxica	n, Puerto	Rican, etc.)	31020	Speci	c, Whita, atc.
	3 ₩Idowed 4 Divorced						X-	-,,					y: W
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gi	CEDENT'S	work done o	CCUPATIO	N st of workin	a	168	. KIND OF BU	SINESS/INDU	JSTRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT us	se retired.)								
M	12	N/A	Co	onsti	ructi	on				Bridge	Cons	truc	ction
8	TT. FATHER'S NAME (First, Michille, Last)						18. MOTH	IER'S NAI	WE (First,	Middle, Maiden	Sumame)		
8	194. INFORMANT'S NAME (Type/Front)	John Rush	GALLIM	ORE				Lı	ICV.	DALTON			
2	Phyllis DeMar		3	85 W	ADDRESS	Street and	nd Number	or Rural F	de.	Grace.	Md . 2	1078	3
	Mr. HETHAN OF REPORTED												
- 1	1 ☐ Burtal 2 🐼 Cremation 2 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify)	ovel from State	20b. PLACE A	METON OF S	of DISPOS	CO.	me of		OAT	E 20c. LO	CATION C	alty or To	wn, Stata
	Donation 5 Other (Specify Control of Control												
	11/1/91	11	_										
-	16000	1	7		N	orth	Eas	t, M	1d. :	21901			
	23. PART I. Enter the diseasea, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury C.												
CERTIF	that initiated events oue TO (or AS A CONSEQUENCE OF): resulting in death) LAST												
PHYSICIAN: MEDICAL	PART II. Other significent condition	esuiting i	n the un	derlying	ceuse g	iven in I	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL					00 DI	100 00 DE	ATIL ON					
SC	EXAMINER?	HOSPITAL:	EDIO-1	C	OTHER	t:	ACE OF DE			-,			
ž I	27. MANNER OF DEATH	28a. DATE OF		28b. TIME		ing Home 28c. INJU	5 Rec	idence (
	1 Natural 5 Pending	(Month, Da		INJ	URY	WOF		I NO	280. DES	CRIBE HOW IN	SORY OCCU	JMED	
B	2 Accident Investigation 3 Suicide a Could not be	28a. PLACE OF	INJURY — At hon	ne, term, a	treet, facto				284 1.00	ATION (Street o	nd Mumber o	a Burnt D	and Months
	3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, tarm, atreet, tactory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, tarm, atreet, tactory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beat of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
BEC	296. SIGNATURE-AND TITLE OF CERTIFIER	1								29d. DATE	29d. DATE SIGNED (Month, Day, Year)		
2	MICRINI		1.D.				12	64	107		1 7	7/12	7/92
=	106 Bow Street, E				Print)			-			/	110	, , -
	31. DATE FILED (Month, Day, Year)		'S SIGNATURE						-	-			

Control of the second

YEAR

3. TIME OF DEATH

07 18 1992

O.C.M.E.

111 Penn STreet, Baltimore Maryland 21201

2. DATE OF DEATH

92-4002-510 FOR 1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1	9000	dire
MILIA	Seath.	funeral
ò	ther o	the .
	SIN	5
	24 hg	filled
5	within	pletely
	cuted	moo pu
<	9 600	an ar
	cate b	ohysich
•	certif	Build
2	death	atte
2	the the	4
5	that	D.
	quires	n signe
	W re	pee .
(e la	has
	AN: T	lificate
5	MSICI	is cert
	6 6	er th
)	NON	T: Aft
	ATTE	6
	BO	OIR
	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction

0

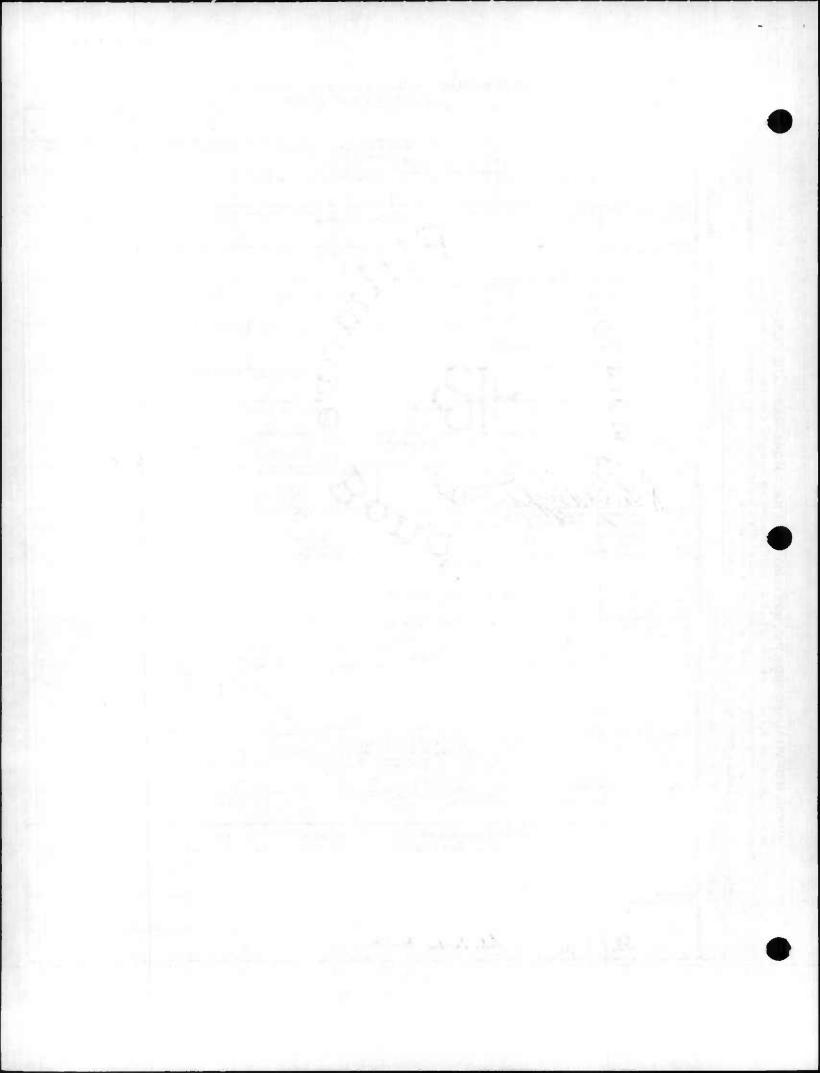
	Nikal K. Geelhaar									07	07 17 1			992 11:55 A	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs	11	IF UNDE	DAYS	IF UNDER	R 24 HRS.		OF BIRTH			ACE (State or Foreign	
	216-31-8492		1 M 2 X F	1	YRS.		-	noons		01-	-18-19	91		yland	
œ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									тн					
CTOR	Sinai Hospital Baltimore														
DIREC	10a. STATE 10b. COUNTY				10c. CI1	Y, TOWN	OR LOCA	TION					1	Od. INSIDE CITY	
	Maryland Carroll							Hamp	stea	ad			1	LIMITS?	
\$	10e. STREET AND NUMBER	Ott-	: D3			7	10	H. ZIP COD		074		10g. CITIZ		AT COUNTRY?	
FUNERAL	4903 Mille	r Stat.								L074			USA		
BY	11. MARITAL STATUS 1 Veryer Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 WIFYES, GIVE WAR OR DATES				⊠ NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- if yes, specify Cuban, Mexican, Puerto Rican, stc.) 1 YES 2 NO Specify:						na or No—	- 14. RACE — American Indian, Black, White, atc. Specify: White		
		EDENT'S EDUC		16a.	DECEDENT'S				ino.	160	. KIND OF BU	JSINESS/IND	JSTRY		
	Elementary/Secondary (0		College (1-4 or 5	+)	Ille. Do NOT u	se retired.)		oot or work.							
COMPL	none	deteta t and			r	one									
	17. FATHER'S NAME (First, Middle, Last) Timothy Geelhaar										Middle, Maide				
BE	19a. INFORMANT'S NAME (7				19h MAII INC	ADDRES	g (Street				-		Cardal		
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Timothy Geelhaar 4903 Miller Station Rā., Hampstead, Mā. 210									1074					
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town States														
- 1	1X Burial 2 □ Crematio 4 □ Donation 6 □ Other		val from State	Eve	rgreer	Men	ori	al Ga	arder	ns7/2	21 Fi	nksbu			
	23. PART I. Enter the placeses, of somplications that caused the death. Do not anter the mode of dying, such as cerdisc or respiratory arm shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								est,	Approximate interval Between Onset and De					
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):														
MEDICAL	PART II. Other algnifica	nt conditions	contributing to	death but no	ot reaulting	In the ur	nderlyin	g cause (given in	Part I.	24a. WAS AF PERFO		O O	ERE AUTOPSY FINDING MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	3 (Xpo)	OTHE	R:	LACE OF O										
PHY	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey, Year) 2 Accident investigation					28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HO						INJURY OCC	JRED		
						50ZM		ORK? YES 2 2	NO E	Pedes	strian	struc	k by	pick-up+	
						home, farm, street, factory, office					Pedestrian struck by pick-u 201. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2929 Club House Road				
COMPLETED BY	2 Accident 6 Sulcide 4 Homicide 29a. CERTIFIER (Check only)	Could not be Setermined IFYING PHYSIC CAL EXAMINER	28e. PLACE O building,	etc. (Specify) 1VEWAY my knowledge,	, death occurr	street, fact	lory, offic	and place.	, and due	281. LOC City 2929 to the car	ATION (Street or Town, State Club	and Number (e Road	te Number,	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'92

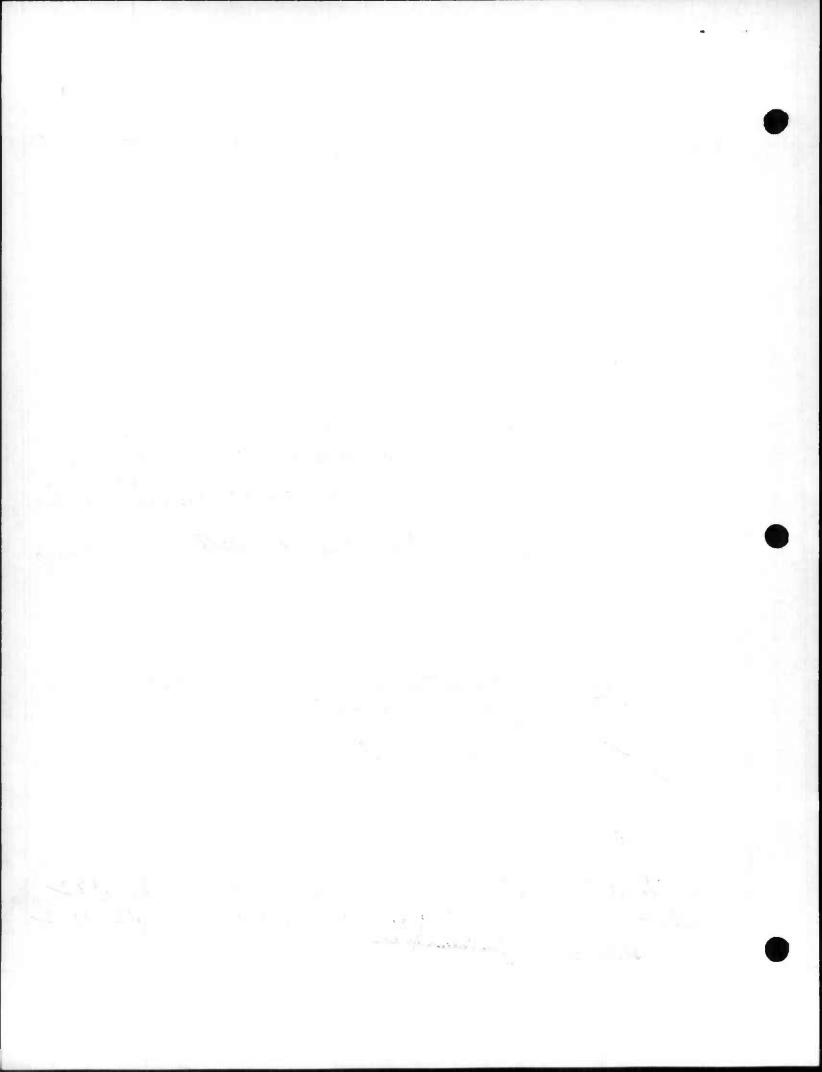
32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil	be filed within 72 hours after death with the State Depti, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE 92	21125						
	1. DECEDENT'S NAME (First, Middle, Last) MORY M.	sallagher	2. DATE OF DEATH MONTH DAY YEAR 7	3. TIME OF DEATN						
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		NPLACE (State or Foreign try)						
H.	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN									
DIRECTOR	RESIDENCE OF DECEDENT									
	Maryland Carra	ll Westminster		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	412 Pool Roa	101. ZIP CODE 21/57	10g. CITIZEN OF							
BY	1 Never Married 2 Married FO	S DECEDENT EVER IN U.S. ARMED RCES? 1 YES 2 NO YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANII If yea, specify Cuban, Maxican, 1 YES 2 NO Specify:	, Puerto Ricen, etc.) Blac	RACE — American Indian, Black, White, etc.						
TED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	illia Da MOT was attend to working	16b. KIND OF BUSINESS/INDUSTRY	N Parle						
COMPLETED	High School	Homemaker								
ш	Charles Feene	18. MOTHER'S NAM	ME (First, Middle, Melden Surname)	(PO)						
TO B	19a. INFORMANT'S NAME (Type/Print)	19a, INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	20a. METHOD OF DISPOSITION Solution 2 Commetton 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Commetter of Commett									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd.									
	Samy B	Eline Funeral H	Home Reisterstown.							
	23. PART i. Entar tha diseases, or complice shock, or heart fellure. List online immediate cause (Final disease or condition resulting in daeth)	ations that caused the death. Do not anter the mode of dying, such y one ceuse on each line. Live V as cular accumulation of the control of		Approximate interval Batween Onset and Death Starp						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
7	PART II. Other significant conditions contri	buting to deeth but not resulting in the underlying cause given in Pi	art I. 24s. WAS AN AUTOPSY 24b	. WERE AUTOPSY FINDINGS						
MEDIC/	Reality - PERFORMED? 1 YES 2 AND									
AN:	25. WAS CASE REFERRED TO MEDICAL			1 YES 2 NO						
PHYSICIAN:	26. PLACE OF DEATH (Check only one) XAMINIER7									
	1 Netural 5 Pending	B. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED							
red BY		- BLACE OF MUNICIPAL CO.	28f. LOCATION (Street and Number or Rural F City or Town, State)	Route Number,						
COMPLETE	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER W. H. TO WOO	MD 29c. LICENSE NUMB								
10	30. NAME AND ADDRESS OF PERSON WHO COMPL	D 3223 May St M A	N Chester, Md	21/02						
	31. DATE FILED (Month, Day, Year) 32.	REGISTRAR'S SIGNATURE	,							



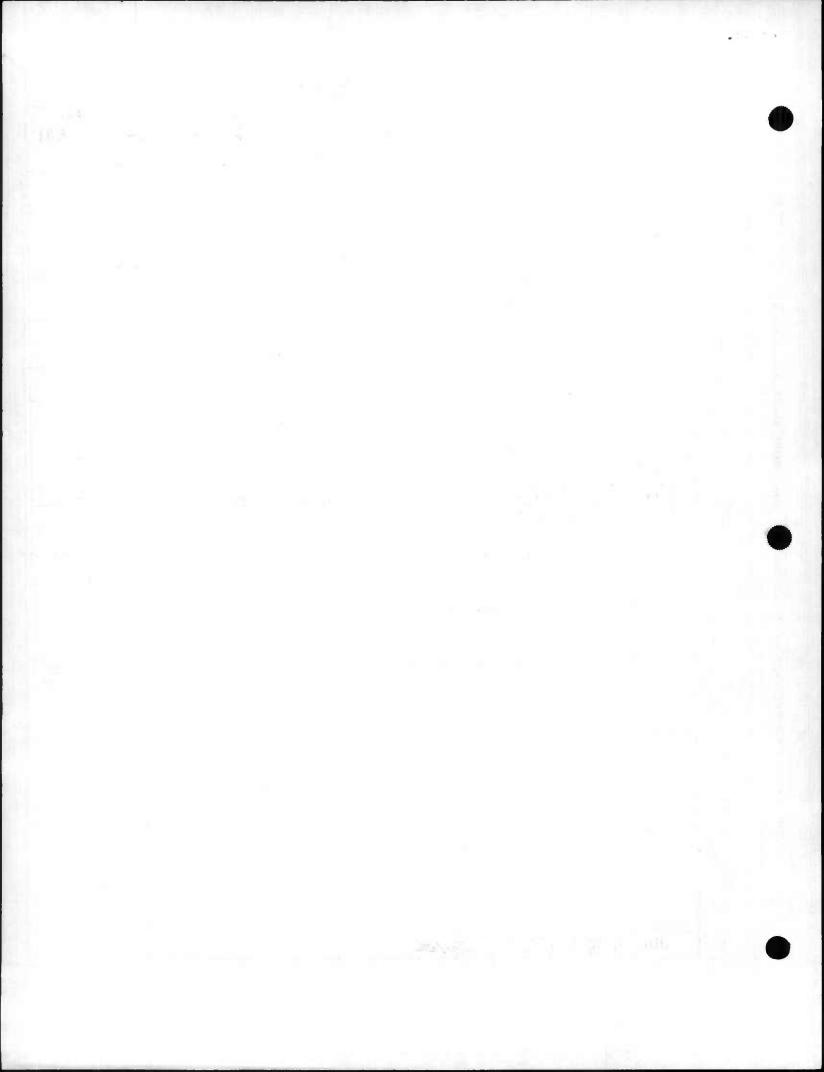
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

_							11 0				HEG. NO.			
	1. DECEDENT'S NAME (First									2. DATE OF	DECH 2	28,	199	3. TIME OF DEATH AM
	<i>V</i>	layne	Edward	Holo	der S	Sr.				6	28	3	92	7:30 AM "
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last birthe		UNDER 1 YEAR	IF UND	R 24 HRS.	7. DATE OF	BURTH		8. BIRTI	HPLACE (State or Foreign
	220-28-286	5.5	1 🖳 M 2 🗆 F	62	YF	IS. MON	THE DAYS	HOURS	MIN.	Feb.	4 1	930	Md	77)
	9a. FACILITY NAME (If not in					9b.	CITY, TOW	OR LOCA	TION OF DE		.,	T	NTY OF C	
E	Francis S	Scott	Kay Mad	lica	1 Car	the	Ra	ltin	oro					
ĔΙ	RESIDENCE OF DEC	EDENT	Key Hed	iica.	I CCI	IUCI	Da	LLI	TOLE					
DIRECTOR	10a. STATE	10b. COUNT			10c.		WN OR LOC							10d. INSIDE CITY
ā	Md.		Frederic	:k		Mid	ldlet	own						LIMITS?
₹ I	10e. STREET AND NUMBER							IOF. ZIP CO				10g. CIT	ZEN OF	WHAT COUNTRY?
	8034 Boli	lvar 1	Rd.					217	769			U.	S.A	•
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U	J.S. ARMED		13. WAS D	ECENDENT	OF HISPAN	IC ORIGIN? (Specify Yes	or No.	14. RAC	E — American Indian
<u> </u>	1 Never Married 2		FORCES? 1 [IF YES, GIVE WA				If yes,	specify Cut	en, Mexicar	, Puarto Rica	in, atc.)			E — American Indian, k, White, atc.
BY	3 X Widowed 4 Divo		R DATES 1 ☐ YES 2 ☐XNO Specify:								W	fite		
COMPLETED	15. DEC	- 1	16a. DECEDENT'S USUAL OCCUPATION					16b. KI	ND OF BUS	SINESS/INC	OUSTRY			
	Elementary/Secondary (0	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)						g most of working						
린	12					ecti	onal.	onal offic <mark>a</mark> r			ate	gov	erni	ment
Ö	17. FATHER'S NAME (First, M	iddle, Last)						18. MO	THER'S NAM	AE (First, Midd	lle, Maiden	Sumame)		
ш	Charles	8 W.]	Holder					I	Telei	n Kee	dy			
0 8	19a. INFORMANT'S NAME (7				19b. MAI	LING ADD	RESS (Stree	and Numb	er or Rural R	oute Number,	City or Town	n, State, Zip	Code)	
F	Warren A.	Hold	er		8034	+ Bo	liva	r Ro	l., 1	Middl	etov	vn,	Md.	21769
	20a. METHOD OF DISPOSITI			20b. P	LACEANDD	ATE OF DI	SPOSITION (Name of		DATE	20c. LO	CATION -	City or To	own, Stata
	X Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from State	Be	ery, crematory	or other p	Cen	eter	y	7/2	Boo	onsb	oro	, Md.
- 1	21. BIGHASORE OF FUNERA	L SERVICE LIC	CENSEE											Home
- 1	A arter De	JAA	et 15			- 1	Dona	Ta I	3. TI	nomps	on I	une	ral	Home
\dashv	23. PART I Enter the di	1100	yen		e - d									, Md.21769
ı	shock, or he	eart fallure.	List only one caus	e on aac	h iina.	DO HOL 6	entar tea n	iode of d	ying, sucr	as cardiac	or reepi	ratory em	rest,	Approximate interval Between
ł	iMMEDIATE CAUSE (Fin disease or condition	el												Onset and Death
II.	resulting in death)	→	a. 500515 DUE TO (Unterracon
				1141		E OF):								Vinterias V2
8 I	Sequentially list conditi	ons.	b. main	ubsc	295									Virunta
ا ۽	If any, leading to immed cause. Enter UNDERLY!	diate	DOE 10 (0	DH AS A C	ONSEQUENC	E OF):								
HILCALION	CAUSE (Disease or Inju		c. CIYITI		ONSEQUENC	F 00								
ÈI	that initiated events resulting in death) LAS	т 📗	502 10 (0	JII AS A C	ONSECUENC	E OF):								40
			d				_							
	PART II. Other significa	nt condition	s contributing to d	leath but	not resulti	ng in th	a underlyl	ng ceuse	given in i	Part I. 24	a. WAS AN		24b	. WERE AUTOPSY FINDINGS
DICAL	cirrhosi	5									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ш	ascites									_ '	YES 2	□ №0		OF DEATH?
≥		MOOKE	mia						-	-				1 YES 2 NO
٤	25. WAS CASE REFERRED TO		1000				28.	PLACE OF	DEATH (Che	ck oak one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Output	lent 3 [] DO		HER:							
	27, MANNER OF DEATH		26a, DATE OF II			TIME OF		JURY AT	esidence (28d. DESCRI		LIURY OCC	CHBED	
		Pending	(Month, Day	(Your)	1000	INJURY	, v	YES 2	¬ NO	200. 5200	02 11017 11	100111 000	JOHED	
5	2 Cutatta	nvestigation	28e. PLACE OF	INJURY -	At home, tax	rm. street			3 1119	28t LOCATIO	N /Street o	ad Number	or Oursel 6	Route Number,
3		Could not be detarmined	building, e	tc. (Specify))	,	, adda, ,, d.,				own, State)	na Namber	OF PILITEE P	toute Namber,
	29a, CERTIFIER												_	
<u> </u>	(Check only		CIAN: To the best of m											
COMPLE	2 MEOI	CAL EXAMINE	R: On the basis of axa	mination a	ind/or investig	getion, in	my opinion,	death occu	rred at the t	lme, data and	place, and	d due to th	e Cause(a	and manner as stated.
I I	296. SIGNATURE AND TITLE	OF CERTIFIER	11.4					29c. LIC	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
2	(mellen)	Was	Moun					I	1419	82		16	-28	92
-	38. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUSE	OF DEATH	H (ITEM 27) (Type, Print)		1111					
	31. DATE FILED (Month, Day,		32. REGISTRAR											-
	JUL 6 1	992	Julia midia	n-Par	ndelle									



TO THE FUNCTOR AND CONTINUED AND THE CONTINUES OF STRONG PASSION AND COMPINED FINE TO THE FUNCTOR PAGE 5 Should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be d		at o
Pin		tiffied a
sho		틓
ige 5		96
r, pa		T T
lirecto		E
ral		ine
fune		жаш
the	Poval	je
in the	ren	6
Delli	n. 0	E 3
tely 1	natio	5
mple	Crel	Wen
00 p	Muria	ile e
in an	to	EMI
Sicia	prior	B
d ph	ene	ther
ndin	HYD	0 10
atte	errtal	5
y the	M	Ē
q pa	th a	amy
sign	Heal	N.S
peed	1. 0	ĕ
has	Dep	23
cate	State	Herr
ertifi	the	0
-	With	ted,
1	eath	mar
英	ter d	3
看	Irs af	m 21
Ē	Pour	=
13	in 72	11.1
TO THE FUMERAL T	with	TAN
置	filed	POR
2	pe	3

REGISTRAR 1. DECEDENT'S NAME (First, Middle	e, Last)							E OF DEATN			3. TIME OF DEATH
Viralnia	7.	Ha	14701	0.1.1			MON		9	YEAR	1239am
4. SOCIAL SECURITY NUMBER	5.	SEX	8. AGE (In yrs. le	est birthday)	IF UNDER 1	YEAR IF UNDER 24 HF		E OF BIRTN			PLACE (State or Foreign
577-26-1098	1	□ M 2 X F	80	YRS.	MONTHS	DAYS HOURS MI	(Mo	oth, Day, Year)	7 6	UNS.	hinston M
9a. FACILITY NAME (If not instriution	n, give street	and number)			9b. CITY, T	OWN OR LOCATION O	DEATH	70 0	9c. COUNT	TY OF D	EATN
manor Care L	argo	o La	rgo Md		La	v96			Prince George.		
RESIDENCE OF DECEDE	COUNTY			100 CIT	Y, TOWN OR	LOCATION			10d. INSIDE CITY		
	0001111									LIMITS?	
D.C.	_			W	vasnin	gton, DC			10a, CITIZI	EN OF V	1 XYES 2 NO
722 32nd St	root 9	e F				200	1.0		1000		
11. MARITAL STATUS		WAS DECEDEN	T EVER IN U.S. A		13. W	AS DECENDENT OF NIS		tN? (Specify Yes	or No-	14. RACE	USA — American Indian,
1 Never Merried 2 Merrie	id	FORCES? 1 IF YES, GIVE W	YES 2 X	NO		yes, specify Cuben, Me ☐ YES 2 🙀 NO Sp				Speci	k, White, etc.
3 Widowed 4 Divorced				1							White
15. DECEDENT (Specify only highe			(Give kind of	Work done du	CUPATION ring most of working	1	66. KIND OF BUSINESS/INDUST			
Elementary/Secondary (0-12)	C	ollege (1-4 or 5 :	+)	le. Do NOT u	ŕ						
12				S	Secret				ealth	Dep	t.
17. FATNER'S NAME (First, Middle, I						23(28) (3(22))		, Middle, Melden			
Clinton D. 190. INFORMANT'S NAME (Type/Pri		:5	1.	Oh MAII INC	ADDRESS (Street end Number or R	arah		Unkno		
Walter R. Fai			,		11201200						
20a. METHOO OF DISPOSITION	rren		20h BLAC			_		rk, MD	2075		was State
1 🗆 Burtel 2 🖾 Cremetion 3		from State	of cemetar	y, crematory	y or other pla	ce)	1			-	
1 Burtel 2 X Cremation 3 Removal from State of cemetary, crematory or other place)											
										47 711	
23. PADT 1. Enter the disess shock, or heart for disesse or condition resulting in death)	VICE LICENS	plications that only one cau	it caused the cuse on asch lin	death. Do	22. N/ R not enter the	AME AND ADDRESS O	FACILITY F H Buch as ce	ordisc or resp	Iratory arre	S.	MO/. Approximate Interval Between Onset and De
23. PADT 1. Enter the disess- shock, or heart f	VICE LICENS	plications that only one cau	it caused the cuse on asch lin	Seath. Do ne.	not enter the Poppie	AME AND ADDRESS O	FACILITY F H Buch as ce	ordisc or resp	Iratory arre	S.	MO/. Approximate Interval Betwo
23. PATA 1. Enter the disess shock, or heart fundamental s	es, or come allure. List	plications that only one cau	to caused the cause on aschillr (OR AS A CONS (OR AS A CONS (OR AS A CONS	Seath. Do no.	not enter the property of the	AME AND ADDRESS OF AUSCH he mode of dying,	FACILITY F H Buch as ce	ACULA	autropsy RMED?	seq	Approximate Interval Between Onset and De
23. PADT 1. Entar the disess shock, or heart if IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initisted events resulting in death) LAST PART II. Other significant countries.	es, or comelaliure. Liet b c d onditions c	plications that only one cau oue to oue to oue to oue to	to caused the cause on aschillr (OR AS A CONS (OR AS A CONS (OR AS A CONS	Seath. Do no.	not enter the property of the	AME AND ADDRESS OF AUSCH he mode of dying,	Buch as co	24a. WAS AN PERFOI	autropsy RMED?	seq	Approximate Interval Betw. Onset and De Grand De
23. PART I. Enter the disess shock, or heart findence or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	es, or comballure. List	pilications that only one cau oue to oue to oue to oue to out to outributing to ospital:	to caused the cause on aschillr (OR AS A CONS (OR AS A CONS (OR AS A CONS	EOUENCE O	22. N/P/P/P/P/P/P/P/P/P/P/P/P/P/P/P/P/P/P/P	AME AND ADDRESS OF AUGUSCH THE MODE OF DEATH AND ADDRESS OF DEATH ADDRESS OF DEATH AND ADDRES	Buch as ce	24a. WAS AN PERFOI	autropsy RMED?	seq	Approximate Interval Betwee Onset and De Grand D
23. PART I. Enter the disess shock, or heart if IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant contents of the conditions of the condit	es, or comballure. List	DUE TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS ER/Outpatient	EOUENCE O	DED: OTHER:	AME AND ADDRESS O	Buch as ce	24a. WAS AN PERFOI	i AUTOPSY RMED? 2 \(\text{NO} \)	\$44c	Approximate Interval Betw. Onset and De Grand De
23. PART I. Enter the disess shock, or heart if IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant contents in the significant contents in th	es, or comballure. List	plications that only one cau only one cau oue to oue to oue to oue to outributing to	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS ER/Outpatient	EOUENCE O	22. N/ Property of the second	AME AND ADDRESS OF ALLS CHARACTERS OF DEATH 15 THE RESIDENCE OF DEATH	Buch as ce	24a. WAS AN PERFOI 1 YES :	i AUTOPSY RMED? 2 \(\text{NO} \)	\$44c	Approximate Interval Betwoonset and De Grand De
23. PADT 1. Entar the disess shock, or heart of the shock, or heart	es, or compaliture. List b	DUE TO DUE TO DUE TO DUE TO ONLY TO DUE TO DUE TO ONLY TO	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS ER/Outpatient	EOUENCE O	DEP: OTHER: ACTION OTHER: ME OF JURY M	AME AND ADDRESS OF AUSCH The mode of dying, the mode of dying and the mode of dying, the mode of dying and the mode of dying, the mode of dying, the mode of dying, the mode of dying and the mode of dyi	Buch as co	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED? 2 NO	Seq.	Approximate Interval Betwo Onset and De Grand De
23. PART 1. Enter the disess shock, or heart if IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that Initiated events resulting in death) LAST PART II. Other significant continued in the conditions of the condi	es, or compalitions conditions co	DUE TO (OR AS A CONS (OR AS	EOUENCE O Tournell In I	22. N/ Property of the street	AME AND ADDRESS OF ALL SCHOOL AND ADDRESS OF	In Part I. (Check only) 286. L 286. L the time, d	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED? I NO INJURY OCC and Number of	24b	Approximate Interval Betwo Onset and De Grand De	
23. PART 1. Enter the disess shock, or heart if IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that Initiated events resulting in death) LAST PART II. Other significant continued in the conditions of the condi	es, or come lallure. List b c d cnditions c DICAL H 1 1 1 1 1 1 1 1 1 1	DUE TO (OR AS A CONS (OR AS	EOUENCE O Tournell In I	22. N/ Property of the street	AME AND ADDRESS OF ALL SCHOOL AND ADDRESS OF	In Part I. (Check only) 286. L 286. L the time, d	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED? I NO INJURY OCC and Number of	24b	Approximate Interval Betwo Onset and De Grand De	
23. PADT 1. Entar the disess shock, or heart of the shock, or heart	es, or come lallure. List b c d cnditions c DICAL H 1 1 1 1 1 1 1 1 1 1	DUE TO (OR AS A CONS (OR AS	EOUENCE O Tournell In I	22. N/ Property of the street	AME AND ADDRESS OF ALL SCHOOL AND ADDRESS OF ADDRESS OF ALL SCHOOL AND ADDRESS OF ADDRESS OF ALL SCHOOL AND ADDRESS OF ADDRESS OF ADDRESS OF ADDRESS OF ADDRESS OF ADDRESS OF	In Part I. (Check only) 286. L 286. L the time, d	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED? I NO INJURY OCC and Number of	24b	Approximate Interval Betwo Onset and De Grand De	

Parameter discourse Care Discourse discourse com come de la come d

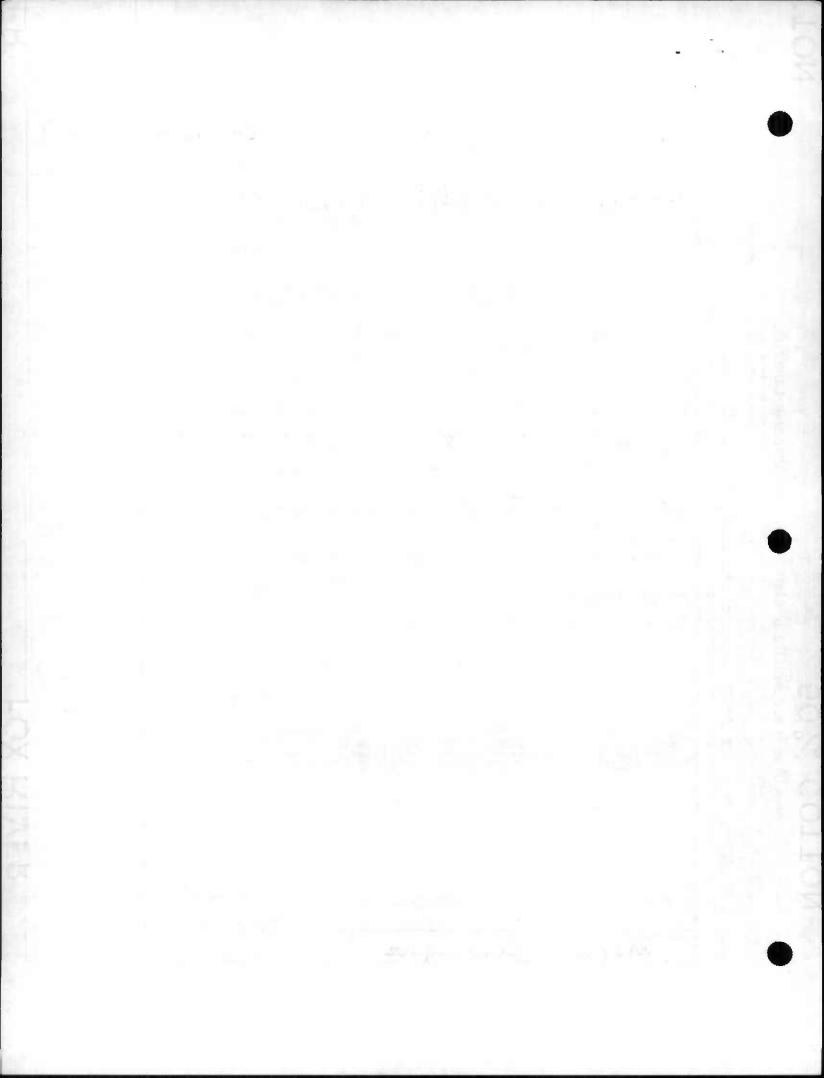
31. DATE FILED (Month, Day, Year)
JUN 17 '92

32. REGISTRAR'S SIGNATURE

Gulia Davidson-Randelle

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OB ALTIMONE PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
10 IRE FUREMA, Directors After this certificate has been signed by the actioning previous manual previous international permit regies 1, 2, 3 shows the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								92	61	120
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			OF HEALT		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)	Eugene	Harv	V.S			2. DATE OF DEATH MONTH	ندو ت	VEAR	HISAM
3	4. SOCIAL SECURITY NUMBER 409-38-9891		yrs. last birthday) 61 YRS.	IF UNDER	1 YEAR IF UN DAYS HOUR	DER 24 HRS.	7. DATE OF BIRTH 07/21/30			E (State or Foreign
TOR	PACILITY NAME (If not institution, give str NOTFORD MP RESIDENCE OF DECEDENT	morial H	ospital		NO NWOT			9c. COUNT	FOR1	
FUNERAL DIRECTOR	Md. Harf				R LOCATION e Grace				100	INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 735 Ontario Str	10f. ZIP C			10g. CITIZE	EN OF WHAT	COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	os or No— 1	Black, Wh	merican Indian, Ita, atc. White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		Ille, Do NOT	work done o	CCUPATION furing most of we		16b. KIND OF BU	Broth		
WO	17. FATHER'S NAME (First, Middle, Last)				18. M	OTHER'S NA	AME (First, Middle, Meide	n Surname)		
BE C	Esmer Clyde Ha	irvey					Fanny E			
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or To			21070
ľ	Sarah L. Harve 20e. METHOD OF DISPOSITION V Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	206	735 PLACE AND DA	E OF DISP	OSITION /Name		avre de	ocation - co rford	ty or Town, S	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensse Janpfor J.	 	Mi	tchel	1-Sm	ith F.H.	123	S. W	,
	The second of th	complications that caused List only one cause on as	the deeth, Do ch line.	not antar	the mode of	dying, suc	ch se cerdiac or res	piratory srre	at,	Approximate interval Between Onset and Death
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	Acute Card			ory Arı	est				1 +2.
_		Acute Coro			Diseas	e				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):						
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. ASCVD	CONSEQUENCE	OFI:						
FI	that initiated events resulting in death) LAST	d								
	PART II. Other significent condition	s contributing to death bu	it not resulting	in the ur	iderlying caus	se given in	Part I. 24a. WAS A	N AUTOPSY	24b, WEF	RE AUTOPSY FINDINGS
S	Hypertension						1 TYES	PRMED?	COI	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	Chronic Bronch:	itis & Emphys	ema				_	A		YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE C	F DEATH (C	heck only one)	-		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 💢 ER/Outpi	itlent 3 🗆 DOA	4 Nur	R: sing Home 5	Residence	6 N Other (Specify)	Hospit	a1	
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month Dey, Year)	28b. T	ME OF	28c. INJURY A WORK? 1 YES	2 1 1/A	28d. DESCRIBE HOW N/A	INJURÝ OCCE	URED	
	3 Suicide 6 Could not be 4 Homicide determined	building of ASpeci	— At home, farm	, street, fact	tory, office		261. LOCATION (Stree City or Tourn, Stat N/A	t and Number o	or Rural Route	Number,
COMPLETED	CONNECT ONLY	CIAN: To the best of my knowledge: On the bests of examination								d manner as stated.
BE	29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month) D2 1809 07/16/9									
5	30. NAME AND ADDRESS OF PERSON WH Ganesh S. Prabhi				i Fall	ston.	Md. 2104	7		

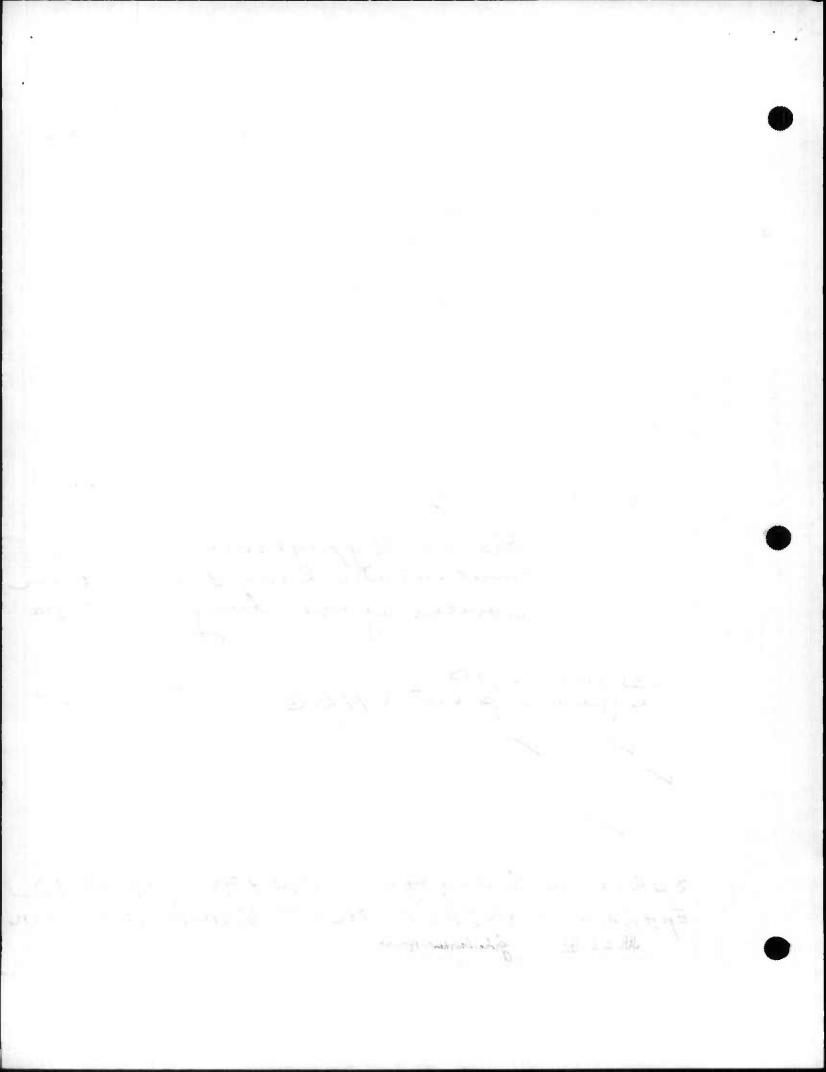


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE FORERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be detached for use 3, 3 should be detac

	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	ID / DEPARTI			MENTAL HYGIEN		-1129
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH
	William David Ho	oper				7/17/92 b	YEAR	1945
	4. SOCIAL SECURITY NUMBER 5. SE		rrs. last birthday) III	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a, BIRTI	HPLACE (State or Foreign
		M 2 □ F 68	yas.	ONTHS DAYS	HOURS MIN.	3/29/24	Count	Maryland
œ	9e. FACILITY NAME (If not institution, give street an				R LOCATION OF DE	EATH	9c. COUNTY OF D	
2	Carroll County Gene	rai Hospita	11	Westmi	nster		Carro	11
E	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d, INSIDE CITY
DIRECTOR	Maryland Carro	11	Nev	Winds	or			LIMITS?
	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	
ER	3516 Buffalo Road				217	76	United	
FUNERAL	11. MARITAL STATUS 12. W	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No.— 14. BAC	E — American Indian		
	1 Never Married 2 XXMarried IF	city Cuban, Mexica 2 NO Specify	n, Puerto Rican, etc.)	Blac Spec	k, White, etc.			
8	3 Widowed 4 Divorced	24 <u>2</u>) 110 Opening		Space	White			
	15. DECEDENT'S EDUCATION (Specify only highest grade comple	ia. DECEDENT'S US (Give kind of work	UAL OCCUPATIO	N et of working	16b. KINO OF BUS	SINESS/INDUSTRY		
	Elementary/Secondary (0-12) Colle	life. Do NOT use re	etired.)				- 1	
MP	Unknown		Carpente	r & Wo	rked at	School Boa	rd	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		
BE (David W. Hooper				Addie	Belle Wad	dell	
2	19a. INFORMANT'S NAME (Type/Print)					Soute Number, City or Town		
٦	Mrs. Hilda M. Hoope	r	3516 Bu	ffalo	Road Ne	w Windsor,	MD 217	76
	20e, METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Removal for 4 Donation 5 Other (Specify)	om State 20b. PL	ACE AND OATE OF C	place)	me of		CATION — City or TO Ylorsvil	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AN	O ADDRESS OF FA	CILITY		0170/
	· James B	Cover	1_	Burrio 1212	er-Queen V. Old L	Funeral D iberty Roa	irectors d Winfi	, P.A. 21784 eld, MD
	23. PART I. Entar tha disesses, or compliant shock, or heart failure. List or	cations that caused the	e death. Do not	enter the mo	fe of dying, suc	h as cardiac or respi	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0		/				Onset and Death
	resulting in deeth)	sew	ne /9	UYF	oye.	mea		
		DUE TO (OR AS A CO	ONSEQUENCE OF):	94	0	/-		
ON	Sequentially list conditions,	DUE TO (OR AS A CO	WEEDINGS OF	anc.	eur	eg de	sease	Freeze
F	If any, leading to immediate cause. Enter UNDERLYING	Con to ton as a co	A STATE OF S		0.	0.		2 1/-
CERTIFICATION	CAUSE (Disease or injury	DUE TO (OR AS A CO	ONSEQUENCE OF	10	-e -	my		3 420
Ē	that initiated events resulting in deeth) LAST	3039.130.1411.144.35.44	,	J		1		
当日	C+_							1
AL C	PART II. Other significant conditions con-	tributing to death but	not resulting in t	he underlying	cause given in			. WERE AUTOPSY FINDINGS
3	_ Sever C	60 b/2				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	6/24/-	n per	TO	DI	36	1 123 2	2 110	OF DEATH?
-	70			-//-			h	1 123 2 2 110
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	PITAL:		THER:		6 Other (Specify)		
主		28a. OATE OF INJURY	28b, TIME O	F 28c, INJU		28d. OEŞCRIBE HOW II	JURY OCCURED	
	1 Matural 5 Pending	(Month, Day, Year)	INJUR		RK? ES 2 NO			
BY	I Deciount	280. PLACE OF INJURY -	At home, farm, stre			281. LOCATION (Street a	nd Number or Rural	Route Number.
	4 Homicide determined	building, atc. (Specify)				City or Town, State)		
iy	29a. CERTIFIER 1 D CERTIFYING PHYSICIAN: 1	To the heat of our bound of		74. 57				
M M	(Check only							
MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner of the cause of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner of the cause of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner of the cause of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause of examination end/or investigation.								
H H	29b. SIGNATURE AND TITLE OF CERTIFIER	Ba.			29c. LICENSE NUN	IBER	29d. DATE SIGNED	(Month, Day, Year)
2	zparain	1000	-		014	7 42	- 7-	-17-17
	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH	(ITEM 2) (Type, Pri		w	1111-1-	1	mal
	31. GATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNATU	GH DRE	176	VV	VVING	30/5	-Md.2177
	JUL 21 '92	Sule devid	an fandas	2				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-UU2U
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dent. of Health and Manfal Hydiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN		LITTE	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	wis Hat	ter	~		2. DATE OF MONTH	OEATH DAY	S YEAR 3.	TIME OF OEATH 10455M		
	9878	6. AGE (In yrs. In. 86	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SEPT.	BIRTH / 7,1905	Country)	CE (State or Foreign		
OR	of FACUTY RAME (If not institution, give street a Washington Co. Ho	nd number) Uspital		96. CITY, TOWN Hager	OR LOCATION OF D		9c. CO	Shingt			
5	RESIDENCE OF DECEDENT							-	-		
DIRECTOR	MD Washin	aton		Liams on Loca			77	10d. INSIDE CILLIMITS?			
4	10e. STREET AND NUMBER				I. ZIP CODE		10g. C	T COUNTRY?			
FUNERAL	16505 Virginia Ave.				21795						
5	12.	WAS DECEOENT EVER IN U.S. AF FORCES? 1 YES 2		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (S	Specify Yea or No-	14. RACE — Black, W	American Indian, hita, atc.		
BY		IF YES, GIVE WAR OR DATES			3 2 NO Speci			Specify			
빌	15. OECEDENT'S EDUCATIO (Specify only highest grade comp	ECEDENT'S	USUAL OCCUPATI	ON part of working	16b. KII	ND OF BUSINESS/II	NDUSTRY				
COMPLETED		llege (1-4 or 5+)	o NOT us	e retired.)	ost or working		\griculti	uko			
8	17. FATHER'S NAME (First, Middle, Last)				14 MOTHED'S NA		lle, Malden Surname)				
BE C	17. FATHER'S NAME (First, Middle, Last) Ja Harvey Halter						e Myers				
TO B	190. INFORMANT'S NAME (Type/Print) Garland Halter	19	b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town, State, 2	Zip Code)			
F	Garcana Hacter		317 Y	ork St.1	lanover, F	A17331					
	20a. METHOD OF DISPOSITION 1/ Burlal 2 Cremation 3 Removal t	20b. PLACE	AND DATE O	F OISPOSITION (N		DATE	20c. LOCATION -	- City or Town,	State		
	4 Donation 5 Other (Specify)		ematory or ot	har place)	ND ADDRESS OF FA	7/18	192 S	ilver R	un.MD		
- 1	21. BIGNATURE OF FUNERAL SERVICE LICENSE	9 1 /	-	22. NAME A	ND ADDRESS OF FA	CILITY			17340		
	Ruhad Little L. Littles' F.H. 34 Maple Ave. Littlestown, PA										
ı	23. PART I. Enter the diseases, or complications that could the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,										
	IMMEDIATE CAUSE (Final	Only Die cause Dir eech line							Onset and Death		
	disease or condition resulting in death)	Sensi	5								
		DUE TO (OF IS A CONSE	OUENCE OF	7: /	1/1/	/					
N	Sequentially list conditions, b.	Urinay	1/	act (rtect	on			``		
₽ F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCÉ OF):							
은	CAUSE (Disease or Injury C. —	DUE TO (OR AS A CONSE	OUENCE OF	n.							
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
	DARK II Oct III										
EDICAL	PART II. Other algnificent conditions conditions	ptributing to death but not a	resulting i	n the underlyin	g ceuse given in	Part I. 24	PERFORMED?		RE AUTOPSY FINDINGS		
ă	Mia Tibulla	lon				1	YES 2 NO		MPLETION OF CAUSE DEATH?		
Σ	Congestine New	+ Facture	-					1[YES 2 NO		
Ž.											
PHYSICIAN:		SFITAL:		OTHER:	LACE OF DEATH (Ch						
¥	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 28s. DATE OF INJURY	28b. TIME		10 5 Residence						
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY W	YES 2 NO	280. DEŞÇMI	BE HOW INJURY O	CCUREO			
BY	2 Accident Investigation 3 Suicide Could get be	28s. PLACE OF INJURY At ho	me, term, s			281 LOCATIO	N (Street and Numb	er or Rural Bouts	Mumber		
JE I	4 Homicide S Could not be determined	building, atc. (Specify)				City or To	own, State)	er or rigral ricone	rorabe,		
٦	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, de	ath occume	d at the time date	and place, and due	to the coursely	A and minner in the				
COMPLETED		the basis of examination and/or							d menner as stated,		
BEC	296. SIGNATORE AND TITLE OF CERTIFICATION	7			29c. LICENSE NUI	MBER	29d, DA	TE SIGNED (Mo	nth, Day, Year)		
10	126806 > 7/15/92										
	Alan WDXMD 12P21 Ock 4th Are 1/24 Dean MD21742										
	JUL 41 '92	32. REGISTRAD'S SIGNATURE	- Man	phell	b						

TASSE TIME LOSS WE. J. Steen hates . L 277 Forth 12, Hanguer, PA17531

Tr. Sten's Commission 7/12/92 Storet Sunt, OD Littles F. H. 34 sants for Little terms, 24

Lat 2007 1 34015

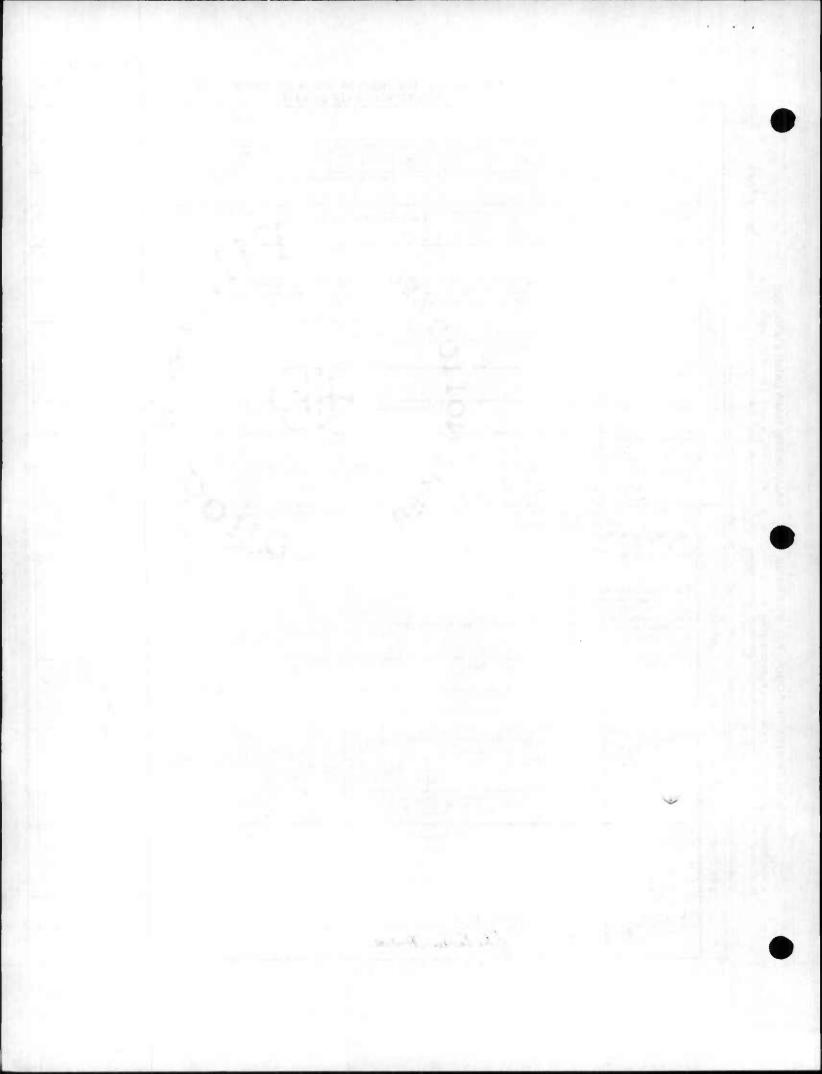
Assistant and Assistance

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Off ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag rous after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal. Temporal examiner must be notified at once.

1. DECEDENT'S NAME (Firs	t, Middle, Lest)						DEA			REG. NO		I	3. TIME OF DEATH
John		Gilbert		Har	rod	Sr.			07	TH DA		992	9:45 A.
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDE		7. DATE	OF BIRTH		8. BIRTHI	PLACE (State or Forei
219-80-85	543	1 🔀 M 2 🗆 F	32	YRS.	MONTHS	DAYS	HOURS	MIN.	05	-23-60		Mar	yland
90. FACILITY NAME (If not it	natitution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		Bc. COUN	TY OF DE	ATH
1928 Lib	erty R	oad			El	ders	buro	ſ			Car	rrol	
RESIDENCE OF DE	10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
Maryland	Carro	11 County	.7	Sykesville								LIMITS?	
10e. STREET AND NUMBER		II COUITC	y		Dyi		. ZIP COD	E	-		10g, CITIZ		HAT COUNTRY?
1928 Libe	rtv Ro	ad						2178	4			J.S.A	
II. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT (OF HISPAN	NC ORIGI	N? (Specify Yes		14. RACE	- American Indian.
Never Married 2 🖔		FORCES? 1 IF YES, GIVE V		NO	- 0.0	If yes, sp	ecify Cubi	n, Mexica Specify	n, Puerto	Rican, atc.)		Black, Specify	, White, etc.
3 Widowed 4 Div	orced						-						White
	CEDENT'S EDU		(1	Give kind of	work done			ng	16	b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 8	+)	fe. Do NOT u	_								
12					Fore	nan						i Qu	aries
17. FATHER'S NAME (First, A		TT								Middle, Malden	,		
Robert C		наrrod	Ta	Ob 1444 000	ADPROV	2 (0)				lay Ha			
		50	"							nber, City or Tow			
Mrs. Stace		oa	20h BI 405	1928				a Sy.	Kesv	ille,	MD 21		
Buriel 2 Cremati	on 3 🗆 Reme	oval from State	cemetary, cr	remetory or o	ther place)							-	
	(openiny)		- I Call	LOTT	Cremation Services Hampstead, MD						D		
21. SIGNATURE OF FUNERA		22.	NAME AF	22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. BOX 195)									
23. PART I. Enter the dishock, or h	CONC diseases, pro-	S. Al	t caused the d	leath. Do	I	HAIG	HT F svil	UNER	AL H	1784 (410)-	795-	Approximate interval Betw
▶ Bru	diseases, properties, properti	complications that List only one cau	ise on sech iln	eguence o	not antar	HAIG Syke the mo	HT F SVil de of dy	UNER le, l	AL H MD 2 h as car	1784 (410)-	795-	Approximate interval Bets
23. PART I. Enter the dishock, or himmediate Cause (Fidesese or condition resulting in death) Sequentially list conditions	diseases, processes to the second sec	complications the List only one cau	OR AS A CONS	EQUENCE O	not antar	HAIG Syke the mo	HT F SVil de of dy	UNER le, l	AL H MD 2 h as car	1784 (410)-	795-	
23. PART I. Enter the dishock, or himmediate Cause (Fideese or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injet that infilted events	diseases, processes to the second sec	DUE TO	(OR AS A CONSE	EQUENCE O	ACT (F):	HAIG Syke the mo	SVilde of dy	UNER le, ing, such	AL H	1784 (Indiac or respi	410) — Iratory arre	-795_eat,	Approximate interval Betty Onset and E Ons
23. PART I. Enter the dehock, or himmediate Cause (Fidisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAS	diseases, processes of control of the condition of the co	DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO	(OR AS A CONSE	EQUENCE O	ACT (F):	HAIG Syke the mo	HT F svil de of dy	UNER le, ing, such	AL HMD 2 h as car	24a. WAS AN PERFOR	410) — Iratory arre	-795_eat,	Approximate interval Bett Onset and S Onse
23. PART I. Enter the dishock, or himmediate Cause (Fidesese or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuited initiated events resulting in death) LAS PART II. Other algnifications	diseases, processes of control of the condition of the co	DUE TO	(OR AS A CONSE	EQUENCE O	F): F): OTHER	HAIG Syke the mo	HT F SVII de of dy	UNER 1e, ing, suci	Part I.	24a. WAS AN PERFOR	410) — Iratory arre	-795_eat,	Approximate interval Betty Onset and E Ons
23. PART I. Enter the deshock, or he shock,	iliseases, or cheart fellure. Itions, dilate line line line line line line line line	DUE TO	(OR AS A CONSE	EQUENCE O EQUENCE O Fequiting	not antar	HAIG Syke the mo	ACE OF DURY AT	UNER 1e, ing, suci	Part I.	24a. WAS AN PERFOR	AUTOPSY MED7 NUURY OCC	24b.	Approximate interval Bette Onset and Conset
23. PART I. Enter the depote of the shock, or he shock, o	diseases, processes of control of the condition of the co	DUE TO	(OR AS A CONSE	EQUENCE O	not antar	HAIG Syke the mo	ACE OF D SX R ON ACT OF D SX R ON ACT OF D SX R	UNER 1e, ing, suci	Part I.	24a. WAS AN PERFOR	AUTOPSY MED7 NUURY OCC	24b.	Approximate interval Betty Onset and Conset
23. PART I. Enter the dehock, or himmediate Cause (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injethat initiated events resulting in death) LAS PART II. Other algnification in the condition of	ST Condition TO MEDICAL Pending Investigation Could not be	DUE TO (OR AS A CONSE EQUENCE O EQUENCE O FOURIER TO DOA 29b. TIME FOURIER 1 TIME TO THE TIME TO	other	TAIGSyke the mo	ACE OF D SX R	UNER 1e, ing, suci	Part I.	24a. WAS AN PERFORM 1 VES 2	AUTOPSY INDED? NURY OCC	24b.	Approximate interval Bette Onset and Conset		
23. PART I. Enter the deshock, or he shock,	Riseases, or cheart fellure. In all tions, in all tions, in all tions, in all tions, in all tions. To MEDICAL.	DUE TO (OR AS A CONSE EQUENCE O EQUENCE O FOURIER TO DOA 29b. TIME FOURIER 1 TIME TO THE TIME TO	orther	TAIGSyke the mo	ACE OF D SX R	UNER 1e, ing, suci	Part I.	24a. WAS AN PERFOR	AUTOPSY MED7 Indiana Number of the day	24b.	Approximate interval Betwoen and E Onset a		
23. PART I. Enter the deshock, or he shock,	Riceases, or cheart fellure. In the condition of the cond	DUE TO (OR AS A CONSE EQUENCE O EQUENCE O EQUENCE O Teaulting 3 DOA 28b. Till FOU HOM leath occurr	F): F): OTHER A D D D D D D D D D D D D D D D D D D	TATG Syke tha mo that	ACE OF D ACE OF D SXI R URY AT FES 2 5	UNER 1e, ing, succ Sing, succ Sing, succ No seldence	Part I. Par	24a. WAS AN PERFORM 1 DVES 2 10 (Specify) SCRIBE HOW II for Town, State) 28 Liber use(e) and manual control of the control of	AUTOPSY MED? Individual occition occiti	24b.	Approximate interval Betwoen and E Onset a		
23. PART I. Enter the deshock, or he shock,	iliseases, properties of the p	DUE TO	(OR AS A CONSE EQUENCE O EQUENCE O EQUENCE O Teaulting 3 DOA 28b. Till FOU HOM leath occurr	F): F): OTHER A D D D D D D D D D D D D D D D D D D	TATG Syke tha mo that	ACE OF D SX In ACE OF D SX In URY AT RK? end place eath occur	UNER 1e, ing, succ Sing, succ Sing, succ No seldence	Part I. Part I. 28d. DE Sel. WOU 28d. DE Sel.	24a. WAS AN PERFORM 1 DVES 2 10 (Specify) SCRIBE HOW II for Town, State) 28 Liber use(e) and manual control of the control of	AUTOPSY IMEO? NJURY OCCICTED and Number of the Party Report as state and due to the	24b. 24b. Riff or Rural Roc Road ed. e cause(e)	Approximate interval Betwoen and Conset and	
23. PART I. Enter the dehock, or he shock, o	iliseases, properties of the p	DUE TO	(OR AS A CONSE EQUENCE O EQUENCE O EQUENCE O Teaulting 3 DOA 28b. Till FOU HOM leath occurr	F): F): OTHER A D D D D D D D D D D D D D D D D D D	TATG Syke tha mo that	ACE OF D SX R ACE OF D SX R PRY AT RK7 (ES 2 5) end place eath occur 29c. LiCi	UNER le, ing, suci	Part I. Par	24a. WAS AN PERFORM 1 DVES 2 10 (Specify) SCRIBE HOW II for Town, State) 28 Liber use(e) and manual control of the control of	AUTOPSY IMEO? NJURY OCCICTED and Number of the Party Report as state and due to the	24b. 24b. CURED Rif Or Rural Roc Road ed. e cause(e)	Approximate interval Betwoen and E Onset a	



	١
	,
-	
30	
Z	
00	
9	
×	
BOX	
~	
tal.	
o.	
P.O.	
₽.	
20	
S	
Œ	
0	
O	
RECORDS,	
~	
T.	
7	
Z	
>	
LL.	
ō	
\simeq	
Z	
SION	
75	
≥	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE		STATE OF	MARYL	AND / DE	EPARTME	NT OF H	EALTH	AND	MENTAL	. HYGII	ENE C	12	2	1132
REGISTRAR				CER	TIFICA	TE OF	DEAT	TH_		REG. I	۷O.	Loss	- Card	
1. DECEDENT'S NAME (F	irst, Middle, Last)								2. DATE	OF DEATH	DAY		YEAR	3. TIME OF DEATH
	IARRY	MONTGO	-						07		18	1	992	5:00PMm
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE	(In yrs. last birt	MONTH	DER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH)		8. BIRTHI	PLACE (State or Foreign
220-26-65		1 🕻 M 2 🗌 F		63	YRS.		noons	wint.		108		28		RYLAND
9a. FACILITY NAME (# no	t Institution, give	street end number)			9b. C	ITY, TOWN	OR LOCATIO	ON OF O	EATH		9c.	coul	NTY OF DE	ATH
G.B.M.C.			ES .	STREE	T	TOWS	ON				1	BA.	LTIM	ORE
10a. STATE	10b. COUNT			10	c. CITY, TOW	N OR LOCA	ION							10d. INSIDE CITY
MARYLAND Charles Waldorf									1 YES 2 NO					
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZE							ZEN OF W	N OF WHAT COUNTRY?						
Box 249-A Bryantown Rd. 20601						01				11	. S . F	1		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. WAS DECEMDENT OF HIS						F HISPAI	NIC ORIGIN	? (Specify	Yes or No		14. RACE	- American Indian.		
1 Never Married 2 Married FORCES? 1 VES 2 No. 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES						1 Tyes, sp	2 NO	n, Mexica Specif	in, Puerlo F ly:	lican, atc.)			Specify Whi	white, etc.
15. D	ECEDENT'S EDI	JCATION			ENT'S USUAL				16b.	KIND OF	BUSINES	S/IND		
Elementary/Secondary		College (1-4 or :	i+)	life. Do	ind of work do NOT use retire	ne during mo d.)	st of working	g						
12		,		Dist	ribu	tor			Wa	shi	nata	nn	Sta	r Newspa
17. FATHER'S NAME (First	Middle, Last)						16. MOTH	ER'S NA	ME (First, A				J L C	T INCMODE
Leo S. M	ontaom	nerv								Ham		,		
19a. INFORMANT'S NAME			-	19b. M/	AILING ADDR	ESS (Street							Code1	
Hilda M.	Monto	IOMerv												Md. 2060
			201	. PLACE AND				псо	WII				City or Tow	
20a. METHOD OF DISPOS 1√☐ Burlel 2 ☐ Crema 4 ☐ Donation 5 ☐ Ott	tion 3 Ren	novat from State	cen	netery, cremeto t . Mar	ory or other ple	26)	me or		DATE	200.	LOCATIO	- 1	City or low	vri, Stata
21. SIGNATURE OF FUNE		CENTRES C	- 12	L.Mai	V.S.	DILL	ON U	eme	tery	l R	ryar	nt	own	Md.
▶ Benja	min M	Jmme	lews	M006	58	The I	Tunt	t F	uner 6 Wa	al i	Home	e, M	Inc	0601
23. PART I. Enter the	diseeses, or	complications th	at ceuse	d the death.	Do not en	er the mo	de of dyle	ng, suc	h ss card	lec or re	spiretor	y em	est,	Approximate
shock, or IMMEDIATE CAUSE (heart fellure.	List only one co	use on e	ech line.										Interval Between
disesse or condition		DECI	TDZ	mon II	DATE									Onset and Dasth
resulting in death)				TORY		JRE								24hs
		COCI	irran	LAS		101 0	f- no	100	cont	on t	<			
Sequentielly list con-		b. DUE T	O (OR AS A	CONSEQUEN	NCE OFI:	IVF I U	<u> </u>	W	COLL	411				-
if any, leading to imr cause. Enter UNDER	YING	ana	ic	encon	halon	thu								i i
CAUSE (Diseese or in that initiated events	lury 1	DUE TO	O OR AS A	CONSEQUEN	HCE OF:									1
resulting in deeth) L	AST	. VIPI	tri	cu ldo	tor	hurn	odio							1
		a VCI	11.11	W. KV	106	YLL	of wit							+
PART II. Other significant	cent conditio	ns contributing t			iting in the	underlyin	ceuse g	iven in	Part I.	24a. WAS				WERE AUTOPSY FINDINGS
150	1emic	heart (XIVEOS	e						1 TYES	ORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE
											- 40			OF DEATH?
														1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. PI	ACE OF DE	EATH /Ch	eck only one	a)		_		
EXAMINER?		HOSPITAL:	FR/O	patient 2 -	OTH	ER:								
27. MANNER OF DEATH		28e. DATE C			b. TIME OF	lursing Hom 28c. INJ		eidenca		(Specify) CRIBE HO	W IN HARY	(000	TIBED	
	Pending		Day, Year)	1.3	INJURY	WO	RK?	NO	LUG. DES	OWNER HO	utour!		JULED	
2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY	— At home,	term, street 4			, 140	281 1 000	TION (C	at and M	um b -	as Occasion	Alexander and a second a second and a second a second and
4 Homicide	Could not be determined	building	, etc. (Spec	cify)	eneet, I		•		City o	or Town, Sta	er end Nu Me)	mber	ur Hunti Ac	oute Number,
200 CERTIFIED														
		SICIAN: To the best												
one) 2 [Mi	DICAL EXAMIN	ER: On the basis of	examinatio	n end/or Inves	itigation, in m	y opinion, d	eath occure	d at the	time, date	end place,	end due	to th	e ceuse(s)	end manner ee stated.
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mor								Month, Day Years						
()h	4 / 100	manmi						500			1	7	10	7)
~/V	TI V V V V V	1 Chill Little					112	700	1		1 1	1'	1.9	Sam.

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner ee stated. 2 🗌 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ce 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

7-19-92 D25001 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Pandette.

30. HAME AND ADDRESS OF PERSON

'92

31. DATE FILED (Month, Day, Year)

	1 - STATE REGISTRAR	ERTIF	ICATE O	F DEAT	H	MENIAL HYGIE		2 2 2	11
	1. DECEDENT'S NAME (First, Middle, Lest) Richard Chayton Richard Chaytor Mason	SK.	ason, S	r.		2. DATE OF DEATH MONTH	bay -	92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. II) 1×10^{-3} 6. AGE (In yrs. II) 1×10^{-3} 7. 2×10^{-3}	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Morth, Day, Year)	19	Country	PLACE (State or Foreign
FOR	90. FACILITY NAME (If not institution, give street end number) Fall5fon General Hospital	1	96. CITY, TOWN		ON OF DE	АТН		HARY	
DIRECTOR	Maryland Harford		Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10s. STREET AND NUMBER 2300 McGuigan Road			21085			10g. CI	TIZEN OF W	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES7 1 TYPES 2 FYES (1974) FYES, GIVE WAR OR DATES		If yes,	ECENDENT Of the second of the	F HISPAN n, Mexice Specify	IIC ORIGIN? (Specify Y n, Puerlo Ricen, etc.)	be or No—	Specif	- American Indian, t, White, etc. ty: Vhite
COMPLETED	15. DECEDENT'S EDUCATION 16e. 0 (Specify only highest grade completed) Flormerian/Secondary (M-12) College (M-12 or 5 a)	Give kind of the Do NOT up	USUAL OCCUPA work done during is se retired.) rician	TION most of workin	g	16b. KIND OF B			
COM	17. FATHER'S NAME (First, Mickillo, Lest) Hiram Louis Mason					ME (First, Middle, Meide Loretta		uigar	n
TO BE						Route Number, City or R			
١			of disposition (dens	7-18-92		- City or Ton	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	191	Howa		McC	omas III i y Road, Al			
	23. PART I. Enter the diseases, or complications that caused the canock, or heart failure. List only one cause on each lir IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSTITUTE OF T	gh	not enter the n	v	ng, auci	h ea cardlec or ree	piretory a	rreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	F19	Men ?	581	le	D rosi.	<u> </u>		
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not	Testino Constitution of the Constitution of th	in the underly	ng cause (olven in	Part J 24a. WAS A PERFO	DRMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	3 DOA	OTHER:	PLACE OF D		6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month. Dey, Year) 2 Accident Investigation	28b. TIM	IE OF 28c. I	NJURY AT YORK?		28d. DESCRIBE HOW	O YRULMI	CCURED	
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At the building, etc. (Specify)	nome, farm,	street, factory, of	lice		28f. LOCATION (Street City or Town, State		er or Rural R	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIF ING HYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basic of examination and/o) and manner ae atated.
BE	29b. SIGNATURE AND TITLE OF CENTRE			29c. 21C	NSE HU	6444	29d. D/	TE SIGNED	(Month, 09 Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UZ	EM 27) (Type	2112	P	rel	ais	Ke	cd	
	31. DATE FILED (MONTH, Boy, Year) 12. REGISTRAR'S SIGNATURE HIN 1 7 '92 Guila Davidson-Panda	ne.							
	U								DHMH-16 Rev 1/8

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

	١
_	
	3
9	
4	
Am	
3	
1314	
-4	
BOX	
0	
m	
	1
~	
0	
0	4
4	
10%	
- RECORDS	
\cap	
~	
-	
0	
O	
III.	
~	
UL.	
. 1	
TAL	
>	
	-
LL.	
OF V	-
2	1
<u></u>	
\subseteq	
(0)	
22	
>	
IVISION	30

1. DECEDENT	'S NAME (First, Middle, Las	:1)							2. DATE OF OR			3. TIME OF DEATN
Da	niel Edward	l Magazine	r						MONTH	19	92	558 4
	CURITY NUMBER	5. SEX	6. AGE (In	yrs. lasi birthday)	IF UNDER		1	R 24 HRS.	7. DATE OF BIE	RTN Mari	8. BIRT	NPLACE (State or Foreign
205-2	0-9682	1 🔀 M 2 🗌 F	64	YAS.	MONTHS	DAYS	HOURS	MIN.	March	2, 192	28 Phi	Tadelphia,
9e, FACILITY	NAME (If not institution, giv	e street and number)			9b. CITY	, TOWN	OR LOCAT	ION OF D	EATN	9c.	COUNTY OF	OEATH
896 T	urkey Poin	t Rd.			No	orth	Eas	t			Cecil	
RESIDEN	DE OF DECEDENT	NTV		100 00	TY, TOWN	001004	TION					10d. INSIDE CITY
Md.	100.0001	Cecil			orth							LIMITS?
	AND NUMBER	00021	<u>-</u>	**	01011		1. ZIP COD)E		100	CITIZEN OF	1 ☐ YES 2 KNO WHAT COUNTRY?
906 0	ld Turkey	Point Road	ł			1	219			100	U.S	
11. MARITAL		12. WAS DECEDEN		J.S. ARMED	13.	WAS OF	CENDENT	OF NISPAI	NIC ORIGIN? (Spe	cify Yee or No		CE American Indien.
11. MARITAL 1 Never fi	arried 2 Merried	FORCES? 1			- 5		ecity Cub		en, Puerto Ricen,	etc.)		ck, White, etc.
	d 4 Divorced						2 2 2 110	фи	,		1	White
	15. OECEDENT'S E (Specify only highest gra	DUCATION ade completed)	1	Se. DECEOENT'S	S USUAL O	CCUPATI	ON ost of work	ina		OF BUSINES		
Elemente	y/Secondary (0-12)	College (1-4 or 5	+)	Clinica	use retired)							stration
	12	8		OTTHICE	11	,,, 0,,,	orog.	-200	Med.	Ctr.,	Perry	y Point, Mc
17. FATHER'S	NAME (First, Middle, Last)						18. MOT	NER'S NA	AME (First, Middle,	Maiden Surna	me)	
Will	William Magaziner								Ward			
) C	ANT'S NAME (Type/Print)						Route Number, Cit					
Hazel								rkey Point Rd., North East, Md. 2190				
	OF DISPOSITION 2 Gramation 3 GR	emoval from State	20b. F	PLACE OF DISPO	OSITION (N	ame of ce	metery, cre	matory or		20c. LOCATIO		
	n 5 Other (Specify)		St	· Mary					venuty ral Home	North	East,	Md.
disease or	shock, or haert failure. List only one cause of each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								Interval Bet Onset and I			
if any, leed cause. Ent CAUSE (DI	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initialised events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
resulting la	death) L'AST	d.										
D. D. D. D.	her aignificent condit	lone contribution to	a death had	net manufalm	de Mense	n of a refer to		andream des	Part I ar			
S I MAIN H. S	algimeent condit	tons contributing to	Geath but	not resuming	in the u	nuenyn	ig cause	given in		PERFORMED	7	AMAILABLE PRIOR TO COMPLETION OF CAL
EDICAL EDICAL	1 VES 2 NO OF										OF DEATH?	
2									-			1 WES 2 NO
25. WAS CAS EXAMINI 1 YES	E REFERRED TO MEDICAL					24.5	N ACE OF	DEATH (C)	heck only one)			
EXAMINE	R?	HOSPITAL:			OTHE	R:	N					
27. MANNER	2 NO	1 Inpetient 2		28b. TI		raing Ho	JURY AT	lasidence	8 Other (Spe 28d, OESCRIBI		w occupen	
11 K MOUN			Day, Year)		JURY	W	ORK? YES 2		200. OESCHIE	E NOW INJUN	T OCCONED	
2 Acci	4.	28e, PLACE (OF INJURY -	- At home, farm	street, for				281. LOCATION	(Street and N	umber or Bure	I Boute Number
4 Hom	o Could not	De building	, etc. (Specif)	1)					City or Tow			
29e. CERTIFI	R . M .	1										
29e, CERTIFI (Check o one)	by TO CENTIFYING PH	INSICIAN: To the best of										(4)
3		INER: On the basic of	examination (erravor investigat	ion, in my	opinion,	death occi	ured at the	e time, date end p	ouce, and due	to the cause	ej and manner as sta
29b. SIGNATU	RE AND TITLE OF CERTI						1	CENSE NU		29d	- /	ED (Mopth, Day, Year)
m ///	· War Man	MD					1 0	1531	4		7/2	0/92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

whia Javidson-Randalle

Dr. Henry Farkas Northern Chesapeake Hospice 111 Howard St.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

92 21134

Philadelphia, Pa

East, Md. 21901 Approximate Intarval Between **Onset and Death**

> 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

REG. NO.

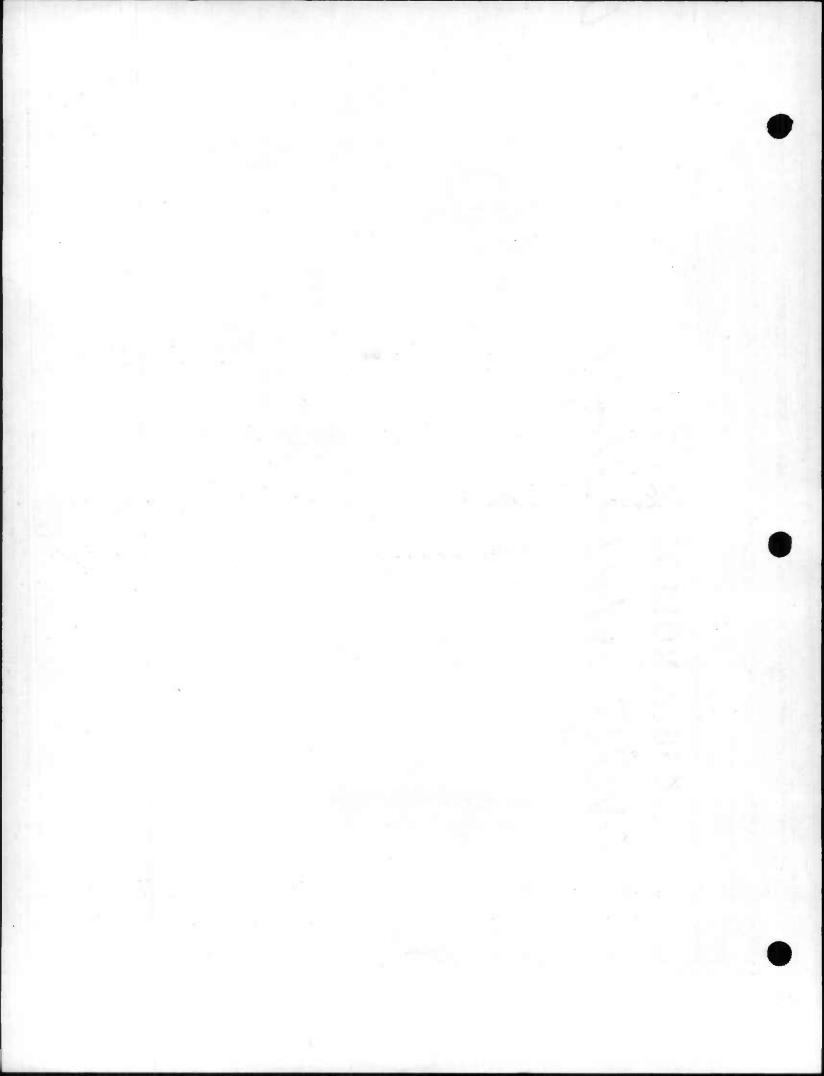
ONMH-16 Rev 1/89

Elkton |

21921

31. DATE FILED (Month, Day, Year)

21'92



92

N.J.

9c. COUNTY OF DEATH

Cecil

10g. CITIZEN OF WHAT COUNTRY?

Specify:

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

W

P. M

16:32

8. BIRTHPLACE (State or Foreign

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Thomas FINUCAN, M.D.,

31. DATE FILED (Month, Day, Year)

1 -

_	afte
	24 hours
90,	within
6876	executed
\tilde{c}	2
.O. BC	certificate
D.	death
ŏ	the
E E	that
RECO	rachirps
_	300
Σ	The
OF VI	PHYSICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	at OB ATTENDING PHYSICIAN: The law remites that the death certificate he executed within 24 hours afti-
	ac
_	A

James A. MORRIS 14 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 1 M 2 F YRS. 4-2-26 135-20-1536 permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Union Hospital DIRECTOR Elkton RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Md. Cecil North East 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL page 5 should be detached for use as the burial-transit 400A Old Elm Rd 21901 er death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(^1\) YES 2 \(^1\) NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Maxican, Puarlo Rican, etc.)

1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give land of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 12 N/A Toll Collector N.J. Turnpike 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Victor MORRIS Harriett BARR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 400A Old Elm Rd., North East, Md. 21901 Betty A. MORRIS 9 20s. METHOD OF DISPOSITION
1 General State of Temporal From State of 20b, PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Stata DATE must n by the funeral director, removal. tary, crematory or other place, Ferris & Co., Inc. 4 Donation 5 Other (Specify) 7/15 West Chester, Pa. examiner 21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 S. Main St., North East, Md. medicai 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, filled in by shock, or heart fallure. List only one cause on each line. 8 IMMEDIATE CAUSE (Fine) the attending physician and completely fille Mental Hygiene prior to burial, cremation, the disease or condition acute MI event, 1 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ASCUD traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY MEDICAL and t 23 shows any has been signed to Dept. of Health a 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: OTHER: 1 YES 2 NO etient 2 - ER/Outpetient 3 - DOA 4 - Nursi me 5 Residence 6 Other (Specify) 28 is marked, or the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED with c INJURY 1 Natural 5 Pending investigation 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Suicide TO THE FUNERAL DIRECTOR: A be-filed within 72 hours after de IMPORTANT: II Item 28 is 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

(Charle policy)

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. HOSPIT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER E THE BE Thomas FINUCAN, M.B. 32395 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CRUSE OF DEATH (ITEM 27) (Type, PINI

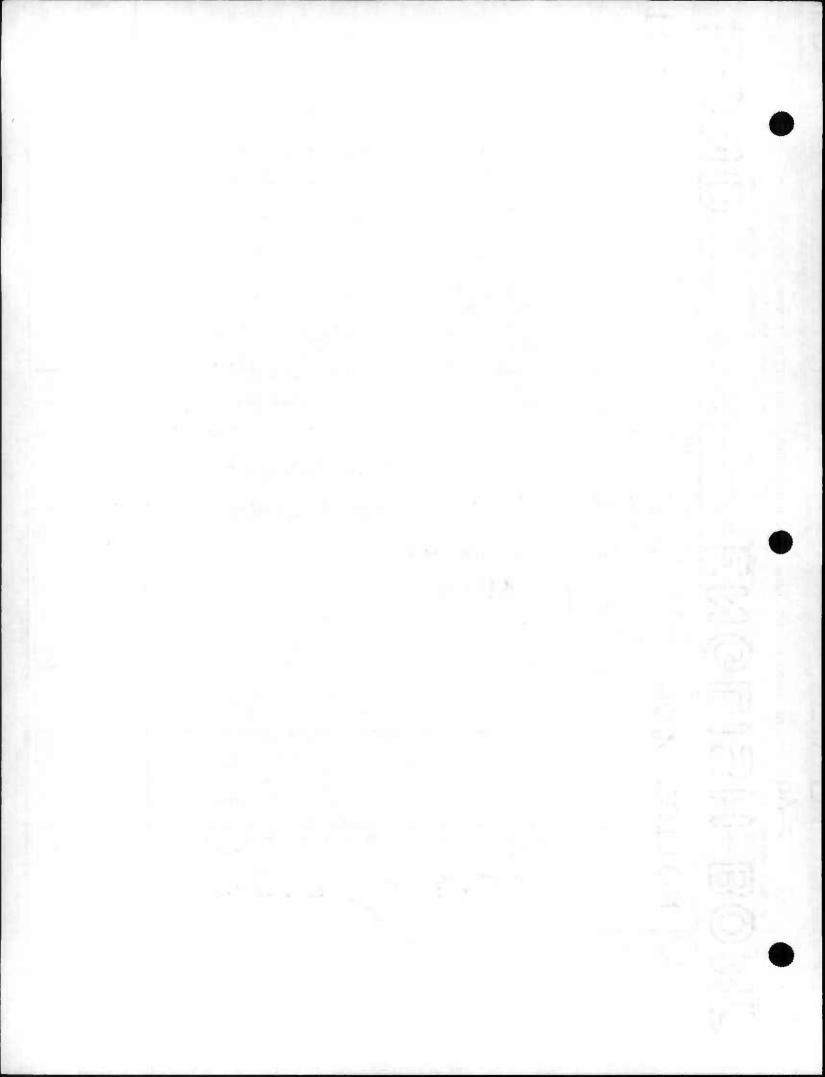
102, REGISTRAR'S SIGNATURE GUNA DANGESON MANGELE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3 Mauldin Ave. North East, Md. 21901

Approximata interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) July 15, 1992 **OHMH-18 Rev 1/89**



be notified at once.

must

examiner

medicai

the

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,

BE

2

BAR

물물 보

PB

se as the burial-transit permit, Pages 1, 2, 3 should

5	3	
5	ò	
쯪	P	
ğ	- Pe	
Ē	tac	
ë	g	
>	8	
20	P	
ĕ	70	
23	-S	
9	5	
8	9	
2	ğ	
Ë	-	
9	8	
8	9	
Z.	P	
ė	2	
all	5	
8	4	-
e	€	2
ē	8	ĕ
5	-	9
8	P	0
5	9	ď
N	1	2
E	e	Tan-
P P	ele	je
2	E	0
ĕ	8	jaj
굻	D	30
8	ख	0
e e	an	1
83	io.	5
, F	E	0
Ě	0	ĕ
5	Š	ğ
0	8	Í
DE	tre	ta
ŏ	60	ē
19	€	2
=	3	2
5	P	P 3
22	Ĕ	aft
Š	S.	운
ĝ.	P.	to
*	2	نے
9	S	9
9	Ë	0
=	ate	ate
3	PG.	S
3	E	he
7	ö	Ę
Ì	His s	툫
-	20	4
2	fe	Bat
2	A	ŏ
N	S	ler.
7	5	at
ř	R	5
5	ō	፩
HUSH IAL UM ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova
=	2	~
3	N	Ē
Ę.	5	\$

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Ailli 0330A . 92 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Montf) Day, Year 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreig 03-2575 Country)
Tenn. 1 M 2 - F DAYS HOURS 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Balto. County General Hsopital DIRECTOR Randallstown Balto. Co. RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Reisterstown 1 YES 2 XNO FUNERAL 10s. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1011 Dunholme Road 21136 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) nentary/Secondary (0-12) College (1-4 or 5 +) High School Paper Carrier 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William J. Mathis Mary Depew 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Mildred Baines 1707 Cardinal Estate La. Glen Burnie, Md. 21061 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1X Burial 2 Cremation 3 Removal from State Druid Ridge Cemetery 4 Donation 5 Other (Specify) 7/24 Pikesville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. Eline Funeral Home come in Reisterstown, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximate ahock, or heert fellure. List only one ceuse on each line. Interval Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition UNO resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending COMPLETED BY М 1 YES 2 NO 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ee stated.

24b. WERE AUTOPSY FINDINGS 2 MEDICAL EXAMINER: On the basis of examination end/or is restigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Mont Day. 21 The Twide

24 '97

ASTAC

296. SIGNATUSE AND TULE OF CERTIFIER

TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The inspiral of attending physician and completely filled in by the hineral director, page 5 should be detached for use as the buy the min 72 hours after death with the State Dept. of Health and Memai Hygiene prior to bunial, cremation, or removal. **MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	F	2		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the ment of the fresh. Page 6 may be retained by the hospital or attending the properties of the completely filled in by the honeral director, page 5 should be detached for use as the mental man after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	9	2		
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The was after death. Page 6 may be retained by the hospital or arte to the HINEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use in the medical exert with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal. WAPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ig.	SS		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Theurs after death. Page 6 may be retained by the hospital or TO THE HONEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the luneral director, page 5 should be detached for use the major to have after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THEORYTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	afte	99		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to recurs after death. Page 6 may be retained by the hospital OTHE HONERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the honeral director, page 5 should be detached to the minimal to hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. WAPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	6	5		
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mean ster death. Page 6 may be retained by the hospit of the PINETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hineral director, page 5 should be detached a minin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	23	8		
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The results after death. Page 6 may be retained by the hort of the PAREATOR: After this certificate has been signed by the attending physician and completely filled in by the hineral director, page 5 should be detacted at the minim 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	Spi	Ped		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.5 mains after death. Page 6 may be retained by the UD HE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be demonstrated death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. WAPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on	2	lac		9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within the result of the base 6 may be retained by the attending physician and completely filled in by the tuneral director, page 5 should be a minin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. WAPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	the	de		0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained to the HUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should a min 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal. THE PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	3	2		25
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Theurs after death. Page 6 may be retain to THE HONEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the luneral director, page 5 show that it is now after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THEORYTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	2	묫		Pa
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Teaus after death. Page 6 may be ret to THE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hineral director, page 5 second after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. WAPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not	aj.	94		Ē
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the means after death. Page 6 may be to the HUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and in it is hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. THE PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be	1	10		00
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The most sites death. Page 6 may to the THERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6. The most sites death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The Properties of the most sites of the medical examiner must be the properties of the medical examiner must be applied.	2	90		9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Towns after death. Page 6 in the HUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and in it is hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus	lay.	8		42
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to resurs after death. Page to the HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hineral direction after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner in	9	to.		100
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the means after death. Part of the property of the completely filled in by the funeral of the attending physician and completely filled in by the funeral of the major of the completely filled in by the funeral of the major to burial, cremation, or removal. The PORTANT: If item 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examine.	90	irec		1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Technical state death. THE HINEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hiner and min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THEPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami	2	D I		Je.
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The state of the transfer of the transfer of the state	Ė	Jer?		E
TO THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a result of the the Therena. Other this certificate has been signed by the attending physician and completely filled in by the man artin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal TMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical of	dea	Ž		BXS
TO THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Figure at the THERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the min 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or remy TMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	lef	the	37.2	100
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12. Theurs THE HONEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the mental thygiene prior to burial, cremation, or in TMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med	03	3	E	100
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 THE HINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled THE	- F	ء.	1	36
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a to the HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill the manual ster death with the State Dept. of Health and Mental Hygiene prior to burial, cremation TMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	1	led	3, 0	63
TO THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the THERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and main 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, crema "MAPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,"	3	N A	tion	#
TO THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the THERAL DIRECTOR. After this certificate has been signed by the attending physician and complete the thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creamed to the traumatic ever the the traumatic ever the the traumatic ever the things of the traumatic ever the t	E.	etel	ma	+
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to the HNERAL DIRECTOR: After this certificate has been signed by the attending physician and continual min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. TAPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic e	3	du	Cle	Ne.
TO THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. THE THE ALL DIRECTOR: After this certificate has been signed by the attending physician and an infinity and vertal Hygiene prior to burn and infinity or other traumatic them 28 is marked, or from 23 shows any injury, or other traumatic	Pe	60	a,	100
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ear to the THERAL DIRECTOR: After this certificate has been signed by the attending physician at the man in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to 1 WAPORTANT: If item 28 is marked, or item 23 shows any injury, or other trauma	20	B	hnd	atic
TO THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE HINERAL DIRECTOR: After this certificate has been signed by the attending physician and mental Hygiene prior than the Table Dept. of Health and Mental Hygiene prior TMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other trau	8	20	9	Ë
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to the HINERAL DIRECTOR: After this certificate has been signed by the attending physical manner. The hours after death with the State Dept. of Health and Mental Hygiene prime that the them 28 is marked, or item 23 shows any injury, or other to	2	cia	00	20
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical to the HINEPAL DIRECTOR: After this certificate has been signed by the attending plant of the most after death with the State Dept. of Health and Mental Hygiene MAPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other	ate	13Si	ď.	2
TO THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert to the THERAL DIRECTOR: After this certificate has been signed by the attending the minim 72 hours after death with the State Dept. of Health and Mental Hygi MAPORTANT: If item 28 is marked, or item 23 shows any injury, or of	tife	2	ene	the
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE HINERAL DIRECTOR: After this certificate has been signed by the attent of the intermediate of the state of t	8	Jug-	2	0
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires that the dec to the HINERAL DIRECTOR: After this certificate has been signed by the at the min T2 hours after death with the State Dept. of Health and Mental MAPORTANT: If Item 28 is marked, or Item 23 shows any injury,	=	ten	T	0
TO THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the DOTHE HINEPAL DIRECTOR: After this certificate has been signed by the man into 72 hours after death with the State Dept. of Health and MATMORTANT: If Item 28 is marked, or Item 23 shows any injury.	dea	at	errit	7
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires that to to the PINERAL DIRECTOR. After this certificate has been signed by the min 72 hours after death with the State Dept. of Health and TMPORTANT: If Item 28 is marked, or item 23 shows any it	2	节	ž	를
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires the DTHE THERAL DIRECTOR: After this certificate has been signed the min 72 hours after death with the State Dept. of Health TMPORTANT: If Item 28 is marked, or Item 23 shows an	at t	3	and	>
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law requires to the HINERAL DIRECTOR: After this certificate has been sign and in the hours after death with the State Dept. of Heal TMPORTANT: If Item 28 is marked, or Item 23 shows	€	8	5	등
TO THE INSPITAL OR ATTENDING PHYSICIAN: The law required the Threpal Directors: After this certificate has been seemed in the Table of the control of the co	res	Pig	69	52
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The law ro to the PINERAL DIRECTOR. After this certificate has bee to the min 72 hours after death with the State Dept. (WAPORTANT: If Hem 28 is marked, or Nem 23 si	3	E	10	0
TO THE INSPIRAL OR ATTENDING PHYSICIAN: The land the THERAL DIRECTOR: After this certificate has a fire death with the State Deg WAPORTANT: If Item 28 is marked, or Item 23	×	P	ft.	69
THE INSPIRAL OR ATTENDING PHYSICIAN: The DIFFE HINERAL DIRECTOR: After this certificate to the min 72 hours after death with the State important; If item 28 is marked, or item	FG.	Spi	Dec	23
THE HOSPITAL OR ATTENDING PHYSICIAN: O'THE HUNERAL DIRECTOR: After this certifical THE HUNERAL DIRECTOR: After this certifical THE HUNERAL DIRECTOR: If I I I I I I I I I I I I I I I I I I	E	e e	te	E
TO THE INSPIRAL OR ATTENDING PHYSICIA TO THE INNERAL DIRECTOR: After this certi- THE THIN TS hours after death with the THEORYTANT: If Item 28 is marked, or	Z.	fica	Sta	=
TO THE HOSPITAL OR ATTENDING PHYSION THE HORBAL DIRECTOR: After this control of the thing of the	CEA	erti	the state	9
TO THE LOSPITAL OR ATTENDING PH TO THE LINERAL DIRECTOR: After this THE LINE TO HOURS after death wi THEORYANT: If Item 28 is marke	2	S	#	D,
TO THE HOSPITAL OR ATTENDING TO THE HONERAL DIRECTOR: After the Thin 72 hours after death TMPORTANT; If Item 28 is ma	王	=	*	문
TO THE JOSPITAL OR ATTENDION OF THE LINERAL DIRECTOR: AN DEFINE THE LINER OF THE LI	9	ter	ath	E
TO THE FLOSPITAL OR ATTENDED THE FLOSPITAL DIRECTOR OF THE STORY TO THE STORY THE STOR	9	A	de	60
TO THE LINERAL DIRECT TO THE LINERAL DIRECT TO THE LINERAL DIRECT TO THE LINERAL DIRECT THE LINERAL THE LINER 2	TEN	OR	rfter	00
THE LINERAL OR THE LINE AND THE	A	ECT	S	2
TO THE PUSPITAL OF THE PROPERTY IN THE PROPERTY IF IN THE PROPERTY IN THE PROP	OR	JIR.	THO	len.
TO THE HOSPITE OF THE PRINCE OF THE HOSPITE OF THE PRINCE	1	7	2 4	=
TO THE HOSE OF THE HIN	PIE	ERA	1 1	1
MPORT	SO	S	4	A.
E E A M	3	3	F.	R
5,5,7	円	西	ă	8
	12	6	'n	差

									92	2 2	1137	
FOR STATE REGISTRAR		STATE OF I				HEALTH AND DEATH	MENTA	L HYGIENI REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)						MONT	OF DEATH		YEAR	3. TIME OF DEATH	
HATTTE R.							06	/ 24	+ /	92	9:45 p. M.	
4. SOCIAL SECURITY NUMBER 215-03-611		5, SEX	8. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Mont	OF BIRTH h, Day, Year) 1/11/03		Country)	yland	
9e. FACILITY NAME (If not in						OR LOCATION OF D	EATH	5982		TY OF DE	1,2763	
RESIDENCE OF DEC		ing Home			rr	ederick			1	rede	rick	
10a. STATE Maryland	10b. COUNT	ederick		10c. CITY	r, TOWN OR LOC	ation ederick					IOd. INSIDE CITY LIMITS? I YES 2 NO	
10e. STREET AND NUMBER				-		of. ZIP CODE			10g, CITI		IAT COUNTRY?	
81.	17 Can	terbury 1	Dr.			21701	L			US	A	
11. MARITAL STATUS 1 Never Married 2 Merried 3 TW Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes,	ECENDENT OF HISPA appelly Cuban, Mexic ES 200 NO Speci	an, Puerto		or No—	Black, Specify	CE — American Indian, ick, White, etc. ecity: USA	
15. DEC	EDENT'S EDU	CATION Completed	18a. D	ECEDENT'S	USUAL OCCUPA	TION	162	. KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (C		College (1-4 or 5	100	e. Do NOT us	use retired.) Astress Sewing Fact					Fact	ory	
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S NA	AME (First,	Middle, Malden	Sumame)			
Net	wton M	. Rimbey				Ann	nie K	olb				
19a, INFORMANT'S NAME (.,		16	b. MAILING	ADDRESS (Street	t and Number or Rural	Aoute Num	ber, City or Town	, State, Zip	Code)		
Margaret	J. St	rine	8	3117 0	Canterb	ary Dr.,	Fred	erick,	Md.	2170	1	
20e. METHOD OF DISPOSIT 1 DE Burlai 2 Crematic 4 Donation 5 Other	on 3 Aam	loval from State	other n	danal	OSITION (Name of cametery, crematory or Prove Cemetery 6/27/92 Mt. Airy, Md.							
21. SIGNATURE OF FUNERA	LI	Molesn	ath	,	0lin 2640	AND ADDRESS OF FA L. Moles L Ridge R	wort	Damascı	is. N		0872	
23. PART I. Enter the d ahock, or h	eart fallure.	complications the	it coused the duse on each lin	eeth. Do n e.	ot enter the n	node of dying, au	ch as car	diec or reepl	ratory arr	rest,	Approximate Interval Batween	
Onset and Death Cerebral rascular accident Cerebral rascular accident Due to less as a consequence of								6 Cacy				
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING	a ltype	O (OR AS A CONSE	EQUENCE OF	F):						year	
PART II. Other significa	int condition	na contributing to	death but not	resulting I	in the underly	ng cause given in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	

1

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

3 Sulcide

()									
contributing	to death	but not	resulting	In the	underiving	CRUSO	alven	In Pari	

COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 🗀 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide detarmined 29a. CERTIFIER
(Check only 1 📉 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

296. SIGNATURE AND TITLE OF CENTIFIER Xtones D10885 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

228 N. Market St., Frederick, Md. 21701

PERFORMED?

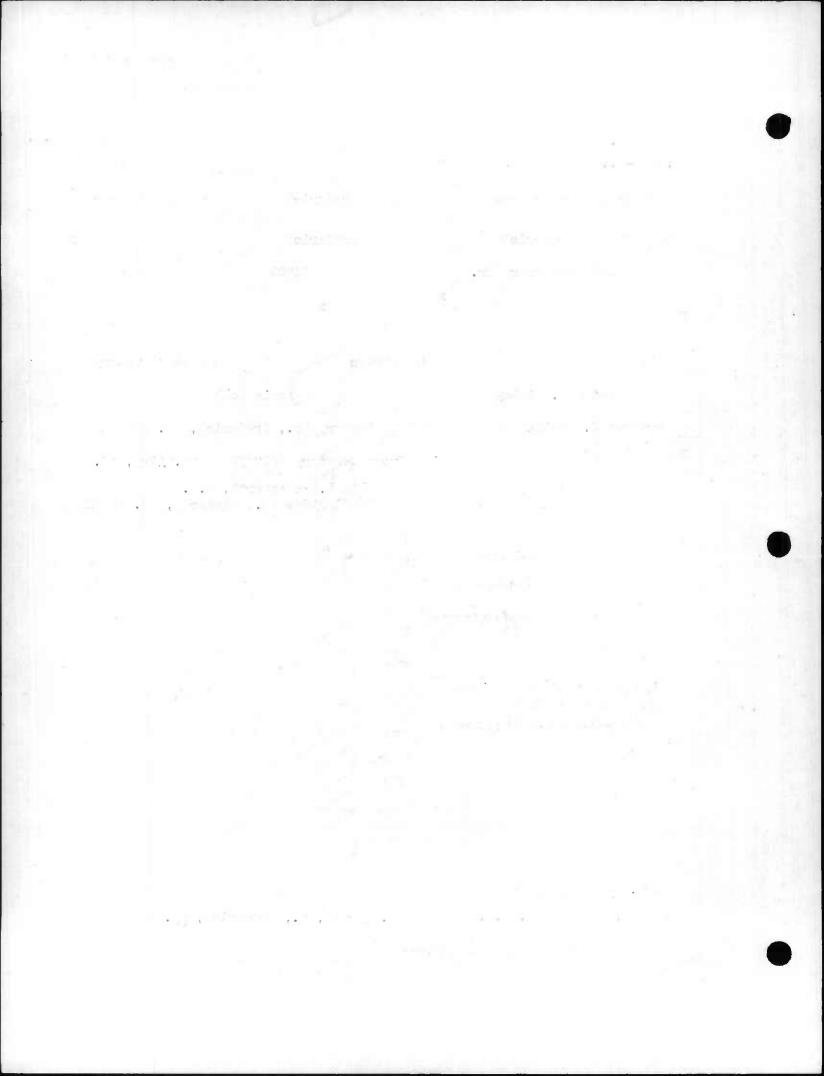
31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE Julia Davidson-Randell 1992

James E. Stoner, Jr. M.D.

AVAILABLE PRIOR TO

29d. DATE SIGNED (Month, Day, Year)

06/25/92



	BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HERAL OFFICIAL After this certificate has been signed by the state forting the property filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be considered for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	is deficial examiner must be notified at once
(DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HISBOAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2-	TO THE LIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tune	De men menter and so the source of the sourc

	1 - STATE OF MA	ARYLAND / DEPAR CERTIFI	MENT OF H	IEALTH AND I	MENTAL HYGIEN		41138			
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPHINE A	lova K			2. DATE OF DEATH DO D	1 199				
	344-10-2210 1□ M 2 🗹 F	□ M 2 F 76 YRS. MONTHS DAYS			7. DATE OF BIRTN (Month, Day, Year) 10-27-15	Co	TIMPLACE (State or Foreign Intry) hicago, II			
тов	98. FACILITY NAME (If not institution, give street and number) SINDI HOSPITAL RESIDENCE OF DECEDENT 98. COUNTY OF DEAT BALTIMORE, MD BALTIMORE BALTI									
DIRECTOR	Maryland Carroll County		town or local Sykesvil				10d. INSIDE CITY LIMITS? 1 YES 2X NO			
FUNERAL	106. STREET AND NUMBER 1424 Woodridge Lane	101	2178	4	10g. CITIZEN O	WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexican 2 NO Specity	IC ORIGIN? (Specify Yes, Puerto Rican, atc.)	BI	ACE — American Indian, act, White, etc. White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 1.2	Me. Do NOT use	ork done during mo retired.)	st of working	V-7.62.2388	SINESS/INDUSTRY				
OM	17. FATHER'S NAME (First, Middle, Last)	ASSE	mblyman		ME (First, Middle, Malden	rical P	Lant			
	William Saydak			Rose	Forwalsk		0.1			
) BE	19a, INFORMANT'S NAME (Type/Print)	196. MAILIND	ADDRESS (Street a		oute Number, City or Tow					
5	Mrs. Arlene Jaquinde			ge Lane			1784			
	20a, METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)									
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE			D ADDRESS OF FAC		hicago,	IL			
	· Brian L. Ha	valt	HAIG	HT FUNERA	AL HOMES (P.O. Box	x 195)			
	23. PART I. Enter the diseases, or complications that a shock, or heart fellure. List only one cause	eused the death. Do no on each line.	ot enter the mo	da of dying, auch	MD 21784 as cardled or reepl	(410) _79 retory arrest,	Approximata interval Batween Onset and Daath			
	disease or condition resulting in death) a. Sepsis with gangrene Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of):									
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CER	resulting in death) LAST									
4	PART II. Other aignificant conditions contributing to de	eath but not reaulting in	the Underlying	cause given in F	Part I. 24s. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC			_		_	*	1 YES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (Che						
HYS	1 YES 2 NO 1 Inputter 2 E 27. MANNER OF DEATH 28e, DATE OF IN			5 Residence a	1 Other (Specify) 28d. DESCRIBE HOW II	HIRW OCCUPED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation (Month, Day,		RY WO	ES 2 ND	200. DESCRIBE NOW II	NJUNY OCCURED				
	3 Suicide 8 Could not be determined 28e. PLACE OF I building, etc	NJURY — At home, tarm, sti . (Specify)		28f. LOCATION (Street a City or Yown, State)	ind Number or Rura	l Route Number,				
COMPLETED	29s. CERTIFIER (Check only One) 1 CERTIFYIND PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.									
TO BE	29b. SIGNATURE AND DISCORTIFIER M.D.			29c. LICENSE NUM	BER	29d. DATE SIGNE	ED (Month, Day, Year)			
	HAMP AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATN (ITEM 27) (Type, F	rint)							
	31. DATE FILED (Mority, Day, Year) 32. REGISTRAR'S	SIGNATURE	anders.							
	B. 1 1 P		114				DNMN-16 Rev 1/89			

Ballieve Mb Since Hospits Blink & Hinghit Sepsis into property and Stay Cont Films Level 18 Mar 1

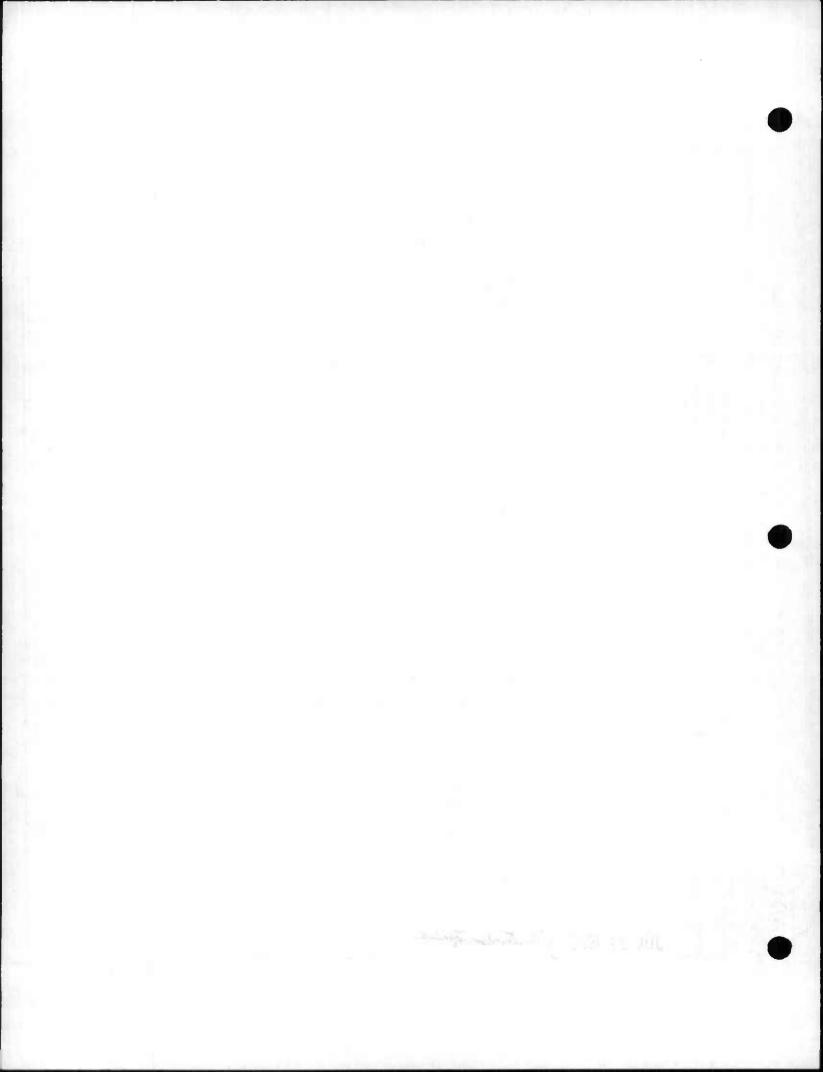
	Ì
	Į
	•
~	
60	
6876	
00	
3	
×	
0	
BOX	
_	
$\vec{\circ}$	
Ÿ.	
O.	
_	
10	
~	
_	
Œ	
0	
κ	
$\mathbf{\mathcal{G}}$	
ш	
RECORDS	
-	
_	
OF VITAL	
4	
0	
_	
Z	
\overline{c}	
\simeq	
VISION	
>	
=	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 06/26/92 E. Putman Cora 1992 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) April 25,1897 IF UNDER 1 YEAR BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS HOURS 220-28-3045 1 M 2 XF Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Frederick Monrovia 1 YES 2 1 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 12501 Fingerboard Rd. 21770 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Ri
1 YES 2 XNO Specify: 1 Never Married 2 Married Specify: White BY IF YES, GIVE WAR OR DATES 30℃ Widowed 4 □ Divorced

ETEC	16. DECEDENT'S EDUCAT (Specify only highest grade cor	16a. DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.)	CUPATION furing most of working	16b. KIND OF BUSINESS/INDU	16b. KIND OF BUSINESS/INDUSTRY					
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)								
ONCE.	7		Homemak	er		-1.12				
5 S	17. FATHER'S NAME (First, Middle, Last)				AE (First, Middle, Maiden Surname)	10.8				
BE BE	Jesse Eyre	elle Parsley								
일	19a. INFORMANT'S NAME (Type/Print)				oute Number, City or Town, State, Zip (
9	E. Lucille Isaacs 12501 Fingerboard Rd., Monrovia, Md. 2177									
examiner must be notified at once. TO BE COM	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I from State 20b	PLACE AND DATE OF DISPOSI Pelery, cremetory of other place! MOUNT VIEW C		DATE 200 LOCATION - CO 29/92 Marriot	ttsville, Md.				
100	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22.1	AME AND ADDRESS OF FAC	sworth, P.A.					
	Oli Lo	Molosma	th	26401 Ridge	Rd., Damascus,	Md. 20872				
тедіса	23. PART i. Enter the diseases, or compilications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one ceuse on each line. Approximation									
vent, the	disease or condition resulting in death) a. Congestive Heavy tailure Due To (ob) AS A CONSEQUENCE OF):									
CERTIFICATION	Sequantially list conditions, if any, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. JS CALM : DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORMED? 1 YES 2 NO 1 TO									
AN A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Chec	ok ontrone)					
들이		OSPITAL:	OTHER	:						
is marked, or item 23 s D BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		Ing Home 5 Residence 8 28c. INJURY AT WORK? 1 YES 2 NO		Other (Specify) DESCRIBE HOW INJURY OCCURED				
	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	At home, farm, street, facto	ry, office	28f. LOCATION (Street and Number of City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)				
MPORTANT: If Item 28 D BE COMPLETE					o lhe cause(a) and mariner as stated line, date and place, and due to tha					
TO BE C	296. SIGNATURE AND TITLE OF CENTRIER 296. LICENSE NUMBER 29d. CATE SIGNED (Month, Day, Year) \$\int \lambda									
٦	Lkyd HH lyonson M. 1475 tank Cuy Frederick Ind									
	31. DATE FILED MAINS DON 10992	02 REGISTRAR'S SIGN	ATURE Randell	/						

· II DETERMINE . In 19th the control of the

		FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPARTM	ENT OF	HEALTH AND F DEATH	MENTAL	HYGIEN REG. NO.		E.m	
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH		3	. TIME OF DEATH
		REESE CALVIN PARKS						JULY		1992	YEAR	23:30 M
		4. SOCIAL SECURITY NUMBER 218 14 3336		(In yrs. lasi	MO	THE DAYS	IF UNDER 24 HRS.	7. DATE O (Month,	F BIRTH Day, Year)		Country)	ACE (State or Foreign
9					YRS.		125-2211	12	21 0	6		/land
3 should	œ	9e. FACILITY NAME (If not institution, give si					OR LOCATION OF D			9c. COUNT		тн
1, 2,	5	CALVERT MEMORIAL I	OSPITAL		P	RINCE	FREDERIC	K		CALVI	SRT	
Pages	DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TO			1-	-		1	0d. INSIDE CITY LIMITS?
permit. P		Maryland Cal	rert		Prin		rederic	K			1	YES 2 NO
# B	ERAL	P.O. Box 572	Llovd Boy	wen	Rd.		er. ZIP CODE 20678				N OF WH	AT COUNTRY?
020 physician. burial-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER I				CENDENT OF HISPA					
020 physi buria		1 Never Married 2 Merried	FORCES? 1 YES	2 XN		If yes, s	specify Cuben, Mexic	an, Puerto Ric		or No-	Black,	- American Indien, White, atc.
5-0 anding as the	D BY	3 Widowed 4 Divorced				1 1 16	S 2 NO Speci	ry.			Specify:	white
r afte	ETEC	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(Gh	EDENT'S USU	done during n	TION nost of working	16b, #	UND OF BUS	INESS/INDU	STRY	
optial o	7	Elementary/Secondary (0-12)	College (1-4 or 5+)	1000	chant		ino		chin	nina		
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)		mer	Chant	Mai	16. MOTHER'S NA	ME (5)-1 16		ping		
AL De de la de		George Parks					Lela			Sumame)		
MARYLAND retained by the hospits 5 should be detached notified at once.	BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADD	RESS (Street	end Number or Rural			, State, Zio C	ode)	
N . M	2	George Travis I	arks		ame a							
ALTIMORE, death. Page 6 may be interest director, page 6.		20e. METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Remo	val from State	PLACE A	ND DATE OF DI	SPOSITION (Vame of 7	2 3D/TO	20c. LO	CATION — CH	y or Town	, State
MO age 6 directe	1	4 Donation 5 Other (Specify)		eda	r Hil	I Cen	netery ^{7/}	2373	Bal	timor	e M	aryland
ALTIN death. Pag e funeral di il.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRESS OF FA	Ra	usch	Fun	eral	L Home
	- 1	Druu	00									public M
Enours after or remove or remove medical		23. PART i. Enter the diseases, Dr c shock, or heart fellure. I	omplications that cause list only one cause on a	tha das	ith. Do not a	ntar tha m	oda of dying, suc	h as cardia	c or respir	ratory srres	it,	Approximats Interval Between
y filed in the strong or reference of the strong of the st		IMMEDIATE CAUSE (Finsi disesse or condition									Onset and Dasth	
ompletely il, cremati, t		resulting in death)	OUE TO (OR AS A	CONSEC) (D	remi	mia	100	acm	rent	t	
F 8 2 = 5	-	_	ODE TO (OH AS A	CONSEC	UENCE OF):		/					
2 8 E E	ERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEC	UENCE OF):		-					
BOX sate be en hysician a prior to	3	CAUSE (Disease or Injury										
P.O. Entifical through the Hygiene or other		that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
	E	- Conting in duality crow	-									
D we the	A	PART II. Other significant conditions	contributing to desth b	ut not re	suiting in th	a underlylr	ng csuse given in	Part I. 2	4e. WAS AN		24b. W	ERE AUTOPSY FINDINGS
		Organic brau	1 Synda	re,	CAD	•		,	PERFORI		C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
RECOR	MEDIC	Ventricular	Romoth	nia	s-Hx	- (LOPO				1	YES 2 NO
2	ä											
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	28. F HER:	PLACE OF DEATH (Ch	eck only one)				
L O SE	PHYS	1 TES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atient 3	28b. TIME OF		me 5 Residence					
NG PHYS NG PHYS ther this eath with		1 Netural 5 Pending	(Month, Day, Year)		INJURY	W	ORK?	200. DESCI	HIBE HOW IN	JURY OCCUI	HED	
ATTENDING PETONS after death	D 8Y	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	- At hom	ne, farm, street			281. LOCAT	ION (Street as	nd Number or	Rural Rou	le Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death ltem 28 is ma	ш	4 Homicide determined	building, atc. (Spec	any)				City or	Town, State)			
DIV L OR A DIREC Hours	COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of my know	edge, dear	th occurred at	the time, dat	e and plece, end due	to the cause	(e) end mans	er ee stated.		
Sportal His 72	o O		On the besis of examination									nd menner es stated.
		296. SIGNATURE AND TITLE OF CERTIFIER					29c LICENSE NUI	WOER		29d. DATE S	IGNED (M	onth, Day, Year)
NPOR REPORT	BE	Juli 20	men		~		D27	189		D 71	21	92
3	임	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM			EDEDEDE	TP see	00	C70		
O		ZAHIR YOUSAF, M.D				KINCE	FREDERIC	K, MD	20	578		
		JUL 21 1992	film Davidson-N	andele	2		_					
												J



0915

6. BIRTHPLACE (State or Foreign

North Carolina

10d. INSIDE CITY

RACE — American Indian, Black, White, atc.

white

Approximate

24b. WERE AUTOPSY FINDINGS

MAIL ARLE PRIOR TO

1 | YES 2 | NO

OF DEATH?

29d. DATE SIGNED (Month, Day Year)

PLETION OF CAUSE

Onset and Death

1 X YES 2 | NO

1992

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify:

Cecil

U.S.A.

REG. NO

15,

2. DATE OF DEATH July

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

1 -

filled in by the funeral director, on, or removal. SUDO the death certificate be executed withlin requires has be Dept. ME ATTENDING PHYSICIAN: The OR

7. DATE OF BIRTH
(Month, Day, Year)
Jan. 1, 1901 240-82-4531 1 M 2 X F 91 YRS. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH Devine Haven Nursing Home DIRECTOR Elkton RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE Maryland Cecil Elkton FUNERAL 10e. STREET AND NUMBER 101, ZIP COOE 224 East Main Street page 5 should be detached for use as the burial-transit 21921 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: ΒY 3 X Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 7 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Britton South notified at Cora Stwurt BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cora Simmons 233 Locust Lane - Elkton, MD pe 20s. METHOD OF DISPOSITION July 17, 19 1992 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Gilpin Manor Memorial Park 4 ☐ Donation 5 ☐ Other (Specify) _ Elkton, Maryland 22. NAME AND ADDRESS OF FACILITY Hicks Home for Funerals, PA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 103 West Stockton Street 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, medical shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** the disease or condition heimers been signed by the attending physician and completely it, of Health and Mental Hygiene prior to burial, crematil resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL shows any 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item FUNERAL DIRECTOR After this certificate I within 72 hours after death with the State HOSPITAL: OTHER: 1 YES 2 NO nt 2 ER/Outpatient 3 DOA ng Home 5 - Rasidenca 6 - Other (Specify) 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1. Natural 5 Pending 1 YES 2 NO ВҰ Investigation 2 Accident 26a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 🗌 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 196. BIGHATUBE AND TISCE OF CENTER 29c, LICENSE NUMBER BE miD. D01858 9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

(984

32. REGISTRAR'S SIGNATURE

Lina Savidson-Randale

12

7'92

0 31. DATE FILED (Month, Day, Year) Julia

5. SEX

E.

6. AGE (In vrs. last birthday)

Price

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

MIN.

HOURS

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the hospital or attending physic	THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial remailton, or removal.	-2
AN	the ho	detac	Duce
3YL	ed by	nid be	ed at
MAF	retain	5 short	notifi
m,	ay be	page	t be
IOR	The 6 m	rector,	mus
TIM	h. Pag	eral di	niner
BAL	er deat	the fun val.	exar
	urs afti	THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the removal. The flight in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9	34	filled ion, or	the m
5,	within	pletely	ent, 1
3146	cuted	d com	tic ev
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	be exe	ian an	anma
BO	ficate (physic re prio	er tr
o	r certif	nding Hygier	or oth
ď.	death	Aemtal	ury, c
RDS	hat the	d by th	ny In
00	uires t	signed	WS a
R	w requ	been pt. of	3 sho
TAL	The fa	ate has	lem 2
>	ICIAN:	the St	or it
OF	PHYS	this c	arked,
ON	NDING	: After	ls mg
VISI	ATTE	ECTOR 5 after	n 28
D	AL OR	L DIR	f iten
	SPITA	Thin 72	INT: N
/	HE W	E B	DRITA
	2	PO	IMP

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
		C	ERTIFICATE	O	F DEAT	TH		REG. NO

	1 - STATE OF N		MENT OF HEALTH AND	MENTAL HYGIEN	E	La I I I I I	
	1. OECEDENT'S NAME (First, Middle, Last) Evelyn Pool Quimby	02111111		2. DATE OF OEATH MONTH July 15,		3. TIME OF DEATH 915 pm M	
RECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 5.77 1.0 34.57 1.		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) August 23	8. BIR Cou		
	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR LOCATION OF E	-	9c. COUNTY OF	*	
	2950 Adelina Road Prince Frederick Calvert						
	10a. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?	
	Maryland Calvert	St. I	eonard			1 YES 2 NO	
	100. STREET AND NUMBER 1451 South Harbor Drive		101. ZIP CODE 20685			WHAT COUNTRY?	
NE I		T EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	USA or No- 14. RA	CE — American Indian.	
B		Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cut			an, Maxican, Puarto Rican, atc.) Black, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	Me Do NOT upo r	k done during most of working	18b. KINO OF BUS	SINESS/INDUSTRY		
AP.	4		nurse R.N. Health Ca				
S	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Make			fen Surname)		
BE (William C.H. Pool			rude Lang			
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles H. Ouimby Sr. same as #10						
	20a. METHOD OF DISPOSITION	Same a:	S ## .L U ION (Name of cometery, crematory or	20c. LO	CATION — City or	Town, State	
	1 Burlel 2 N Cremation 3 Removal from State 4 Donation 5 Other (Specify) Metropolitan Funeral Service Alexandria Virginia						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAUSCH FUNERAL HOME						
	BROUNC		4405 Broomes	Is, Rd. Po	rt Repul	blic Maryland	
	23. PART I. Enter the diseases, or complications the shock, or heart fellure. List only one certification in the shock of	use on each line.			ratory srrest,	Approximate Interval Between Onset and Death	
- 1	disease or condition resulting in deeth) e. Craigoulmony and						
z			•				
	Sequentielly list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):						
E	that initiated events resulting in deeth) LAST						
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS						
DICAL	Organic brain Syndrome PERFORMED? AND					AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDIC	1 Q YES 2 Q NO						
AN	25. WAS CASE REFERRED TO MEDICAL						
Sic	EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C				
HX	27. MANNER OF DEATH 28s. DATE OF	INJURY 28b. TIME (28d. OESCRIBE HOW I	NJURY OCCURED		
37 P	1 Netural 5 Pending (Month, L	Pay, Year) INJUR	WORK? M 1 YES 2 NO				
	3 Suicide a Danie 28e. PLACE C	S Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					
COMPLETED	29s. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(a) and menner as stated.						
BE C	296. SIGNATURE AND TITLE OF CHITIFIER 29c. LICENSE NUMB					ED (Month, Day, Year)	
TO B	D22615 >7-16-					-52	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						
	Ronald Ross M.D. Prince Frederick, Maryland 20678 31. DATE FILED (Month, Day, Year) 12. REGISTRAN'S SIGNATURE 1.00						
	31. DATE FILED (Month, Day, Year) JUL 1 6 1992 Julia Saudson-Roman						

The State of the S IMPORTANT: If Item 28 is marked, or item 2.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

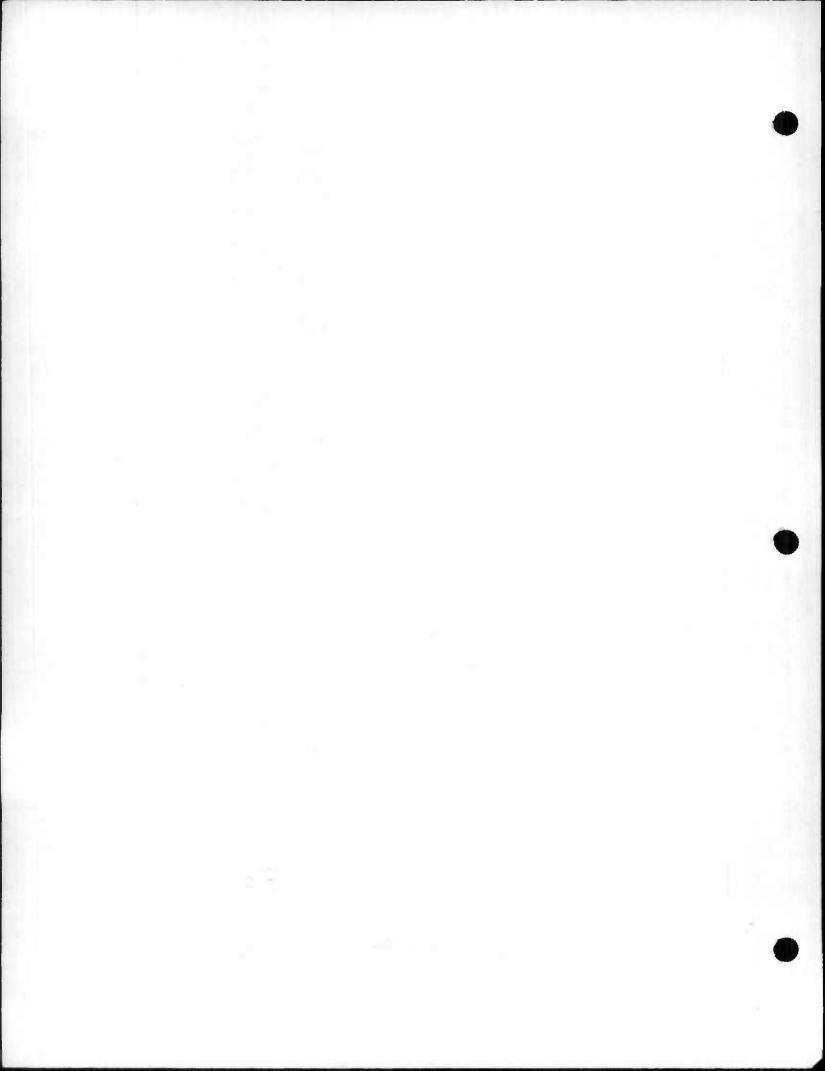
BALTIMORE, MARYLAND 21203-3146	SSCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be refained by the hospital or attending physician.	Centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	rtion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR, Manuel Certificate has been signed by the attending physician and completel	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
Stanley	Gertrude	Robinso	n	July 14		3:15 P M
	6. SEX 6. AGE	100	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN)8 Cour	Maryland
310 Choptank A		9	L CITY, TOWN OR LOCATION OF Cambridge	DEATH	9c. COUNTY OF DOT	chester
RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY Maryland Dor	chester		nbridge			10d. INSIDE CITY LIMITS? YES 2 NO
IOo. STREET AND NUMBER	01100001	- 00	101. ZIP CODE		100 CITIZEN OF	WHAT COUNTRY?
310 Choptank A			216		U	IS
11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	XX INO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mai 1 YES 2 XNO Sp	PANIC ORIGIN? (Specify 'clean, Puerto Rican, atc.)		CE — American Indian, ick, Whita, atc. polly: White
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	Illa. Do NOT use i	k done during most of working	16b. KIND OF E	DUSINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		MUSI		NAME (First, Middle, Maid	en Surneme)	
Frank Will	еу		Ge	orgie E.	Wrote	en
19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING A	DDRESS (Street and Number or Ru	ral Route Number, City or 1	bwn, State, Zip Code)	-9_
Debbie Greenle	e	310 C	hoptank Ave	Cambrido	ge, Md.	21613
204_METHOD OF DISPOSITION 1	cal from State		ION (Name of cemetery, crematory		LOCATION — City or	
Donation A Other (Specify)	I nom state	Dor. Mem	orial Park		Cambridg	re, Md.
21. SIGNATURE FUNERAL SERVICE LICE	NSEE		Thomas Fu	neral Hom	_	Md. 2161
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):				Yvnes
PART II. Other algorificent conditions Overselve (1)		but not resulting in		PERI	AN AUTOPSY 2 CORMED? 2	4b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)		
	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: I - Nursing Home 8 Resider	ce 8 - Other (Specify)		
27, MANNER OF DEATH 1 Netural 8 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, str ecify)	eet, fectory, office	281. LOCATION (Stre City or Town, St	et and Number or Run ete)	al Route Number,
CONSTRUCTION OF THE STATE OF TH			at the time, date and piece, and in my opinion, death occured at			e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIER	uc 3		29c. LICENSE	NUMBER 8 27	29d. DATE SIGN	ED (Morith, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIG	EATH (ITEM 27) (Type, F	ra St, (a)	mbrdge	, me	21613
. 22 '02	Lulian	Trinds - Pane	1,00			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE ROSPACE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-transit nermit. Pages 1, 2, 3	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It flem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--

5

Khosnow

1992

32. Egistras signatura Pandase

should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH liAN GERS 11.50 g-n 20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 8-4-24 DAYS conn. HOURS MIN. 045 18 1809 1 M 2 XXF 67 YRS. 9e. FACILITY NAME (If not inetitution, give etreet 9b. CITY, TOWN OF LOCATION OF DEATH 9c. COUNTY OF DEATH So MARYIAND DIRECTOR Drine LINTON OSPITAL JEON RESIDENCE OF DECEDENT 10e. STATE 101 COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Prince Georges MD Clinton 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20735 Stuart Lane USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 M Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2XXNO BY Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12 Nurses Aid Nursing 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE August Ernest Hugo Mary Ellen Burns 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 9 Mary Bane 343 Maverick Road Lusby, MD 20657 20s. METHOD OF DISPOSITION

MXBurlel 2-□\Cremation 3 □ Removal from State
4 □ Donation 9 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Episcopal Cemetery Lothian, MD James 21. SUSNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 8325 Mt. Harmony Ln • M00246 Rausch Funeral Home Owings, MD 20736 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death Myoladis a faction. disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Palan eclema CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury PACKINDONS m DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME DF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND BY Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, atreel, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 38 29d. DATE SIGNED (Month, Day, Year) 777 26-92 2 30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE DF DEATN (ITEM 27) (Type, Print) 2032 ACK.

207

-a-ginesand 515 115 116

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled with the State Objet. or Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND		GIENE G. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3. TIME OF DEATH
	Ruth Rile	ey_				July 2	1, 1992	VEAR 0650 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	TH a	BIRTHPLACE (State or Foreign
	219-56-0767	1 M 2 X F	84 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 1:		Wash., D.C.
_	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF E			Y OF DEATN
DIRECTOR	Calvert Memorial	Hospital		Prince	Frederi	ick	Cal	vert
문	10a, STATE 10b, COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
		Arundel			Dunk	irk		1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
Ä		Jewell Road			20	0754	US	A
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Spec	offy Yee or No- 1	4. RACE — American Indian, Bleck, Whita, atc.
BY	3 🔀 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Spec		16.7	Specify:
ED	15. DECEDENT'S EDUCA	TION	44- 0505051516		-1.			white
ETE	(Specify only highest grade of	ompleted)	16a. DECEDENT'S	USUAL OCCUPATI ork done during me retired.)	ON ost of working	16b. KIND	OF BUSINESS/INDUS	STRY
2	Elementary/Secondary (0-12)	College (1-4 or 5+)						
COMPL	17. FATHER'S NAME (First, Middle, Lest)		housewi	e	-			
	activities and a second					AME (First, Middle, f	felden Sumeme)	
BE	Thomas A. Johnso	on		Programme and	Ada			uch
2	1,,,,,,,,,,	- 1.1.				Route Number, City	or Town, State, Zip Co	ode)
	Ruth Joanna Tipp 200. METHOD OF DISPOSITION				0 above			
	1 N Burial 2 Cremation 3 Removed Burial 2 Other (Specify)	rel from State cen	PLACE AND DATE O	per placel			6c. LOCATION — Cit	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEF SC	o. Memoria		ns July		Dunkirk	, MD 20736
	· William R	. Hum		Rausc	h Funera	1 Home,	Owings,	MD
	23. PART I. Enter the disesses, or co shock, or heart fellure. Li	mplications that cause	tha death. Do n	ot enter the mo	de of dying, suc	ch sa cardisc or	respiratory arres	t, Approximata
	IMMEDIATE CAUSE (Final	•					0	interval Batween Onset and Death
	disease or condition resulting in deeth)	AHE	roscle	noti	2 He	ant	913e	are
	DUE TO (OR AS A CONSEQUENCE OF):							
Z	Sequentially list conditions B.							
TIC	If any, leading to immediate							
CERTIFICATION	CAUSE (Disease or injury							
늘	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	*				
H	d.							
	PART II. Other aignificant conditions	contributing to death b	ut not resulting is	the underlying	a cause given in	Part I 24a W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	1. Chro	nia Re	nal	Pail	me	Pi	ERFORMED?	AMAILABLE PRIOR TO
	2 9,76		1elli	24		''''	ES 2 NO	OF DEATH?
Σ	2 (0.01)	0,00		7				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
S	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)			
¥	27. MANNER OF DEATN	Description 2 Impetiant 2 Impe		1	e 5 Rasidenca			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME	RY WO	RK?	26d. DEŞÇRIBE I	NOW INJURY OCCUP	RED
BY	2 Accident Investigation 3 Suicide Could and be	28s. PLACE OF INJURY	- At home from at		rES 2 NO			
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spec	effy)	reet, ractory, offic		City or Town,	Street and Number or State)	Rural Route Number,
91	29a. CERTIFIER			1190				
B	(Check only 1 DE CERTIFYING PHYSICI.	AN: To the best of my know	ledge, death occurred	at the time, data	and place, and due	to the cause(a) an	d menner as stated.	
8		On the basia of examination	and/or investigation	, in my opinion, d	eath occured at the	time, date and pla	ca, and dua to the c	ause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	// /	2.0		29c. LICENSE NU			IGNED (Month, Day, Year)
6	1. 1. 5. 3/	-40,	1.0.		D 2.	2634		7-21-92
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, I	Print)			<u> </u>	
	Mahesh Shah, MD		Frederic	, MD 20	678			
- 10								
1.	JUL 23 1992	32. REGISTRAR'S SIGN						

222-5 - 100 C

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans.
--

	1 - FOR STATE REGISTRAR	STATE OF M					IEALTH DEAT		MENTA	L HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last) EDNA J. RUCKI								2. DATE	OF DEATH		YEAR 92	3. TIME OF D	EATH A M
	4. SOCIAL SECURITY NUMBER 153 16 3996	5. SEX 1 M 2 F	1 M 2 F 69 YRS. MONTHS DAYS HOURS MIN.				(Mon	OF BIRTH th, Day, Year) 13-23			IPLACE (State o			
TOR	98. FACILITY NAME (If not institution, give s CALVERT MEMORI RESIDENCE OF DECEDENT		CAL				FRED				9c. COUNT			
DIRECTOR	10e, STATE 10b, COUNTY MD Calv	Total City, Town on Ecocation								10d. INSIDE CLIMITS?				
FUNERAL	760 Lingan Lane						207	36				N DF V	USA	n
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FDRCES? 1 IF YES, GIVE W	YES 2 X	RMED ND		If yes, sp	ENDENT Of Cuba	n, Mexica	in, Puerto	Y? (Specify Ye Rican, etc.)	ns or No—	Speci	— American II k, White, etc. Ity:	ite
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	(G	. Do NOT u	work done se retired.)	during mo	st of workin	g	168	. KIND OF BU	JSINESS/INDUS	TRY		
NO N	1.2 17. FATHER'S NAME (First, Middle, Lest)				home	make	_	ED'O NA	ME (Ein)	Middle, Maldei				
	Walter		Olch	aske	v			enni		MICCIE, Malciei	n Surname)		Lesiak	,
) BE	19a. INFDRMANT'S NAME (Type/Print)					S (Street a				ber, City or Tox	wn, State, Zip Co	ode)	Desian	
욘	Jo Ann Rucki-Mir	anian					abo					110		
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 M Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE DF DISPOSITION (Name of cemetery, crematory or other place) New Calvary Cem. July 22 1992Parlin, NJ													
	21. SIDNATURE OF FUNERAL SERVICE LICENSEE William R. Home, Owings, MD 20736							6						
CERTIFICATION								Between and Death						
SERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEDUENCE OF):													
MEDICAL	PART II. Other algorificant condition OCD C OLyperCom	Other algnificant conditions contributing to death but not resulting in the underlying cause given in					Part I.	24a. WAS AF PERFD 1 YES	RMED?		24b. WER AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL					ACE DF DE	ATH (Che	eck only or	e)				
XSI	1 🗆 YES 2 🕽 AD	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 🗆 Res	sidence	6 🗆 Othe	r (Specify)				
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE DF II (Month, Day		26b. TIM INJ	E OF URY M	28c. INJU WOI 1 Y	RK?	ND	28d. DES	CRIBE HOW	INJURY OCCUP	RED		
	3 Suicide 6 Could not be detarmined	Suicide 6 Could not be 26s. PLACE DF INJURY — At home, ferm, street, factory, office building, etc. (Specify)						26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	CIAN: To the best of n	ny knowledge, de mination and/or i	ath occurre	nd at the ti	me, data pinion, de	and place, eath occurr	and dua	to the cau	se(a) and ma	nner as stated.	ause(a)	end manner as	s stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER AT Muma						29c. LICE	94.	IBER 27		29d. DATE S	GNEO /	(Month, Day, Year	ir)
-	30. NAME AND ADDRESS OF PERSON WHE		OF DEATH (ITER			D 20	678							
	31. DATE FILED (Month, Day, Year) JUL 21 199	2 Fulia D	s SIGNATURE	andell	2									

sur-finished your sur-

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1		FOR STATE REGISTRAF	2
	1. D	DOC	

	REGISTRAR	CERTIFICA	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	ers		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH			
				07 16	721	1940 HH			
	218-26-1377 1 M 2 IXF	0 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/20/32	Virgi				
TOR	96. FACILITY NAME (If not institution, give street and number) Narford Memorial A RESIDENCE OF DECEDENT	bsatal 1	ANUTE OF GI	COCL	ADTEC				
<u>ي</u>	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		1	IOd. INSIDE CITY			
2	Maryland Harford	- I	Aberdeen		1	YES 2 □ NO			
FUNERAL DIRECTOR	100. STREET AND NUMBER 65 Dixon Avenue		101. ZIP CODE 21 001		U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Narried 3 Nidowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 XNO	13. WAS DECENDENT OF HISPAN If yee, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Black, Specify:	- American Indian, White, etc.			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working ired.)	16b. KIND OF BUSIN		.100			
COMPLETED	Elementary/Secondary (0-12)	ille. Do NOT use rei		In hor	mo.				
8	17. FATHER'S NAME (First, Middle, Last)	HOREIR		ME (First, Middle, Maiden St					
BE C	Dewey M. Sexton		Ethel	L Kirby					
10 B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street and Number or Rural i		State, Zip Code)				
F	George Daniel Rogers	65 Dixo	on Avenue, Aber						
	1 N Burial 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF of cemplary, crematory or o	ther place)		ATION — City or Town				
	4 Donation 5 Other (Specify) Harford Memorial Gardens 7/20 Aberdeen, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE								
	*Kersten Angellia	bestee	Tarring-Cargo	Funeral Ho	ome, P.A. 01-3399				
CERTIFICATION	shock, or heart fellure. List only one sauss on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other significent conditions contributing to death	NO NO	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2						
AN	25. WAS CASE REFERRED TO MÉDICAL		26. PLACE OF DEATH (Ch	eck only one)		4			
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Limpatient 2 ER/O	outpatient 3 DOA 4	THER: Nursing Home 5 Residence						
Y PHYSICIAN:	27. MANNER OF DEATH 1 National 5 Pending 28a. DATE OF INJUR (Month, Day, Yea	Y 28b, TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW IN.	JURY OCCURED				
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 26a. PLACE OF INJL building, etc. (S	nd Number or Rural Ro	ute Number,						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basis of examina					and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CENTIFIER	in	20c, LICENSE NU	19 0	29d. DATE SIGNED	Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (THOM. PH	u. MI	210	28				
	31. DATE-FILED (Month, Cong War) 111 2 O 'Q2	CHATURE -		-					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		.0.5	-	511111	IOAIL	. 01	DLA	111		EG. NO.				_
- 3	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE OF D	DAY		YEAR	3. TIME OF DEATH	
- 3	Robert	W. S	WISHER						June 25 1992			3:10A	M	
_ 3	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. lest birthday)			IF UNDER 1 YEAR IF UNDER 24 HRS.							PLACE (State or Foreign	-
	579-42-2374	1 X M 2 F	1 1 1 M 2 □ F 84 YRS.			DAYS	HOURS	MIN.	(Month, Day	31,19	077	Country	ntucky	
			04	1110.						77,17	07	vei	itueky	
	9a. FACILITY NAME (If not institution,	give street end number)			9b. CITY,	TOWN C	R LOCATE	ON OF DE	ATH	9	c. COUNT	Y OF DE	ATH	Т
띩	13905 Lewis	dale Road	1		CI	arl	csbu	ra		N	(ont	CON	nery	
DIRECTOR	13905 Lewise	T ROUG				.ulj	2000	119		1	10110	gon	acr I	_
m l	10a. STATE 10b. Co	DUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION					T	10d. INSIDE CITY	-
뜻	Maryland Me	ontgomery	•	l c	lark	sbi	ıra						LIMITS?	
	10e. STREET AND NUMBER	2 1											1 TYES 2X NO	
₹	.,					10f	ZIP CODI			10	-		HAT COUNTRY?	
H H	13905 Lewis	dale Road					208	71			Ame	ric	an	
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR	MED	13. V	MS DEC	ENDENT C	E HISDAN	IC ORIGIN? (Sp	anifu Van as	No. 1	BACE	Amadaan tadaa	-
II.	1 Never Married 2 Married	FORCES?	TAL YES 2		11	yes, spe	city Cube	n, Mexicar	1, Puerto Ricen,	, atc.)	10-	Black,	- American Indian, White, etc.	
≥	3 Widowed 4 Divorced	IF YES, OIVE	WAR OR DATES		1	YES	2 🔼 NO	Specify	:			Specify	White	
													MITT CO	
回	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)			USUAL OC			207	16b. KIND	OF BUSINE	SS/INDUS	STRY	100	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT us	se retired.)		J. C. WO. 101	·¥						
르		2	Ma	aster	Mecl	nani	C		Na	vv Ya	rd.	U.S.	Gov't.	
COMPLETED	17. FATHER'S NAME (First, Middle, Las	2)			-		10 11071	UEDIO NIA	RE (First, Middle					-
		,	lo				18. MOT				neme)			
BE		Jackson Sv							lly Ro					
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	outs Number, Ci	ity or Town, S	tata, Zip Co	ode)		
F	Margaret E. S	Swisher		1390	Lew	isda	le R	d	Clarks	hure.	Md.	208	371	
	20e. METHOD OF DISPOSITION					_		oct s y		0.				_
	1 Buriel 2 K Cremation 3	Removal from State	20b. PLACE	MAIOR OF O	OF DISPOSI	TION (Na	me of	_	DATE	20c. LOCAT	ION — CIT	y or Tow	n, State	П
1	4 Donation 5 Other (Specify)		Montgo	omery	Cre	nato	rium	, Inc	6/20	/92	Bet	heso	da, Md.	
	21. SIGNATURE OF FUNERAL SERVI	E LICENSEE			22. N	AME AN	D ADDRES	SS OF FAC	HLITY					
	Dlin L.	71			0.	lin	L. M	foles	worth,	P.A.				
	Jan 1:	Molosuna	th						d. Da		s. M	a. :	20872	
	23. PART I. Enter the diseases	or complications the	nt caused the da	ath. Do r	ot antar i	tha mo	de of dyl	no such	se cardiac i	or respirate	Dry erres		Approximate	-
1	ahock, or heart fall	ure. Liet only one car	use on each line				D. uj.	ng, adon	oo oaralaç t	or respirate	ny silve	169	Interval Between	1
H	IMMEDIATE CAUSE (Finel								.1				Onset and Death	h
ı	disease or condition resulting in death) a. GUMSHOT WOUND HEAD DUE TO (OR AS A CONSEQUENCE OF):							ACUTE						
		DUE TO	OR AS A CONSE	DUENCE OF	F):	-							1.010	_
- 1														
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								_					
A	If any, leading to immediate cause. Enter UNDERLYING							i						
5	CAUSE (Disease or Injury C.													
2 1	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	CE OF):									
	resulting in death) LAST	d												
2														
4	PART II. Other algnificant cond	itiona contributing to	deeth but not r	esulting l	n the unc	derlying	cause g	lven in F		WAS AN AUT			WERE AUTOPSY FINDINGS	ÓΠ
EDICAL							PERFORMED?					AVAILABLE PRIOR TO COMPLETION OF CAUSE		
									_ 10	YES 2	yo		OF DEATH?	
Σ									_				T YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	AL				26 PI	ACE OF D	EATH /Cha	ck only one)			_		\dashv
2	EXAMINER?	HOSPITAL:			OTHER			EATT (One	OR DINY ONE)					\dashv
₹ I	1 YES 2 NO	1 inpetient 2	ER/Outpatient 3	□ DOA	4 🗆 Nursi	ng Home	5 Diffe	sidence 8	3 C Other (Spe	cify)				
F	27. MANNER OF DEATH	28a. DATE Of (Month, I		28b. TIM	E OF	28c. INJU			28d. DESCRIB	E HOW INJU	RY OCCUP	RED		٦
>	1 Natural 5 Pending		ruy, roury	in 3	M		ES 2	NO	C1105	-	,	1 -	4	-
B	a M Cutata	28e PLACE C	F IN HIEV — At ho	me form a	draet facto			-	0411			101	7.0	4
8	3 ☑ Suicide 8 ☐ Could not be determined determined					ry, unice			28f. LOCATION City or Tow	n, State)	Number or	Hural Ho	ute Number,	1
E 1	4 Homicide determined Home										#1	0		4
=	AA- ACCULIED								the cause(a)	and manner	no minto d			
0 11	29e. CERTIFIER 1 CERTIFYING	HYSICIAN: To the best of	(Check only One) One) One CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated.								-			
₽ B	(Check only			man mill a*	n In .	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner se stated.								
SOMP	(Check only			nvestigatio	n, in my op	Inlon, de	ath occur	ed at the t	ime, date end p	place, and du	e to the c	:euse(s)	end menner se atated.	
E COMPLETED	(Check only	MINER: On the beele of a		nvestigatio	n, In my op	Inlon, de		NSE NUM						4
BE	(Check only one) 2 MEDICAL EXA	MINER: On the beele of a		nvestigatio	n, In my op	Inlon, de					d. DATE S	IONED (Month, Day, Year)	-
BE	(Check only one) 2 MEDICAL EXA	MINER: On the beels of s	examination end/or i	M	S	Inlon, de					d. DATE S	IONED (
w	(Check only one) 2 MEDICAL EXA THIS SIGNATURE AND THEE OF CERT 30. NAME AND ADDRESS OF PERSON	MINER: On the beels of s IFIER WHO COMPLETED CAU	SE OF DEATH (ITEE	/// 1 27) (Type,	Print)	7	29c. LICE	NSE NUM	9 <i>9</i>	29	Ju	ne	Month, Day, Year) 25,1992	
BE BE	(Check only one) 2 MEDICAL EXA THIS SIGNATURE AND THEE OF CERT 30. NAME AND ADDRESS OF PERSON	MINER: On the beels of s IFIER WHO COMPLETED CAU	SE OF DEATH (ITEE	/// 1 27) (Type,	Print)	7	29c. LICE	NSE NUM	9 <i>9</i>	29	Ju	ne	Month, Day, Year) 25,1992	
BE BE	(Check only one) 2 MEDICAL EXA	MINER: On the boole of a TIFIER WHO COMPLETED CAU Mayle, M.	SE OF DEATH (ITEE	1 27) (Type,	Print)	7	29c. LICE	NSE NUM	9 <i>9</i>	29	Ju	ne	Month, Day, Year) 25,1992	

the compact on the factor and the ET THE ATTEMPT AND A STATE OF THE STATE OF T

REG. NO

2. DATE OF DEATH

-

FOR STATE

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last

)
	r
	1
	١,
~	
2	
8	
-	
∞	
9	
\times	
0	
0	
00	
<u>~</u>	1
\circ	
-	
О.	
S	
0	
OC.	
$\overline{}$	
\circ	
()	
ш	
00	
_	
_	
4	
	1
	1
=	2
	1
10.	1
-	1
0	1
_	i
7	
=	13
O.	ŝ
-	1
S	1
_	١
>	4
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the same and the same of the same of the same
\circ	1
_	:
	i
	- 3

A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. IF UNDER 1 YEAR DAYS 215-09-8884 1 M 2 - F 75 completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should rial. cremation, or removal. 9s Facility NAME (If not institution, give 96. CITY, TOWN OR LOCATION-OF DEATH. DIRECTOR de d MACR RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Ceci1 Elkton FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 150 E. Main St. 21921 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) BY 1 TES 2X NO Specify: 3 Wildowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 11 Weaver Baldwin Manufacturing once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) John Robertson Stocktill notified at Grace Moore 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Walter J. Stocktill, Jr. 135 Maffit St., Elkton, MD 9 20e. METHOD OF DISPOSITION

| Disposition | General State | Ge 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must etery, cremetory or other place. Cemetery 7/21/92 Sharps 192 Fair Hill examiner 21. SIGNATURE OF FUNERAL SERVICE JACENSEE hours after death. Gee Funeral Home, 259 E. Main St., 100 Elkton, MD 21.921 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such sa cardiec or respiratory strest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finsi 24 the disesse Dr condition event. resulting in death) DUE TO (OR AS A CONSTIQUENCE OF) burial. traumatic CERTIFICATION and and Sequentially list conditions, prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury attending physician 2 or other that initiated events resulting in death) LAST the atten Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL of Health and N 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TES 2 NO s certificate has been so th the State Dept. of He PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item 2 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 0 27, MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28 is marked. 28d. DESCRIBE HOW INJURY OCCURED with this 1 Netural 5 Pending TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w IMPORTANT: If Item 28 is mark BY 1 YES 2 NO 2 Accident 3 Suicide 26s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner es stated. 2 MEDICAL EXAMINER: On this basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. M ean

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3. TIME OF DEATH :55

8. BIRTHPLACE (State or Foreign

ord

10d. INSIDE CITY

1XXVES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

OF DEATH?

29d. DATE SIGNED /Month.

Interval Between

Onset and Death

9c. COUNTY OF DEATH

21921

10g. CITIZEN OF WHAT COUNTRY?

USA

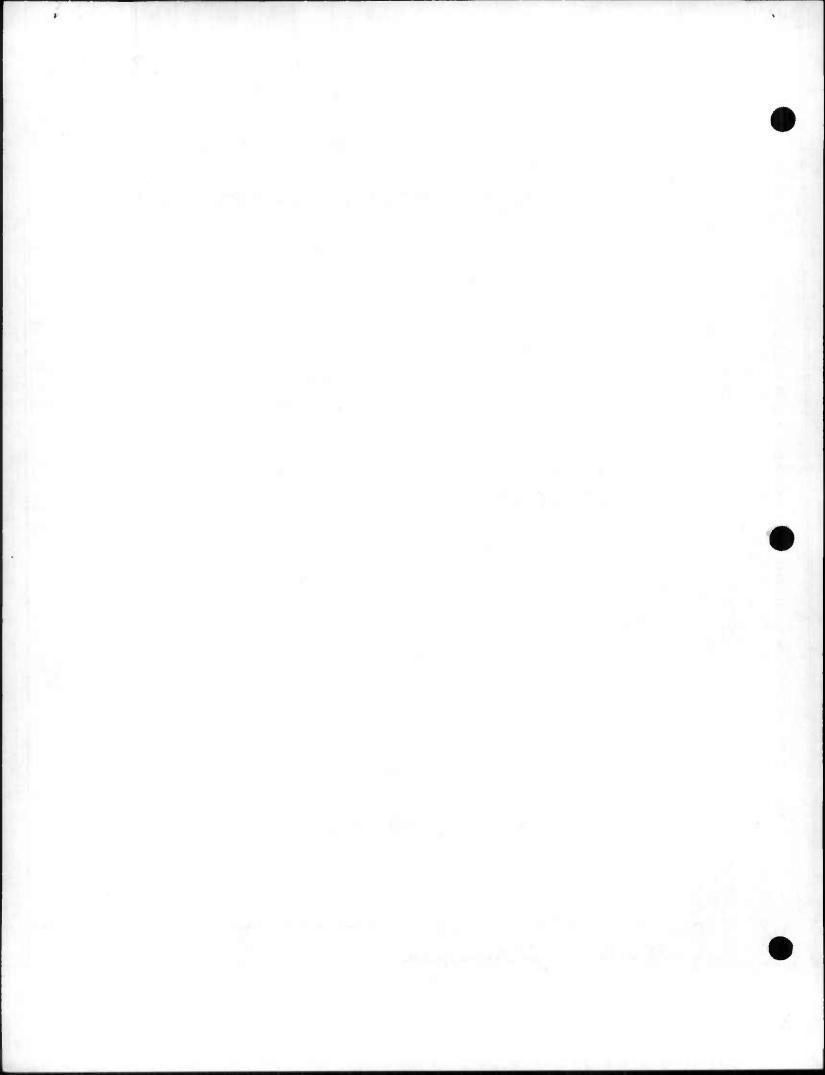
14. RACE — American Indian, Black, Whits, stc.

Specify: White

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)

20'92



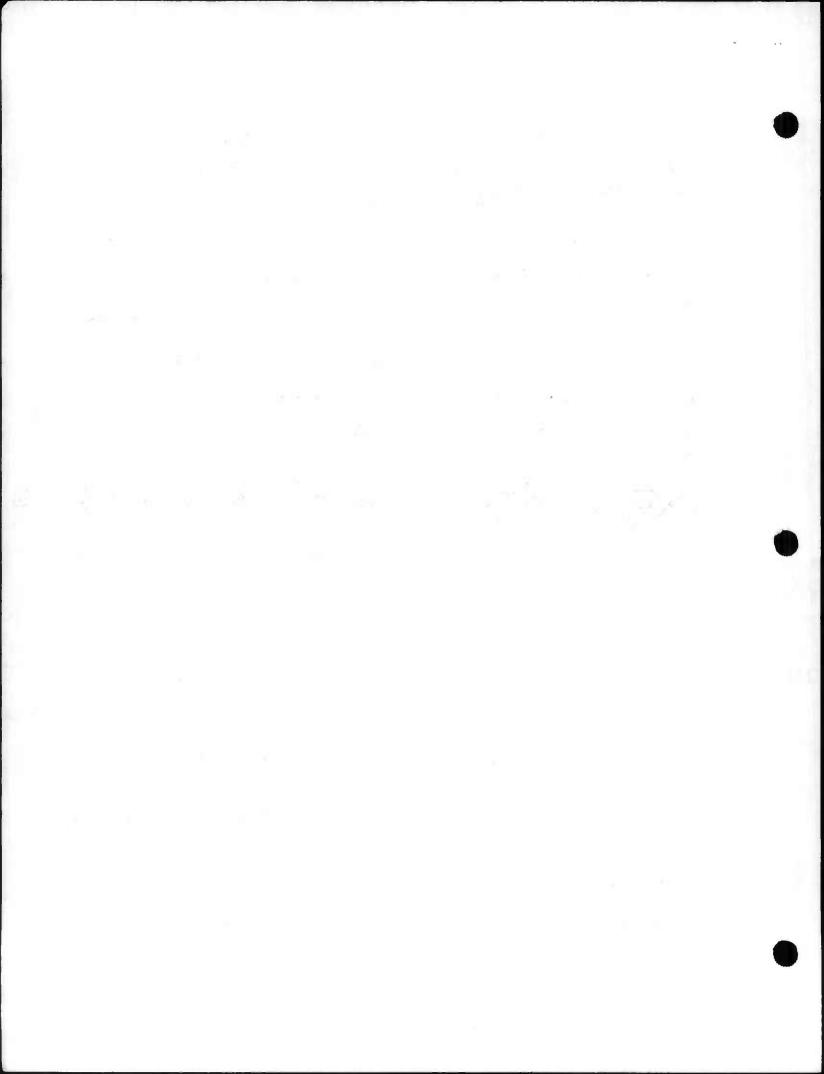
THE PARTIES AND A PAYSICIANT. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO ATTENDING PHYSICIANT: The law requires that the death certificate be executed within 24 nours after death and the seen signed by the attending physician and completely filled by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found after death with the State Dept. of Health and Mental Hygher prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

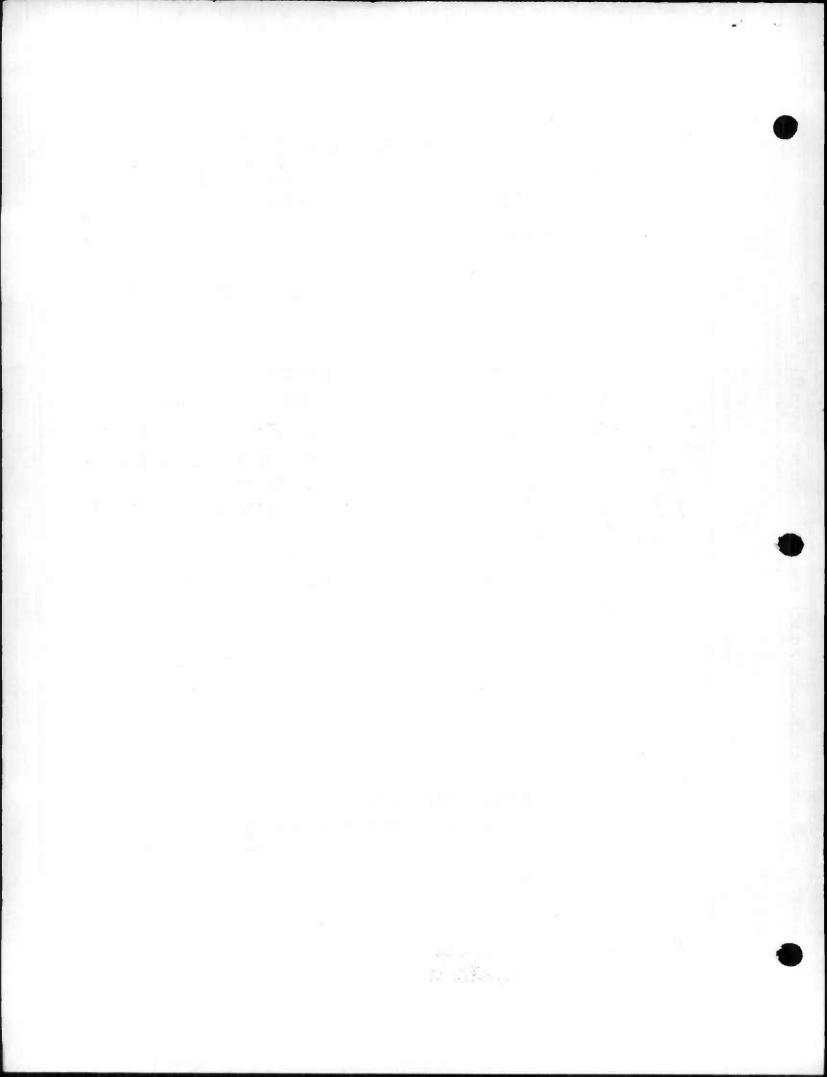
	NEGISTIAN		OLITITI IC	7716	JI DEAI		NEG. NO.			
1, D	ECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH		3. TIME OF DEATH	
	Willie Lee S	Strong, IV					uly 11.	1992	2.15 P	. м
4. S	OCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YE	AR IF UNDER		DATE OF BIRTH	-//	6. BIRTHPLACE (State or Fore	ian
	Alle	. 57	MK		YS HOURS		Month, Day, Year)		Country)	.
	NIA		O. YRS.			₽e	22, 19	991 K	naryland	
997	FACILITY NAME (H. oot institution, give s	treet and number)	9	b. CITY, TO	WN OR LOCATIO	N OF DEATH		9c. COUN	TY OF DEATH	
	embrooke Square		<u> </u>	F. 7 . 1	6				_	_
RE	SIDENCE OF DECEDENT	Suite 110		Wald	ort			-Cha:	rles 	
10e.	STATE 10b. COUNT	1	10c. CITY, 1	TOWN OR L	OCATION				10d. INSIDE CITY	
00		20/20	to an	1					LIMITS?	
177	STREET AND NUMBER	11 162	12/10	nga	101, ZIP CODE				EN OF WHAT COUNTRY?	
100.	SINEE! AND NUMBER	4 = 17 .			11.0			10g. C1112	EN OF WHAT COUNTRY?	
Y	T 1 130X	239 W			20	613				
11. A	AARITAL STATUS	12. WAS DECEDENT EVER		13. WAS	DECENDENT O	F HISPANIC O	RIGIN? (Specify Yes	or No-	14. RACE — American Indian	,
1 🗓	Never Married 2 Married	FORCES? 1 YES			s, specify Cubar YES 2 NO	Specify:	arto Rican, atc.)		Black, White, etc. Specify:	
3	Widowed 4 Divorced			1	125 2 % 110	оросну.			Block	
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCU	PATION		16b. KIND OF BUS	SINESS/INDL	ISTRY	
	(Specify only highest grade	completed)	(Give kind of wor	k done durir	g most of working	7	1001 10110 01 001	,		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	A 4	/ A			L W	11		
			~	14			,~,	//		
17. F	ATHER'S NAME (First, Middle, Last)				18. MOTN	ER'S NAME	First, Middle, Malden	Sumame)		
1	Julia 1 500	TIT DOWN			La	Kanl	0 2	cne	. 5	
190	INFORMANT'S NAME (Type/Print)	7,1	19h MAII ING AI	DORESS /S	met and Number	or Rural Bout	Number, City or Town			
134	t compare of thems (typer tint)		IND. MAILING A	ادا ووساده	root and Mumber	or nurel moult	Trumber, Gity or 10W	ri, utariti, AID I		
7	Julie 1 . 57	Rong		310	-					
	METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT other place)	ION (Name	of cemetery, crem	atory or	20c. LO	CATION - C	City or Town, Stata	
	Burlel 2 Cremation 3 Rem Donation 5 Other (Specify)	over from State	1 0	emo	2 1.00	acdon	a hun	South	ma a 16m	A
-	SIGNATURE OF PUNERAL SERVICE LIC	CENSEE	1111113 11		ME AND ADDRES	S OF FACILIT	Y	43014	11 ecidion	4
	. 4	2 0				- 1	11		0.1	
1	Xleud M	cites	/	Ada	nestun	eval	Home A	Guaso	A Kd. Aqua	SCAM
77	PART I Enter the diseases, or	complications that ceus	ed the death. Do not			ng, auch ea	cerdiec or read	-		
	shoot, or heart failure.	Liat only ona ceuse on	aach line.				ocidios di locaji	atory orre	Interval Bat	tween
	MEDIATE CAUSE (Final				1				Onset and	Death
	ease or condition	· Kec ni	rothit	Ta	HAIR.				March	2
100	uning in death)	DUE TO (OR AS	A CONSEQUENCE OF):	-					1,412	
1	_									
Second of a cau cau cau cau cau cau cau cau cau c	quentially list conditions,	b	A CONSEQUENCE OF):							
If a	my, laading to immedieta	50E 10 (011 A5	A GONGEOGENGE OF J.						i	- 1
	USE (Disease or Injury	с								
the	t initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
res	uiting in daeth) LAST	d								
1 _		•								
PA	RT II. Other eignificant condition	a contributing to death	but not resulting in	tha unde	rlying ceuse g	iven in Par			24b. WERE AUTOPSY FIN	
							PERFOR		AVAILABLE PRIOR TO COMPLETION DF CA	
-							1 TYES 2	NO	OF OEATN?	
							. '		1 TYES 2 N	0
							1			
25.	WAS CASE REFERRED TO MEDICAL				26. PLACE OF D	EATN (Check of	niy one)			
	EXAMINER? 1 Z YES 2 NO	HOSPITAL:		THER:		1 10	6.	Calle	and Do	
25.		1 Inpetient 2 ER/Ou			Home 5 Ra	12.5	Other (Specify)	1 1 1 1 1 1 1	15 DAMES	
3.K	MANNER OF DEATH	(Month, Day, Year)			c, INJURY AT WORK?	1 28	DESCRIBE HOW I	NJURY OCC	UREO	- 1
12	Natural 5 Pending Accident Investigation			M ·	YES 2	NO				
	Pulate em		RY — At home, ferm, str	est, factory,	offica	28			or Rural Route Number,	
10.	Suicida 8 Could not be determined	building, etc. (Sp	ecify)			00	City or Town, State)	Book	of Co. A allied	7
						10	WIND YE	IN EQUE	al Chi-i Wale	ful T
29a.	CERTIFIER (Check only	MAN: To the best of my kno	wiedge, death occurred	at the time	, data and place,	and due to t	he cause(a) and ma	nner aa state	id.	1
	and the same of th	In the basis of examinat	ion and/or investigation,	In my opin	ion, death occur	ed at the time	, deta and place, ar	nd dua to the	a cause(a) and manner as ste	nted,
_										
29b.	SIGNATURE AND TITLE OF CERTIFIE	7				NSE NUMBER		29d. DATE	SIGNED (Month, Day, Year)	
	1.10-71.71	/ _			D-	-27348		7/	13/12	
	I O VI I I SO							1 -1	I was a second	
30.	NAME AND AGGRESS OF PERSON WI	IO COMPLETEO CAUSE OF (DEATN (ITEM 27) (Type P	rint)					7	
	NAME AND AGGRESS OF PERSON W							ŀ		
Н	oward M. Haft,	MD, 4F Indus	trial Park		ve, Wal	dorf.	Marylan	d 20	0604	
Н	oward M. Haft,	MD, 4F Indus	trial Park	Dri	ve, Wal	dorf.	Marylan	d 20	0604	
Н	oward M. Haft,	MD, 4F Indus	trial Park	Dri	ve, Wal	dorf.	Marylan	d 20	0604	



$\mathbf{\mathcal{Q}}$	
٥.	
40	
(C)	
0	
~	
ш.	
RECORDS	
\sim	
O	
H	
~	
ш.	
_	
VITAL	
_	
_	
-	
ш.	
-	
OF	
_	
4	
-	
IVISION	
-	
m	
-	
-	
-	

	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	1,2		
	Pages		
	It permit.	"	The same
Hysicidal.	unial-trans		
	the b		
dilein	se as		
5	for us		
nideo	ched		ed
alle	deta		OUC
5	d be		to p
idille.	shou		tiffe
3	ge 5		e no
IIIay	or, pa		ast b
0 00	direct		IL III
H. 7	eral		mine
Pan I	he fur	10	exa
alle c	by th	emov	dical
DO	ed in	, Or r	me
IN PRINCIAN. THE IAM requires that the beaut collinears be executed within the original and be relatived by the mospital of all	ely fill	ation	the.
MIN	The	crem	vent
בתופת	100 pi	unial.	tic e
No com	an ar	r to t	nma
alle 1	hysici	e prio	er tra
III IS	fing p	ygien	oth
nga	attend	rtal H	V. Or
nie o	the	Me	Initia
P	ed by	th an	any
miles	sign	Heal	SMO
W rec	peed	pt. of	3 sh
He id	e has	te De	m 2
AN.	tificat	e Sta	r He
126	is cer	ith th	ed.
2	ler thi	ath w	narki
ENDIN	R: Aft	er de	86
AH	ECTO .	irs aft	т 28
9	L DIF	980	Tite!
T S	MERS	À	ME
ĺ	E P	100	PORTANT: If item 28 is marked.
=	TO T	be file	MP
1	-	-	

	1 . SIAIE	RYLAND / DEPARTM	ENT OF HEALTH AN		HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Letellen M. ELLEN M. THOR	arie Thomas		2. DATE DF MONTH JUNE		YEAR 993. TIME OF DI	EATH M		
		AGE (In yrs. lest birthday)	UNDER 1 YEAR OF UNDER 24 H	RS. 7. DATE OF	BIRTH 906	a. BIRTNPLACE (State of Country) Md.	r Foreign		
TOR	9a. FACILITY NAME (If not institution, give street and number) Meredian Nursing Center RESIDENCE OF DECEDENT		Freder		2 100	rederick			
DIRECTOR	10a. STATE 10b. COUNTY Md. Frederick		ederick		18.7	10d. INSIDE C LIMITS? 1 YES 2	9		
FUNERAL	10. STREET AND NUMBER 5928 Jefferson Bly	vd.	101. ZIP CODE 21.7	701		U.S.A.			
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Otvorced 12. WAS DECEDENT FORCES? 1 FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	13. WAS DECENDENT OF NI If yes, specify Cuban, M 1 YES 24 XND S			14. RACE — American la Black, Whita, atc. Specify White	ndlen,		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use rei	done during most of working	16b. Ki	own hom				
MO	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER	S NAME (First, Mide	die. Maiden Sumame)				
	Luther Smith		1000000	ie Mark					
BE (19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	ORESS (Street and Number or F			ip Code)	-16-3		
2	Maynard C. Thomas Jr.	6001	efferson I	Blvd.,	Frederi	ck, Md.			
	20a. METNDD OF, DISPOSITION 1 [XBurlel 2								
	21. SIGNATURE OF FUNERAL SERVICE CICENSEE		22. NAME AND ADDRESS (OF FACILITY					
	Missell () MARIOL		Donald B. 31 E. Mair	Thomps	on Fune	ral Home	21760		
	23. PART . Enter the diseases, or complications that of	aused the death. Do not	antar the mode of dying,	auch as cardis	c or respiratory s	rrest, Approx	imate		
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)								
	BUE TO (OH AS A CONSEQUENCE OF):								
N									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING								
5	CAUSE (Disease or Injury								
Ē	that initiated events resulting in death) LAST								
CE									
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to de		ha undarlying cause give		PERFORMED?	24b. WERE AUTOPS AVAILABLE PRI COMPLETION (OF DEATH?	IOR TO		
ME			· · · · · · · · · · · · · · · · · · ·			1 🗌 YES 2	□ но		
AN	25. WAS CASE REFERRED TO MEDICAL		00 DI 105 DE DEIT	N con h . h . h					
CI	EXAMINER? HOSPITAL:		26. PLACE DF DEAT						
HYS	27. MANNER OF OEATH 28a. DATE OF IN		SNursing Nome 5 Realds		RIBE HOW INJURY O	CCURED			
	1 Natural 5 Pending (Month, Day,		M 1 YES 2 N						
) BY	3 Suicide 280. PLACE OF I	NJURY — At home, farm, stree	it, factory, offica	281. LOCATI	ON (Street and Numb	er or Rural Route Number,			
TEC	4 Homicide detarmined building, etc	s (Specify)		City or	Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of exam						na stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Lang	29c. LICENS	E NUMBER	29d. DA	TE SIGNED (Month, Day, Y	bar)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE ATTHUM CO. MARSTAND. M.D.	DF OEATH (ITEM 27) (Type PH	os John)	a, True	2 m.	21762			
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR								
_	JUL 6 1992 Julia Vairdson	-yanders							

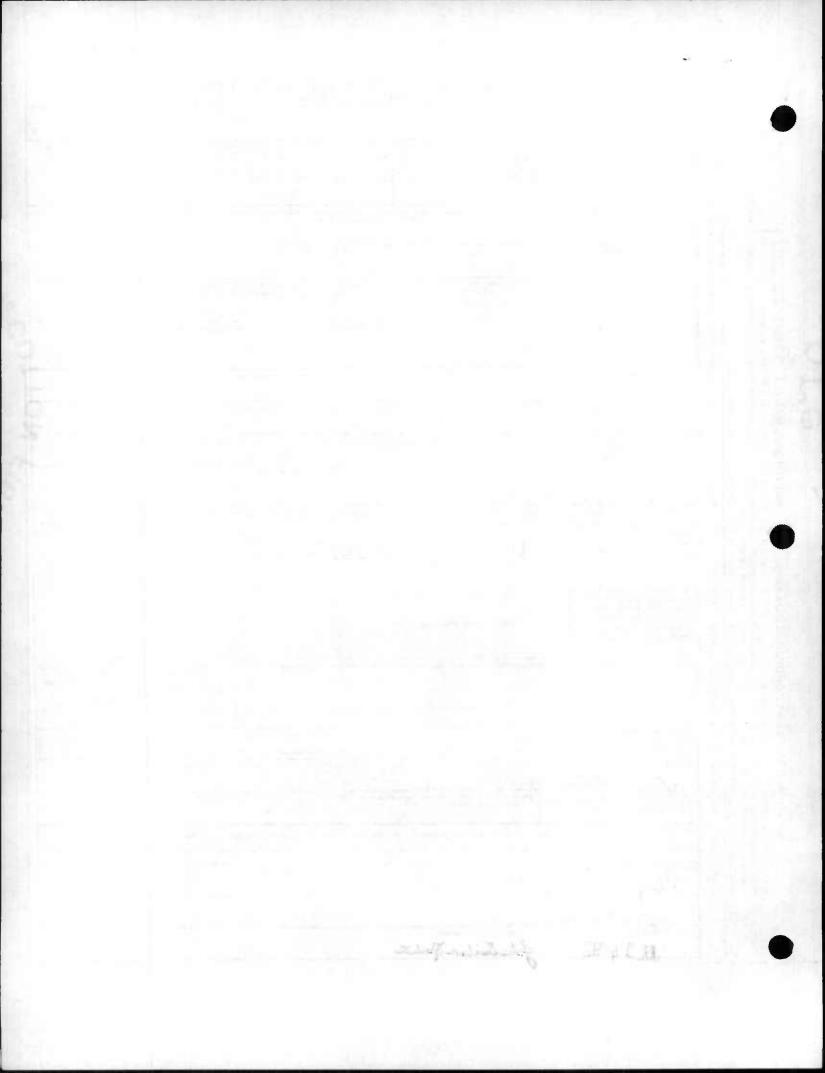


FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		CE	ERTIF	CATE	OF DEA	TH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			3. TIME OF DE	ATH
CHARLES	EDWARD			TOR	RENCE	3rd.	монтн 07	10	1992	8:15	P.
4. SOCIAL SECURITY NUMBER	5. SEX (. AGE (In yrs. las	t birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF		8. BIRTH	IPLACE (State or	
215-40-0518	1 🔀 M 2 🗆 F	50	YRS.	MONTHS DA	WS HOURS	MIN.	(Month, D	1/42	Counti	nsas	
Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCAT	ION OF D			COUNTY OF D		
21 ROBIN HOOD RO	AD			HAVRE	DE GR	ACE			HARFOR		
10a, STATE 10b, COUN	TY		10c. CITY	, TOWN OR L	OCATION					10d. INSIDE CI	TY
Maryland	Harford		Ha	avre d	le Grad	ce			1	LIMITS?	Z(NO
10e. STREET AND NUMBER					10f. ZIP CO			100	. CITIZEN OF V	VHAT COUNTRY	
40 Robin Hood Ro	ad Box 4	76			2	1078			U.S.A		
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS	DECENDENT	OF HISPAI	NIC ORIGIN? (S	Specify Yes or N	14. RACE	- American In	dlen,
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1X IF YES, GIVE WAF Vie		40		e, specify Cub YES 2 A NO		in, Puerte Rica y:	n, etc.)	Speci		
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DE	CEDENT'S	USUAL OCCU	PATION		16b. KII	ND OF BUSINES			
Elementary/Secondary (0-12)	College (1-4 or 6+)	ille.	Do NOT use	rork done durin e retired.)	ig most of work	ing					
12	0		Tr	ucking	J			Drive	er		
17. FATHER'S NAME (First, Middle, Last)					18. MO1	THER'S NA	ME (First, Midd	lle, Meiden Surni	ame)		
Charles E. To	rrence, Jr					Bonr	nie Yo	rk			
19e. INFORMANT'S NAME (Type/Print)	-		b. MAJLING	ADDRESS (St	reet and Numbe			City or Town, Sta	nte, Zíp Code)		
Helen O. Torrenc	e	16	69 Bal	ker St	reet,	Aber	rdeen,	Maryla	and 21	001	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Red 4 Donation 6 Other (Specify)	moval from State	206. PLACE A		r dispositio		ens	7/14		on – city or to	wn, State aryland	1
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE				IE AND ADDRI			120020	1.		
Kerston	Ames 11	1010	1h	Tar		Cargo	Funer	ral Hom 21001	ne, P.A	•	
23. PART I. Enter the diseases, or	complications that of	aused the de	with Do n					or respirator	-JJJJ	Approxi	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (O	T PU	DUENCE OF	Phys	nic	<u> </u>				Interval Onset a	
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	R AS A CONSEC									
resulting in death) LAST	d										
PART II. Other aignificant condition	one contributing to de	eath but not n	eaulting is	n the under	lying ceuse	given in	Part I. 24	. WAS AN AUTO		WERE AUTOPSY	
							1	tres 2 1	10	OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	OTHER:	6. PLACE OF	DEATH (Ch	eck only one)				
1 X YES 2 NO	1 Inpatient 2 I E		□ DOA	4 🗌 Nursing	Home 5 🗆 A	esidence	6 Other (S)	pec(fy) 21	ROBIN F	HOOD RO	AD
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26e. DATE OF IN (Month, Day, 07-10-1	Your)	266. TIME INJU 6:24	OF 26c	. INJURY AT WORK?		28d. DESCRI	OF MO	Y OCCURED	E RAN	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF I building, etc	c. (Specify)			office		City or To	own, State)	Comber or Rural F		183
29e. CERTIFIER			N STR						OD ROAL		
(Check only	SICIAN: To the best of m) end menner es	etated.
296. SIGNATURE AND TITLE OF CERTIFI						ENSE NUI				(Month, Day, Yea	
Mayorte Mr.	Youll	My				.M.E			07-11-		
4 MAMANUTO A.	KOREU		,		NN STR	EET	BALTIM	ORE MA	RYLAND	21201	
31. DATE FICED (Month, Day, Year)	32. REGISTRAR'S										
.11 14 '92	gelia be	reson for	ndall								

DHMH-16 Rev 1/89



4	2	ă
8	ing	류
6	bug	S
0	#	Se
7	9) L
2	ta	- P
0	osb	She she
Z	e h	eta
4	5	9
\mathbf{z}	5	0
Œ	Je de	No.
4	etai	S.
2	9	R)
nî.	N P	999
8	E	×
0	9	50
Š	90	100
\equiv		10
7	eath	Jan
BALTIMORE, MARYLAND 21203-314	P d	al le
	afte	NO.
_	5	= 2
	6	20
	27	fill fill
	thin 24	stely fills
6,	within 24	npletely fill cremation,
146,	ted within 24	completely fill fal, cremation,
3146,	ecuted within 24	nd completely fill burial, cremation,
13146,	executed within 24	n and completely fill to burial, cremation,
OX 13146,	be executed within 24	ician and completely fill nor to burial, cremation,
30X 13146,	cate be executed within 24	hysician and completely fills e prior to burial, cremation,
. BOX 13146,	rtificate be executed within 24	g physician and completely fill iene prior to burial, cremation,
O. BOX 13146,	certificate be executed within 24	nding physician and completely fill Hygiene prior to burial, cremation,
P.O. BOX 13146,	eath certificate be executed within 24	ttending physician and completely fills tal Hygiene prior to burial, cremation,
3, P.O. BOX 13146,	death certificate be executed within 24	e attending physician and completely fill fental Hygiene prior to burlal, cremation.
DS, P.O. BOX 13146,	the death certificate be executed within 24	y the attending physician and completely fills of Mental Hygiene prior to burial, cremation.
RDS, P.O. BOX 13146,	hat the death certificate be executed within 24	d by the attending physician and completely fill and Mental Hygiene prior to burial, cremation,
ORDS, P.O. BOX 13146,	as that the death certificate be executed within 24	gned by the attending physician and completely fill alth and Mental Hygiene prior to burial, cremation.
CORDS, P.O. BOX 13146,	quires that the death certificate be executed within 24	i signed by the attending physician and completely fill Health and Mental Hygiene prior to burial, cremation.
RECORDS, P.O. BOX 13146,	requires that the death certificate be executed within 24	een signed by the attending physician and completely fill of Health and Mental Hygiene prior to burial, cremation.
. RECORDS, P.O. BOX 13146,	law requires that the death certificate be executed within 24	is been signed by the attending physician and completely fill ept. of Health and Mental Hygiene prior to bunal, cremation.
AL RECORDS, P.O. BOX 13146,	he law requires that the death certificate be executed within 24	s has been signed by the attending physician and completely fills e Dept. of Health and Mental Hygiene prior to burial, cremation,
ITAL RECORDS, P.O. BOX 13146,	4: The law requires that the death certificate be executed within 24	cate has been signed by the attending physician and completely fills state Dept, of Health and Mental Hygiene prior to burial, cremation,
VITAL RECORDS, P.O. BOX 13146,	:IAN: The law requires that the death certificate be executed within 24	rificate has been signed by the attending physician and completely fills to State Dept. of Health and Mental Hygiene prior to burial, cremation,
OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending pit	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9s. FACILITY NAME (If not institution, give street and number)

5. SEX

Baltimore County General Hospital

1X M 2 - F

WILBERT 4. SOCIAL SECURITY NUMBER

217-16-6363

permit. Pages 1, 2, 3 should DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY Maryland Baltimore Owings Mills 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE Apt.#9 34 Enchanted Hill Road 21117 ysician, 12. WAS OECEDENT, EVER IN U.S. ARMEO FORCES? 14 AYES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes 2 NO 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES XX NO Specify: if yes, give war or dates 26-Nov-45 / 25-Jan-47 BY COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete College (1-4 or 5+) Elementary/Secon ary (0-12) Cook Restau 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Richard Terry Thelma Moore notified at BE 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Tov 19a. INFORMANT'S NAME (Type/Print) 2 34 Enchanted Hill Rd./Apt 9 -Ov Ms. Pamela S. Terry Pe 20a METHOD OF OISPOSITION 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or must Garrison Forest Veterans Cemetery Ov 4 Donation 5 Other (Specify) TL SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home Reis ine medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reap ahock, or heert fallure. List only one ceuse on sech line. MMEDIATE CAUSE (Finel the diseese or condition event, reaulting in death) traumatic CERTIFICATION Sequentielly list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AF MEDICAL the signed by the pt. of Health and M 1 TYES PHYSICIAN: 23 to DR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has to hours after death with the State Dept 1 them 28 is marked, or them 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA g Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW 1 Natural
2 Accident 1 YES 2 NO BY 28f. LOCATION (Street 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and my TO THE FOUNERAL D
TO THE FUNERAL D
DE MED WILLIONS NO
IMPORTANT: If IN THE FUNERAL D 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, a 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER HOUSE PHYSICIAN BE 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH-(ITEM 27) (Type, F

31. DATE FILED (Month)

BASSIN, MD. BC 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

Randallstown

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. lest birthday)

67

2. DATE OF DEATH MONTH 2

7. DATE OF BIRTH

92 21153

REG. NO.			- 0		173
DEATH DAY	9	EAR 2	8:	39	A
BIRTH Day, Year 2	5 N	BIRTH Count Ort	IPLACE	(State or	Foreign lina
1	9c. COUNTY				
	Balt	imc	ore		
			10d.	NSIDE CI LIMITS? YES 2	TY No
	10g. CITIZEI	N OF V	WHAT (OUNTRY	?
(Specify Year	or No 14	RACI	E — Ar	nerican ir a, etc.	dlen,
,,		Spec			
(IND OF BUSI	NESS/INDUS	THY			
Restau	rant				
ddle, Maiden S	umame)				
e, City or Town,	O 71- O				
	1111		l1s	. Md	. 2111
	ATION - CIT				
ry Ow	ings 1	Mil	lls.	, Md	•
11824					
Reist	ersto	wn,	Mo	1. 2	1136
ac or reapire	story arres	it,	1	Approx	
ac or reapire	atory arres	et,		Interval	imate Between and Death
ac or reapin	atory arres	et,		Interval	Between
ac or reapir	atory arrea	it,		Interval	Between
ac or reapin	atory arres	it,		Interval	Between
ac or reapin	story arres	et,		Interval	Between
24a, WAS AN A	WTOPSY			Onset a	Between and Death
	WITOPSY AED?		COM	Interval Onset a	Petween and Death Y FINDINGS OR TO
24a. WAS AN A PERFORA	WITOPSY AED?		COM OF D	Onset a E AUTOPS ABLE PRIPLETION (Y FINDINGS OR TO DEF CAUSE
24a. WAS AN A PERFORA	WITOPSY AED?		COM OF D	E AUTOPS ABLE PRIPLETION (EATH?	Y FINDINGS OR TO DEF CAUSE
244. WAS AN / PERFORI 1 YES 2	WITOPSY AED?		COM OF D	E AUTOPS ABLE PRIPLETION (EATH?	Y FINDINGS OR TO DEF CAUSE
24a. WAS AN A PERFORM	WTOPSY AED?	24	COM OF D	E AUTOPS ABLE PRIPLETION (EATH?	Y FINDINGS OR TO DEF CAUSE
24a. WAS AN A PERFORM 1 YES 2	JURY OCCU	24l	AWAR COM OF D	E AUTOPS ABLE PRIPLETION (EATH? YES 2 [Y FINDINGS OR TO DEF CAUSE
24a. WAS AN A PERFORI 1 YES 2 (Specify) CRIBE HOW IN	JURY OCCU	24ll	AWAR COM OF D	E AUTOPS: ABLE PRIPLETION (EATH) YES 2 [Y FINDINGS OR TO OF CAUSE NO
24a. WAS AN A PERFORM 1 YES 2 (Specify) CRIBE HOW IN TION (Street as 7 Town, State)	JURY OCCU	24l	AWAR COMMOF D	E AUTOPS ABLE PRIPLETION CEATH? YES 2 [Y FINDINGS OR TO DEF CAUSE NO

2.8.2 2.9 g

TO THE HOSP M. CALIFORMING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNENA DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 me. The part of Health and Merital Hygiene prior to burial, cremation, or removal.

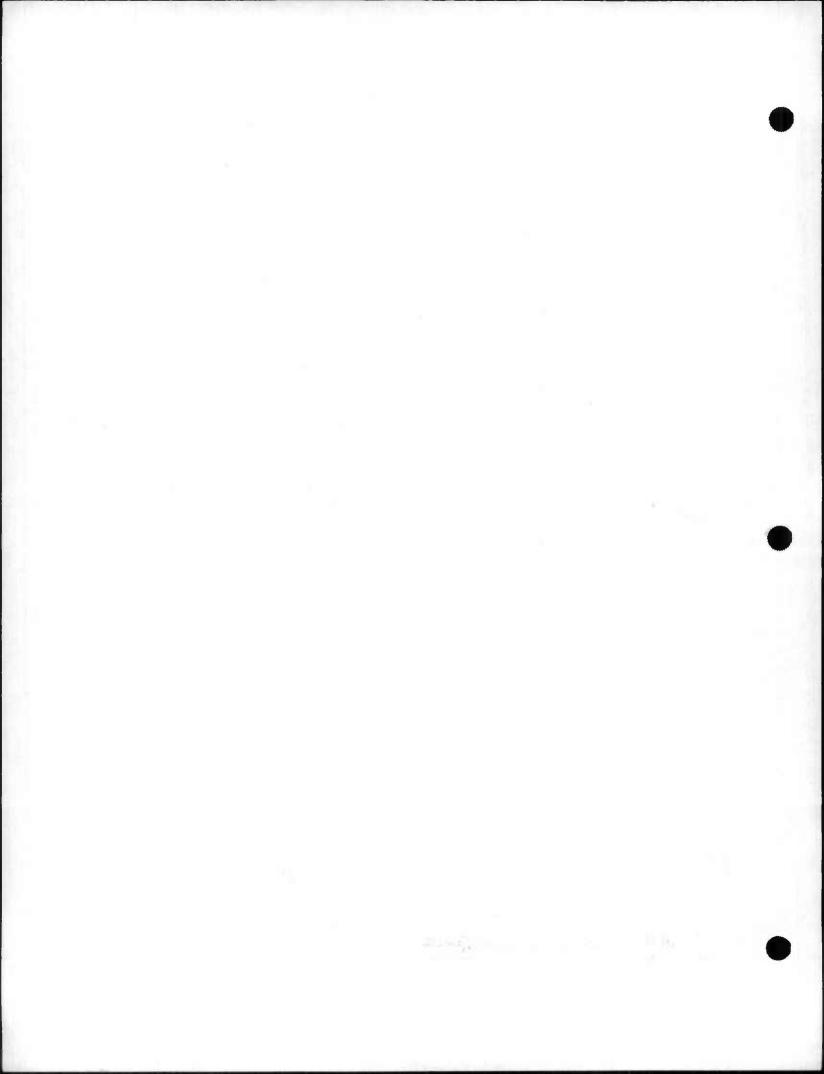
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

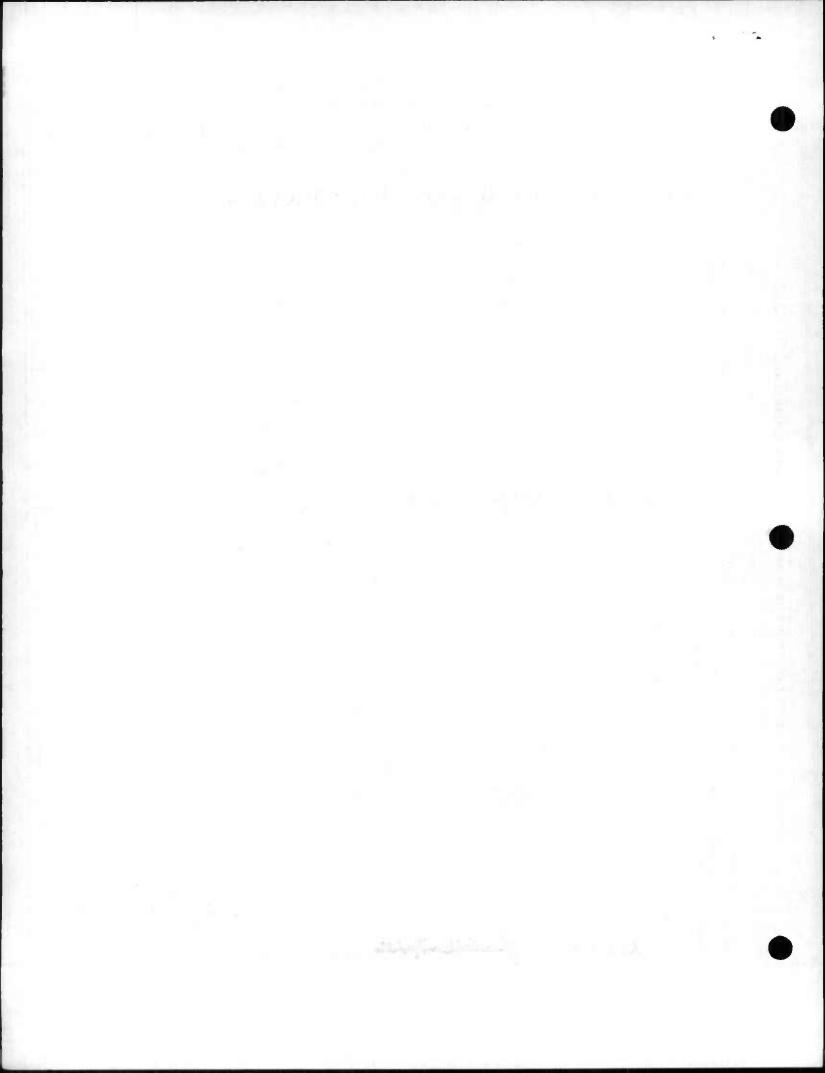
FOR 1 STATE

	REGISTRAR		CE	ERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C	F DEATH			. TIME OF OEAT	н
	ARTHUR	LEON		UNG	GER		June	24,	1992	YEAR	8:55	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE O	E DIOTH	1000		LACE (State or For	-
	213-32-3004	1 🙀 M 2 🗆 F	57	YRS.	MONTHS DAYS	HOURS MIN.	Jan.	Oey, Year)	.935	Mary1	and	roigit
Œ.	90. FACILITY NAME (If not institution, give a Frederick Memorial		a1		96. CITY, TOWN Frede	OR LOCATION OF D	EATH	-		ederic		
81	RESIDENCE OF DECEDENT							-	110			
Ĭ,	10e. STATE 10b. COUNT	-		10c. CIT	Y, TOWN OR LOCA	TION				1	Od. INSIDE CITY	
DI	Maryland Fred	erick		Th	urmont						LIMITS?	NO
FUNERAL DIRECTOR	13258 Catoctin F	urnace Ro	1.		10	7. ZIP CODE 21788			10g. CIT		AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N	10	If yes, sp	CENDENT OF HISPAI Decify Cuben, Mexica 3 2 NO Specifi	in, Puerto Ri		or No-	Black, 1	Americen India white, atc. hite	n,
	15. DECEDENT'S EDU	ICATION	to 8/28	CEDENT'S	USUAL OCCUPATE	ON	166, 1	CIND OF BUS	SINESS/IND		nite	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	·) ////////////////////////////////////	Do NOT us		ost of working		rylar	nd St	ate H	lighway	
OMP	12 17. FATHER'S NAME (First, Middle, Last)	N/A	C	hauf	feur	16. MOTHER'S NA	ME /E/- A			ation		
BE C	John Arth	ur Un	iger			Louisa		clizak		P	rice	
TO B	19e. INFORMANT'S NAME (Type/Print)					end Number or Rural						
	Alice M. Unger (1	Wife)			Catocti OF DISPOSITION (N.	n Furnac				city or Town		3
	1-\(\) Buriel 2 \(\) Cremation 3 \(\) Rem 4 \(\) Donation 5 \(\) Other (Specify)	oval from State			ther place) e Cemete		6/27				yland	
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	-		22. NAME A	ND ADDRESS OF FA	CILITY				4	
_	14				615 E.	E. Dail Main St	Th	urmon	t, M	id 217	88	
9	PART I. Enter the diseases, or ahock, or heart fellure.	compilections that	coused the de	eth. Dp r	not enter the mo	ode of dying, suc	h ss cerdi	c or respi	ratory ar	rest,	Approxima	
	IMMEDIATE CAUSE (Fine)				CELL L	UNG CAN	ICER				Onset and	Death
	resulting in deeth)	BUE TO	(OR AS A CONSEC	DUENCE O	F):					N=		11)
NO	Sequentielly list conditions,	b. DUE TO	(OR AS A CONSEC	DUENCE O	n:						1	
CAT	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	¢										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):				·			
	DARY II Other electrices condition	d									+	
PHYSICIAN: MEDICAL	PART II. Other algnificent condition	ia contributing to	death but not re	esuiting	in the underlyin	g ceuse given in		24a. WAS AN PERFOR	MED?	A	ÆRE AUTOPSY FIN MAILABLE PRIOR 1 COMPLETION OF CA	m
MEC									/		F DEATH?	ю
ÿ												
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (Ch	eck only one)					
ΥSΙ	1 TYES 2 NO	1) Inpatient 2	ER/Outpatient 3	□ DOA		ne 5 🗆 Residence	6 🗆 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, De	INJURY sy, Yeer)	26b, TIM INJ	URY WO	JURY AT DRK? YES 2 NO	28d. DESC	RIBE HOW II	NJURY OC	CURED	-	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE Of building.	F INJURY — At horetc. (Specify)	me, farm, i	street, factory, offic			ION (Street e	nd Number	r or Rural Rou	ite Number,	
	4 Homicide determined											
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE										nd menner es sta	sted.
BE C	296. SIGNATURE AND TITLE OF GERTIFIE	most m	Λ.			29c. LICENSE NUI	MBER		29d. DAT	E SIGNED (N	forith, Day, Year)	
ရ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS		4 27) (Type,	Print)	D3176		4		/25/		
	BRIAN M. O'CON.				EVENTH	57.	FREI	ERIC	KI	40	21701	
	31. DATE FILED (MOTE) 2 1992 9	Pulla Davidson	~ Pandell									



BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should moval.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760, IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE HUSPAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, committed, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

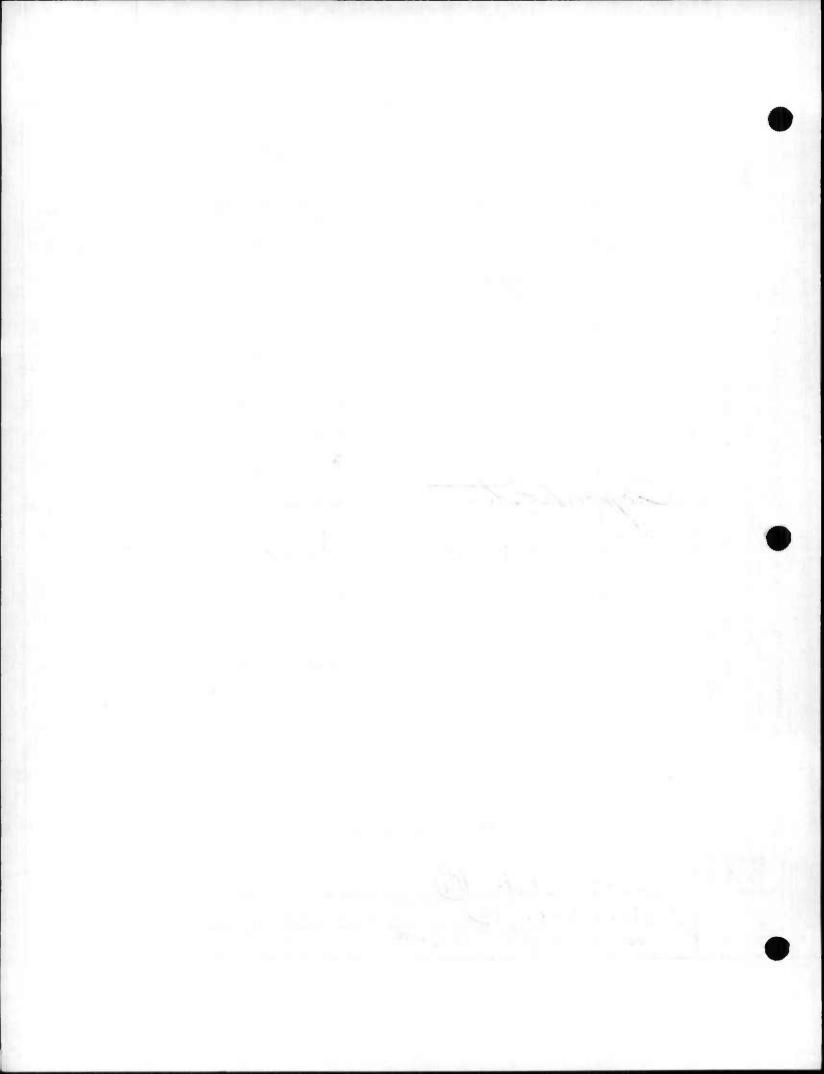
	1 - STATE REGISTRAR		STATE OF M	ARYLANI	D / DEPA CERTI	ARTMEN FICAT	T OF I	IEALTH AND DEATH	MENT	TAL HYGIEN	E 9	2 :	21155
		1906		dor	lso				MO	ATE OF DEATH	· 9		3. TIME OF DEATH PM
	4. SOCIAL SECURITY NUMBER 457-33-604	45	1 □ M 2¾¥F	6. AGE (In yrs	s. lest birthday	MONTHS		F UNDER 24 HRS. HOURS MIN.	8 8	TE OF BIRTH onth, Day, Year) /23/10		a. BIRTHE Country Tex	
TOR	98. FACILITY NAME (If not in HOLF FORD RESIDENCE OF DEC	Nou	10010 H	riges	fal	HO	V. TOWN	DE LOCATION OF I	ac'	و	at con	JC fo	ATH CD
DIRECTOR	10a. STATE Maryland	106. СОИНТ	rford			ary, rown		oving G	roun	d		- 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2027 West							21005					HAT COUNTRY?
BY	11. MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	XXVO .	13.	If yes, sp	ENDENT OF NISPA ecify Cuban, Maxic 2 NO Spec	can, Puar	GIN? (Specify Yes to Ricen, etc.)		14. RACE	- American Indian, White, atc.
COMPLETED		EDENT'S EDU highest grade			life. Do NOT	f work done	during mo	ON st of working		In home		DUSTRY	
ON	17. FATHER'S NAME (First, MI	iddle, Last)						16. MOTHER'S N	AME (Fire	at, Middle, Maiden	_		
BE (Zaragoza		arreal							Jesus M			
2	19a. INFORMANT'S NAME (7)		_					and Number or Rural					21005_
	Blanca E. 20a. METHOD OF DISPOSITI 1 XBuriel 2 Cremetio 4 Donation 5 Other	ON n 3 XRam		20b.PLA cemetery	CE AND DAT	E OF DISPO	SITION /N		0	7	CATION —	City or Tow	
	21. SIGNATURE OF FUNERAL		Inull	lna	less	22	Tarr	ing-Card	ACILITY JO F	uneral 1	Home	, P.A	
MOIL	iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in any, leading to immediately in any leading to immedia	ons, flate	DUE TO (C	OR AS A CON	ILEUENCE	of):	He	de of dying, au			ratory an	rest,	Approximata Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYif CAUSE (Disease or Injuithst Initiated eventa resulting in death) LAST			OR AS A CON									
N: MEDICAL	PART II. Other aignificant	econdition.	a contributing to d	eath but no	ot resulting	in the u	nderlying	g cause given in	Part I.	24e. WAS AN / PERFORI	MED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF OEATN (C	heck only	one)			
12	1 YES 2 NO		1 Inpetient 2 I		-	4 🗆 Nu	raing Nom	e 5 ☐ Residence					
- 1	1 Netural 5 🗆 F	Pending nvestigation	(Month, Day,		28b. TI	JURY M		RK? PES 2 NO	28d. D	PESCRIBE HOW IN	JURY OC	CURED	
ieu Br	3 Suicide 6 C	Could not be	26e. PLACE OF building, at	INJURY — At c. (Specify)	t home, ferm.	, street, fac			28f. L(OCATION (Street artity or Town, State)	nd Number	or Rural Ro	uta Number,
OMPLEIE			CIAN: To the best of m										and menner as stated.
O BE	296. SIGNATURE AND TITLE	Non	Meran	0,1	neo),		29c. LICENSE NU	MBER		29d. DATI	signed (1	Month, Day, Year)
	ANDREN	1 10	COMPLETED CAUSE	SKI	M		12	5 N M	in	NS.	尼记的	IR, I	uD2/0/4
	31. DATE FILED (Month, Day, Y	o"'92	32. REGISTRAN	S SIGNATURI Davidso		المالك							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

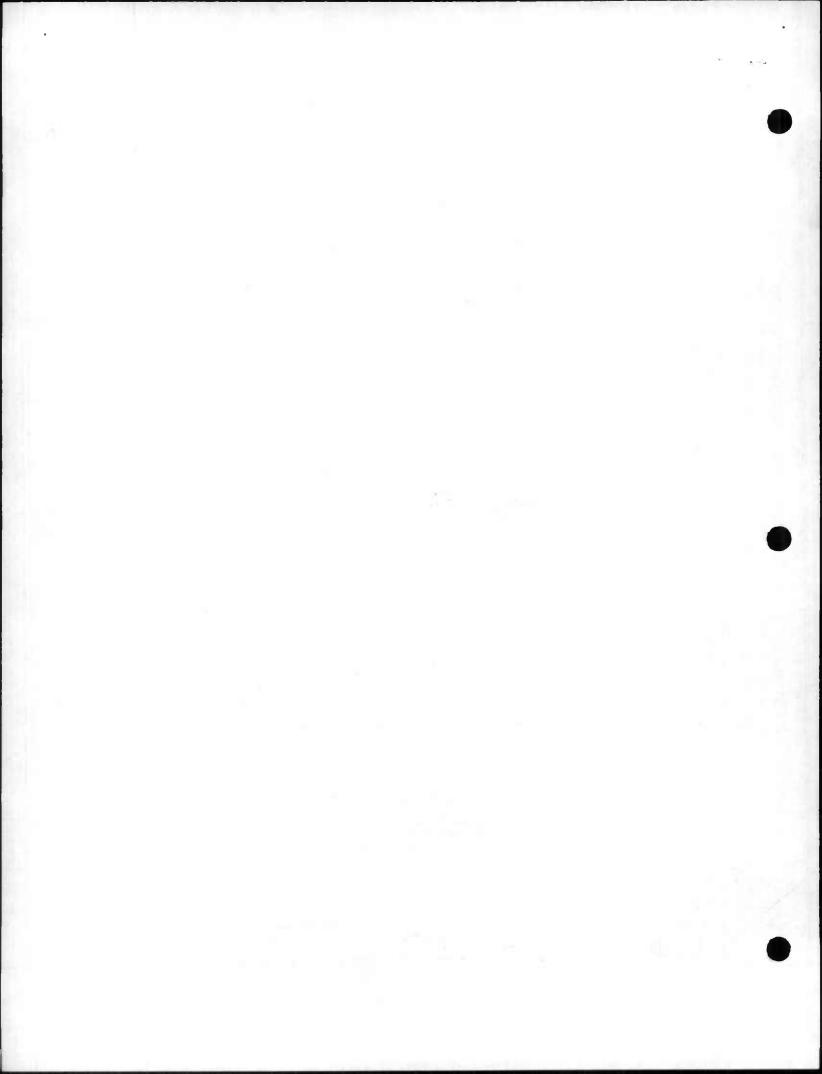
FOR 1 - STATE

1. DECEDENT'S NAME (First, Middle, Lest) STEPHEN	Т.			TATZ	LTERS	2. DATE	OF DEATH	10	VEAR	:00 P.
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. Is	net hiethelms)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	_	OF BIRTH		-	
215-60-8986	1 X M 2 F	40	YRS.	MONTHS DAYS	HOURS MIN.	(Mont	h, Day, Year)		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give		40		A1 A1 = 1 = 211			5-52			ngton, DC
		CDIMAI			OR LOCATION OF D	DEATH		9c. COUNT		ТН
CARROLL COUNTY GI	SNERAL HO	SPITAL		WESTMI	NSTER			CARRO	LL	
10a. STATE 10b. COUNT	Υ		10c, CITY	, TOWN OR LOC	ATION			_	- 14	d. INSIDE CITY
Maryland Ca	rroll		Τ	aneytow	10				- 1	LIMITS?
10e. STREET AND NUMBER	00.00				Of. ZIP CODE			I		YES 2 NO
407 Taney Drive	2				21787					AT COUNTRY?
11. MARITAL STATUS								us		
1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	NO	If yes, a	CENDENT OF HISPA pecify Cuban, Maxic S 2 X NO Speci	en, Puerto	i? (Specify Ver Ricen, etc.)	or No- 1	Black, V	American Indian, Vhita, etc. White
46 DECEDENT'S EDI	ICATION	10.5								
15. DECEDENT'S EDU (Specify only highest grade	e completed)		Give kind of w	USUAL OCCUPAT rork done during n e retired.)	ION nost of working	16b	KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 o	')						, -		0
	4	ta	icato)	r & Cur	riculum:				ontr	ol
17. FATHER'S NAME (First, Middle, Last) John Arthur Wo	Ptone				18. MOTHER'S NA					
	uers				Bet	ty To	lbert	Project.		
19a. INFORMANT'S NAME (Type/Print)			D. MAILING	ADDRESS (Street	and Number or Rural	Floute Num	ber, City or Tow	n, State, Zip C	iode)	
Janet Marie Wei	ss Walte	rs	40	7 Taney	Dr. Tan	eytow	n, MD	21787		
20a. METHOD OF DISPOSITION 1	and the Control	20b.PLACE	AND DATE O	F DISPOSITION //	iame of	DAT		CATION - CI	ty or Town	, State
4 Donation 8 Other (Specify)	IOVAI ITOM State	Smitti	ns burl	g Cremo	toru	1	Smiz	thsbur	a. Mi	9
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME	and appress of Fraudber Fi	ACILITY	0.00		<u> </u>	
	100	_		St	auffer Fi	unera	l Home	SPA		
23. PART I. Emp the diseases, or	Tell	eson)		Ρ.	0. Box 18	819,	Freder	ick,	MD 2	1702
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSE	OUENCE OF							
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d									
that initiated events	d				ng cause given in	Part I.	24e. WAS AN PERFOR	MED?	CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PART II. Other aignificant condition	d to		resulting is	n the underlying	ng cause given in	_	PERFOR	MED?	CC	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
PART II. Other aignificant condition	d	death but not	resulting in	on the underlyling the underly	PLACE OF DEATH (C)	heck only on	PERFOR	MED?	CC	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
PART II. Other aignificant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 17. YES 2 NO	d	death but not	resulting in	28. F OTHER: 4 Nursing No.	PLACE OF DEATH (C/	heck anly on	PERFOR	MED?	AN CX OH	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
PART II. Other aignificant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 17. YES 2 ONO 17. MANNER OF DEATH 18. Netural 5 Pending	HOSPITAL: 1 Inputent 2 GMonth, DMONTH,	death but not	resulting in	28. F OTHER: 4 Nursing Hot OF 28c. III	PLACE OF DEATH (C/	8 Othe	PERFOR	MED?	AW CC OI	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PART II. Other aignificant condition PART II. Other aignificant condi	HOSPITAL: 1 Inputient 2 5 28a. DATE OF (Month, D. 06-26-26a. PLACE O)	ER/Outpatient: INJURY 1992 FINJURY — At h.	3 DOA 28b. TIME 1NJU 8:15	28. F OTHER: 4 Nursing Hotel RY P M 1	PLACE OF DEATH (C/r me 5 Residence JURY AT ORK? YES 2 NO	8 Othe	PERFOR	MED? NO NJURY OCCU AUTO	RED THAT	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	HOSPITAL: 1 Inputient 2 5 28a. DATE OF (Month, D. 06-26-26a. PLACE O)	ER/Outpatient: INJURY 97, Year) — 1 99 2 FINJURY — At hate, (Specify)	3 DOA 285. TIME 1NJU 8:15	28. F OTHER: 4 Nursing Hoi C OF 28c. IN RY P M	PLACE OF DEATH (C/r me 5 Residence JURY AT ORK? YES 2 NO	abeck only on 28d. DES	PERFOR 1 VES 2 1 Specify) CRIBE HOW II ER OF ATION (Street & or Fown, State)	NJURY OCCU	RED THAT	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inputent 2 G 28a. DATE (Month, D 06-26- 28a. PLACE Olbuilding,	DER/Outpetlent : INJURY — At hetc. (Specify) (my knowledge, di	3 DOA 280. TIME 8:15 DON STF	26.5 OTHER: 4 Nursing Hor RPY 1 1 Irrest, factory, offil	PLACE OF DEATH (C/) The 5 Residence JURY AT ORK? YES 2 NO ca	a □ Othe 28d. DES DRIV 28f. Loc City 61 ½	PERFOR 1 VES 2 (Specify) (CRIBE HOW II ER OF ATION (Street a or Rown, State) W. BALT BAL	NJURY OCCU AUTO IMORE	RED THAT Rural Route STRI	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO STRUCK H Number,
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER 1 CERTIFING PHYSIA	HOSPITAL: 1 Inpetient 2 5 28a. DATE OF (Monin, D. O 6 - 2.	DER/Outpetlent : INJURY — At hetc. (Specify) (my knowledge, di	3 DOA 280. TIME 8:15 DON STF	26.5 OTHER: 4 Nursing Hor RPY 1 1 Irrest, factory, offil	PLACE OF DEATH (C/) The 5 Residence JURY AT ORK? YES 2 NO ca	a □ Othe 28d. DES DRIV 28f. Loc City 61 ½	PERFOR 1 VES 2 (Specify) (CRIBE HOW II ER OF ATION (Street a or Rown, State) W. BALT BAL	NJURY OCCU AUTO IMORE	RED THAT Rural Route STRI	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO STRUCK H Number,
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 V YES 2 NO 27. MANNER OF DEATH Accident Suicide Metural Investigation Suicide CERTIFIER CERTIFYING PHYS	HOSPITAL: 1 Inpetient 2 5 28a. DATE OF (Month, D) 06-26- 28a. PLACE OI building,	ER/Outpatient : INJURY 97, Year) — 1 99 2 F INJURY — At heate, (Specify) my knowledge, di	3 DOA 285, TIME INJU 8: 15 DOM, ferm, st 15 DN STF	28. F OTHER: 4 Nursing Hoo G OF 28c. IN RY PM 1 Itreet, factory, offil REET	PLACE OF DEATH (C/) The 5 Residence JURY AT ORK? YES 2 NO ca	as Other conf. on the conf. of	PERFOR 1 VES 2 (Specify) (CRIBE HOW II ER OF ATION (Street a or Rown, State) W. BALT BAL	NJURY OCCU AUTO IMORE IMORE	RED THAT Route STRI	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO STRUCK H Number, EET



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-
TO THE HOSTILL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

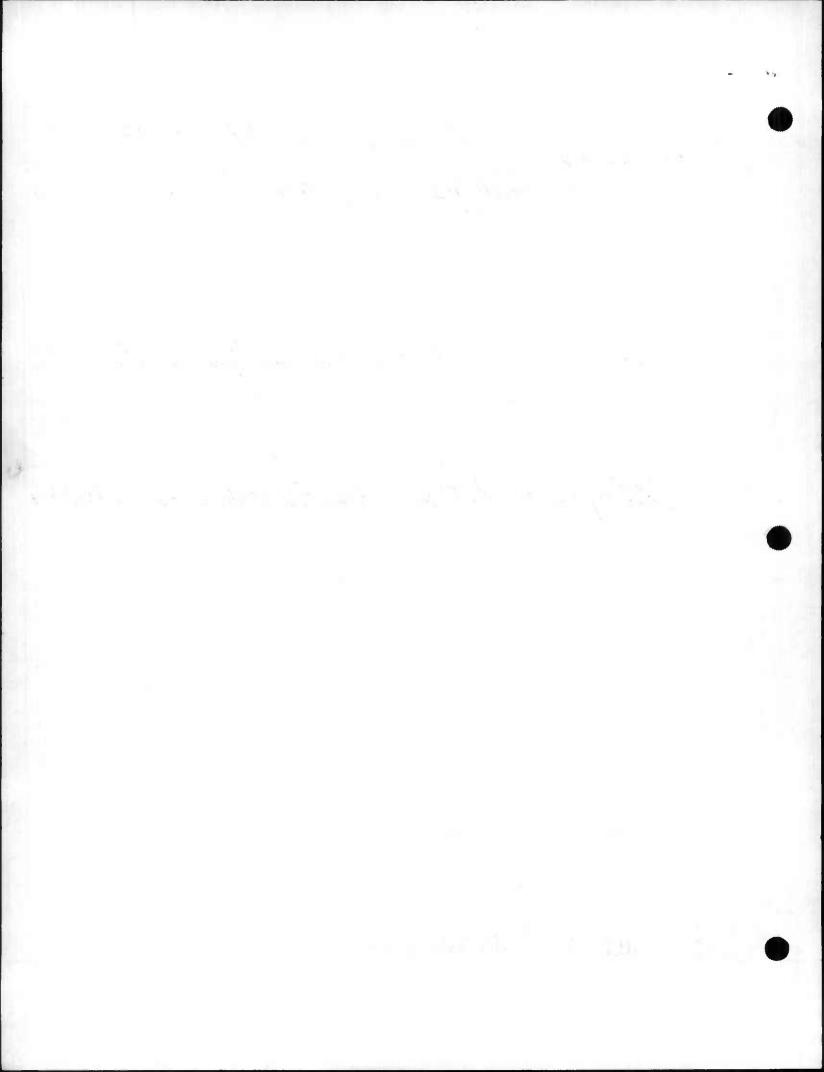
ė						92	21157
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH AND I	MENTAL HYGIEN REG. NO	E	61101
	DECEDENT'S NAME (First, Middle, Last) OFFICE AND	Donald	Wot	PERT SR	2. DATE OF DEATH	-1990	3. TIME OF DEATH
	387 20 9733	15XM 2 □ F	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 01-16-19;	Co	RTHPLACE (State or Foreign unitry) W I
TOR	99. FICILITY NAME (If not institution, of the of the office of the offic	reet and number)	ital	96, CITY, TOWN OR LOCATION OF DE	PACE	9c, COUNTY OF	FORATN
DIRECTOR	100. STATE 10b. COUNTY	larford	10c. CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	iai ioi d		Aberdeen 101. ZIP CODE		10a, CITIZEN O	1 X YES 2 □ NO F WHAT COUNTRY?
FUNERAL	708 Shirley Dri	ve		21001			JSA
S	11. MARITAL STATUS	12. WAS DECEOENT EVER I		13. WAS DECENDENT OF NISPAN	IIC ORIGIN? (Specify Yes	or No.— 14, R/	ACE — American Indian.
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		If yes, specify Cuban, Mexice 1 ☐ YES 2 ② NO Specify			leck, White, etc.
ED E	15, DECEDENT'S EDU	CATION	THE DECECUTION	USUAL OCCUPATION		- 1	White
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of the Do NOT ut	work done during most of working	166. KIND OF BU	SINESS/INOUSTRY	,
MPI	12		(Ret) S	upply Officer	Federal	Govern	ment
	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Maiden	Sumame)	
BE	John Wopper	<u>'t</u>			Becker		
2	19e. INFORMANT'S NAME (Type/Print)	¥47		ADDRESS (Street end Number or Rural I			
	Mrs. Charlotte V	201		Shirley Dr., Ab		MD 210	
	1 N Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State Cer.	metery, crematory or o		<u> </u>	oerdeen	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	urror a	22. NAME AND ADDRESS OF FA	CILITY		
,	الماليات.	XX	T	Mitchell-Smith	ce. MD	21078-3	
	23. PART I. Enter the diseases, or o	amaliantiana that are			100	22010	
	ahock, or heart failure.	complications that cause List only one cause on a	d the deeth. Do r	not enter the mode of dying, aucl	n aa cardiec or reapi	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Final disease or condition	List only one ceuse on e	d the deeth. Do reach line.	/	57 7 6	ratory arreat,	Approximata interval Between Onset and Death
	immediate cause (Final	a. Cerchi	d the deeth. Do reach line.	elar occi	Jest L	ratory arreat,	interval Between
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Cereby Due to (or as a	A CONSEQUENCE OF	twe Sensis	Jent	hy/occ	Interval Between Onset and Death
SATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Cereby Due to (or as a	11/48 (4	twe Sensis	Jent		Interval Between Onset and Death
IFICATION	snock, or near failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	lar occi Tre Sepsis De Hoilar	Jent		Interval Between Onset and Death
ERTIFICATION	smock, or near failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	A CONSEQUENCE OF	lar occi Tre Sepsis De Hoilar	Jent		Interval Between Onset and Death
AL CERTIFICATION	snock, or near failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	lar occi Tre Sepsis De foilur	dent (Stop	hyloco	Interval Between Onset and Death
	snock, or near failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	lar occi Tre Sepsis De foilur	Ostap (Stap Part I. 24e. WAS AN PERFOR	AUTOPSY 2	Interval Between Onset and Death (L.C.) 14b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	snock, or near failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	lar occi Tre Sepsis De foilur	(Stap	AUTOPSY 2	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	snock, or neart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition The Cause of the ca	DUE TO (OR AS A	A CONSEQUENCE OF	the Sepsis The Sepsis The Sepsis The Sepsis The Sepsis	Ostap (Stap Part I. 24e. WAS AN PERFOR	AUTOPSY 2	Interval Between Onset and Death (L.C.) 14b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other signifigant condition 25. WAS CASE WEFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	in the underlying cause given in the	Part I. 24e. WAS AN PERFOR	AUTOPSY 2	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 1	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	in the underlying cause given in CONTON CONT	October (Specify)	AUTOPSY DAO	Interval Between Onset and Death 4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Brock, or neart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition 1 VICAMINERY 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	DOUBLING TO BE STATE OF THE STA	in the underlying cause given in CONTON CONTON CALLED OF DEATH (Che OTHER: 4 IN Nursing Nome 5 Reeldence E OF 28. INJUNY WORK?	Och Top (Stap Part I. 24a. WAS AN PERFOR AS UN LATTES 2 Jock only one)	AUTOPSY DAO	Interval Between Onset and Death 4-b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other signifigant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	in the underlying cause given in CONOLOW CALCULATION C	Part I. 24a. WAS AN PERFOR SULFYES 2 Control one) B Other (Specify) 28d. DESCRIBE NOW III	AUTOPSY MEO7	Interval Between Onset and Death 46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	snock, or neart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition 25. WAS CASE INFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	DUE TO (OR AS / DUE TO (OR AS	A CONSEQUENCE OF A CONS	in the underlying cause given in CONOLOW CALCULATION C	October (Specify)	AUTOPSY MEO7	Interval Between Onset and Death 46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS A DUE TO (OR AS	DESCRIPTION OF THE PROPERTY OF	in the underlying cause given in CONOLOW CALCULATION C	Part I. 24a. WAS AN PERFOR AS LA CATION (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street & City or Town, State)	AUTOPSY MEO7 AO NJURY OCCURED	Interval Between Onset and Death 46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS / DUE TO (OR AS	DOS () A CONSEQUENCE OF	In the underlying cause given in CONTON 28. PLACE OF OEATN (Che THE PIE TO	OCA PART I. 24a. WAS AN PERFORM OF VERY 2 LOCK ONly One) B Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street of City or Town, State) to the cause(e) and mer	AUTOPSY MEO7 DAO NJURY OCCURED	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	DOS () A CONSEQUENCE OF	in the underlying cause given in CONTON CONTON CONTON CARACE OF OEATN (Che OTHER: 4 Nursing Name 5 Recidence E OF URY M 1 YES 2 No Name of the conton	Part I. 24e. WAS AN PERFOR SUPPLY STATES 2 LOCATION (Street & City or Town, State) 10 the cause(e) and mer time, date and place, and	AUTOPSY MEO7 AUTOPSY MEO7 AO NJURY OCCURED and Number or Rura ther ee stated, d due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Brock, or neart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CONCERNING OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE (CHECK ONL	DUE TO (OR AS A DUE TO (OR AS	DUL NOT resulting a consequence of the consequence	in the underlying cause given in CONTON In the underlying cause given in CONTON CONTON In the underlying cause given in CONTON	Part I. 24e. WAS AN PERFOR SUPPLY STATES 2 LOCATION (Street & City or Town, State) 10 the cause(e) and mer time, date and place, and	AUTOPSY MEO7 AUTOPSY MEO7 AO NJURY OCCURED and Number or Rura ther ee stated, d due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition 1 VES 2 NO 25. WAS CASE INFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSK Only 2 MEDICAL EXAMINE)	DUE TO (OR AS A DUE TO (OR AS	DUL NOT resulting a consequence of the consequence	in the underlying cause given in CONTON In the underlying cause given in CONTON CONTON In the underlying cause given in CONTON	Part I. 24e. WAS AN PERFOR SUPPLY STATES 2 LOCATION (Street & City or Town, State) 10 the cause(e) and mer time, date and place, and	AUTOPSY MEO7 AUTOPSY MEO7 AO NJURY OCCURED and Number or Rura ther ee stated, d due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Brock, or neart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CONCERNING OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE OF CERTIFIER (Check only 1 CERTIFYING PNYSIC ONL) CAUSE (CHECK ONL	DUE TO (OR AS A DUE TO (OR AS	DOLLAR CONSEQUENCE OF A	in the underlying cause given in CONTON In the underlying cause given in CONTON CONTON In the underlying cause given in CONTON	Part I. 24e. WAS AN PERFOR SUPPLY STATES 2 LOCATION (Street & City or Town, State) 10 the cause(e) and mer time, date and place, and	AUTOPSY MEO7 AUTOPSY MEO7 AO NJURY OCCURED and Number or Rura ther ee stated, d due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
24 hours at	filled in by ion, or rem	the medic	
cuted within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fa- be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	lic event, 1	
ficate be exe	physician an	er trauma	
death certi	e attending fental Hygie	ury, or oth	
ires that the	signed by the	vs any in	
he law requ	bas been se Dept. of H	m 23 show	
YSICIAN: TI	is certificate	ed, or iter	
ENDING PH	DR: After thi	8 is mark	
TAL OR ATT	AL DIRECTO	if Item 2	
THE HOSPI	THE FUNES filed within	PORTANT	
1	2 3	폴	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMENT CERTIFICATE		MENTAL HYGII		21100
	1. DECEDENT'S NAME (First, Middle, Last)	1. young			2. DATE OF DEATH	DAY C	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-34-1906	5. SEX 6. AGE (In yrs.	MONTEUR	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
OR	Southborn miles	atreet and number) . HOSPITAL		TOWN OR LOCATION OF O	LAUS 14		ashington DC Y OF GEATH OF GEORGE
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY, TOWN OF	LOCATION			10d. INSIDE CITY
AL DI	Maryland Pri	nce Georges	Brandy	Wine 101. ZIP CODE		10g. CITIZE	1 ☑ YES 2 ☐ NO N OF WHAT COUNTRY?
FUNERAL	15515 Brandywi	12. WAS DECEDENT EVER IN U.S.	ARMED 13. W	2061			S A
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ANO III	yes, specify Cuben, Mexic YES 2 NO Speci	an, Puerto Rican, etc.)		Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EOL (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S USUAL OCC (Give kind of work done du ife. Do NOT use retired.)	CUPATION working most of working		BUSINESS/INDUS	
OMPL	17. FATHER'S NAME (First, Middle, Last)	//	inting 1	echniciai	and	Print	ing
BE CC	Austin Young				AME (First, Middle, Meidle). Toye	len Surneme)	
TO B	19a. INFORMANT'S NAME (Type/Print) Evelyn Battle			Street and Number or Rural			
	20a. METHOD OF DISPOSITION 1 Gr Burial 2 Cremation 3 Rem	20b. PLAC	CEAND DATE OF DISPOSIT			andywi	ne, Md 20613 y or Town, Stata
	4 Donation 5 Other (Specify)	MD.		Cemetary		helten	ham, MD
	* Llayd	M. Este	p A	lams Finesa	I Home	Agua	seo Md 2060A
		List only one cause on each i	ina.		ch sa cardiac or re-	spiratory arrea	intarval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	· he tastate	c Cara	- ona			Onset and Death
z		DUE TO (OR AS A CON	SEOUENCE OF):				
ATIO	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CON!	SEOUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):				
	PART II. Other aignificant condition	d	at requiting in the und	erhylag gause ghvan in	Part I ar uno	AN AUTOPSY	I
EDICAL		The second second second	t rosulting in the unit	arying cause given in	PERF	ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC							1 TYES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (Ch	neck only one)		
HYS	1 TYES 2 THO 27. MANNER OF DEATH	1 Department 2 ER/Outpatient 28e, DATE OF INJURY	28b. TIME OF 2	g Home 5 Rasidence	8 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCUP	RED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO	3042100-304		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, factor	y, office	28f. LOCATION (Stree City or Town, Ste	et and Number or ite)	Rural Route Number,
COMPLETED		ICIAN: To the best of my knowledge, ER: On the basis of examination and/					ause(s) and manner as stated.
H	286. BIGHATURE AND TITLE OF CERTIFIES	aren	 	29c. LICENSE NUI	MBER 352	29d, DATE S	IGNED (Month, Day, Year)
5	30, NAME AND ADDRESS OF PERSON WH	Astule 913	1 Procestar	01/	linton h	20 20	775.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	n Randelle			0.70	1



page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

filled in by the funeral director, ion, or removal.

cremation, the

completely

the attending physician and corr Mental Hygiene prior to burial,

signed by the

t. of H

medicai

event,

injury,

Shows

executed within HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIRECTOR: After the hours after death vitem 28 is mark TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2

E

15

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Anna Lore Zahniser CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9000 -92 YEAR DAY ? bNISer Lore 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) DAYS 212-56-0754 1 M 2 V F 6-06-1909 83 Maryland 9a. FACILITY NAME (If not institution, give street and nu 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 70 RESIDENCE OF 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Calvert Solomons 1 - YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14356 South Solomons Island Road 20688 U.S.A. 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 🕅 Widowed 4 🔲 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Grade 12 Housewife / Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Cobb Lore notified at Sarah Tucker BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Albert Zahniser (son) P. O. Box 760, Solomons, Maryland 20688 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 1 To Buriel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) St. Peter's Episcopal Cem. 7/16 Lusby, Maryland examiner 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, 4405 Broomes Isl. Rd. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Port Republic, Maryland 20676 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition MULTIPLE CENOBROVASCULAR Accidents resuiting in deeth) or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not reaulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS amy AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO OF OFATH? 1 YES 2 NO PHYSICIAN: has be Dept. this certificate har with the State De irked, or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH

1 Netural 5
2 Accident 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 5 Pending BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(a) and menner as stated. (Check only one) MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 200 SIGNATURE AND TITLE OF SERTIFIER 29c. LICENSE NUMBER 8 29d. DATE SIGNED (Month, Day, Year) 2 OEATH (ITEM 27) (Type, Print) Aulia Davidson - Agandalle

The state of the s

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

FOR

	1. DECEDENT'S NAME (First, Middle, Linst) Howard E. Zie								2. DATE OF DEATH MONTH 7/17/	DAY Q 2	YEAR 3	1:00 A.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birthda)) IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH	32	0. BIRTHPL	ACE (State or Foreign
	272-03-0227	1 XM 2 □ F		87 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 7/6/05		Country)	nio
TOR	90. FACILITY NAME (if not institution, give Union Hospital				9b. CITY		ton	OF DE		9c. COUN	TY OF DEA	ГН
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT MD C	ecil			North							Dd. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 200 Rolling Av	enue				101	ZIP CODE	190	01	10g. CITIZ		AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 X NO	1 1 2	f yee, spe	ecity Cuben,	HISPAN Mexica Specify	IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)	ee or No-	14. RACE — Black, V Specify:	American Indian, white, etc. White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2	UCATION le completed) Collège (1-4 or 5 +	•)	16a. DECEDENT (Give kind o life. Do NOT Audite	work done (use retired.)	CUPATIO Suring mo.	ON st of working		166. KIND OF B		USTRY	
ш	17. FATHER'S NAME (First, Middle, Last) Edward R. Zie	1ke							ME (First, Middle, Maide trude Ov		9	
TO B	Betty Zielke			19b. MAILIN 200	RO1	(Street e	nd Number or	Rural F	North E	wn, State, Zip	Code) MD	21901
	20e, METHOD OF DISPOSITION 1			PLACE AND DATE etery, cremetory or A Fe		TION (Na	me of 7/17	/9:		ocation - c		
	21. SIGNATURE OF FUNERAL SERVICE U	Cleve				See	Fune	ra	l Home,			
z	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	4~+	consequence	nan							Approximate interval Batwonset and Da
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	с		CONSEQUENCE (
	PART II. Other algorificant condition	rojorny	acr	outed !	vitte	ha	lenti	hai		RMED?	CO OF	RE AUTOPSY FINDIN NEABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
: WE	t deligeration.	, clumic			DACTOR .		3					
SICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 XNO	HOSPITAL:			OTHER	20. PL	ACE OF DEAT	H (Che				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	ER/Outp	atient 3 DOA	OTHER	28. PL/ ing Home 28c. INJU WOF	ACE OF DEAT	H (Che	ck only one) G Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	JRED	
TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Impellent 2 28e. DATE OF I	ER/Outp	atlent 3 DOA 28b. Til	OTHER 4 Nure ME OF JURY M	28. PL/ : ing Home 28c. tNJL WOF 1 Y	ACE OF DEAT	H (Che	3 Cher (Specify)	and Number o		o Number,
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be	HOSPITAL: 1 Impetient 2 = 28e. DATE OF I (Month, De) 28e. PLACE OF building, a	ER/Outp	atlent 3 DOA 28b. Til IN At home, ferm,	OTHER 4 Nurse ME OF JURY M street, factor	28. PLJ: ing Home 28c. INJL WOF 1 Y ry, office	ACE OF DEAT	H (Chee	28d. DESCRIBE HOW 28d. LOCATION (Street City or Town, State	and Number o	or Rural Route	

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

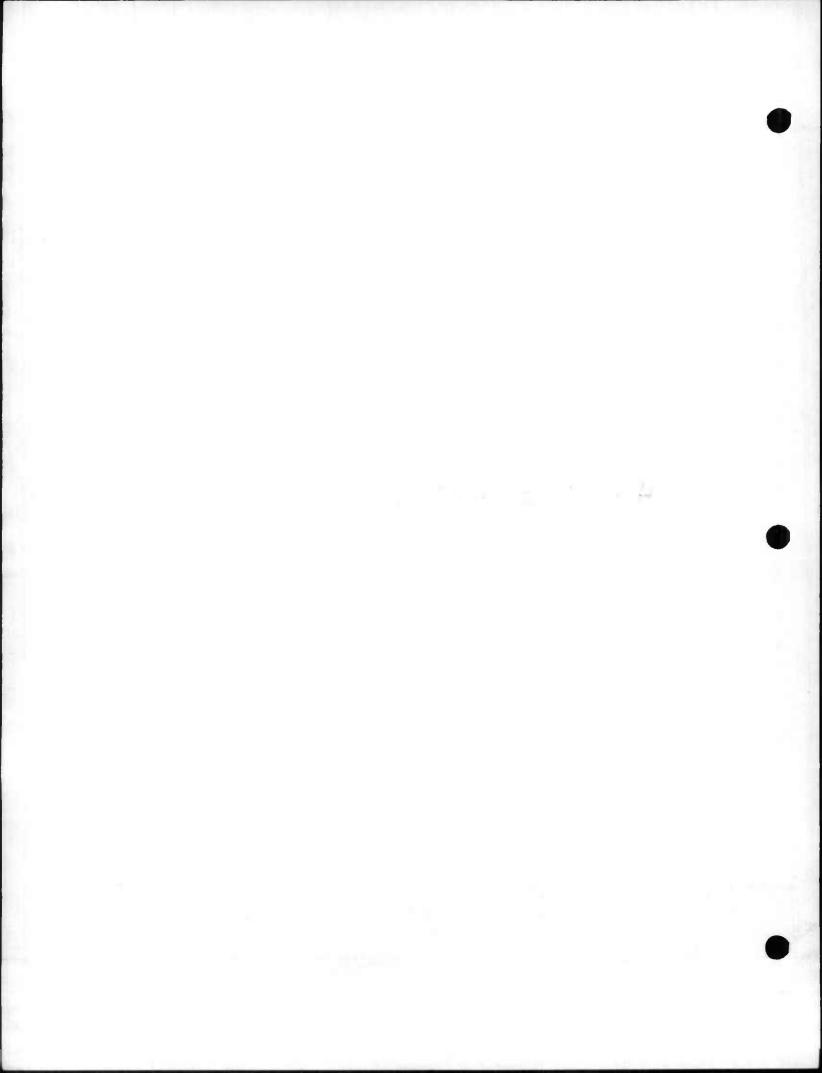
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

1. DECEDENT'S HAME (First, Middle, Last)			CATE OF DEAT		REG. NO.		
					OF DEATH		3. TIME OF DEATH
THELMA ANTO	INETTE ASI	HE		JUL	Y 21 19	92	
4. SOCIAL SECURITY HUMBER			IF UNDER 1 YEAR	HRS. 7. DATE	OF BIRTH	g Bioru	IPLACE (State or Foreign
220 20 2720			NONTHS DAYS HOURS	MIN. (Mont	th, Day, Year)	Countr	γ)
220-20-2728 Se. FACILITY NAME (If not institution, give str		00	A. 6/27/ 200/2	JUN			RGINIA
			9b. CITY, TOWN OR LOCATIO	N OF DEATH	9c. CC	DUNTY OF D	EATH
2825 GWYNNS FA	ALLS PARK	WAY	BALTIMORE				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40. OUTV	TOWN OR LOCATION				
Description 1997							10d. INSIDE CITY LIMITS?
MARYLAND			BALTIMORE				1 X YES 2 - HO
10e. STREET AND HUMBER			10f. ZIP CODE		10g. C	ITIZEH OF Y	VHAT COUNTRY?
2825 GWYNNS FA	ALLS PARKI	WAY	2	1216		US	A
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF	HISPANIC ORIGI	N? (Specify Yes or Ho-	14. RACE	- American Indian,
1 Never Married 2 Merried	FORCES? 1 YE	S 2 XNO	If yes, specify Cuben.	Mexican, Puerto Specify:	Rican, etc.)	Bleck	c, White, etc.
3 Widowed 4 Divorced	50 -0.07 - 1000, 411		, a res r Mino	орвону.		Speci	BLACK
16, DECEDENT'S EDUC		16a. DECEDENT'S U		160	. KIHD OF BUSINESS/I	HOUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during most of working retired.)		ALTIMORE		v
, (5 12)	5+	EDUCA	ATOR				
17. FATHER'S HAME (First, Middle, Last)	JT_	1 22002			UBLIC SC		5
	ED COTES				Middle, Malden Surname,)	
DR. WILLIAM TYI	LER COLEMA			EOLA			
19a. IHFORMANT'S HAME (Type/Print)			DDRESS (Street end Number of				
CLARICE PARRI	ISH	2109	BRYANT AV	E BALT	IMORE, M	D 2	1217
20a. METHOD OF DISPOSITION 17 Burlal 2 Cremation 3 Remo		06. PLACE AND DATE OF		DAT	E 20c. LOCATION -	- City or To	wn, State
4 Donation 5 Other (Specify)		emetery, cramatory or othe MT AUBURN	N CEMETERY	7/	28BAT.TTM	OPF.	MARYLAN
21. SIGNATURE OF FUHERAL SERVICE LICE			22. HAME AHD ADDRESS	OF FLOURTH			
+. 0 .+	6 7	++	2501 GWY	N N	UTTER FU	NERA	L HOMES, TO, MD 21
23. PART I. Enter the diseasea, or co	C. M.	Med					10,MD 21
disease or condition resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	aver-				
Sequentially list conditions, b.	DUE 70 (00 to						
if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		A CONSEQUENCE OF):					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):		ren in Part I	24s, WAS AN AUTOPO	y 24h	WERE AUTTORY ENTRY
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):		ren in Pert I.	24a. WAS AN AUTOPS PERFORMED?	Y 24b.	WERE AUTOPSY FINDING AWAILABLE PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):		ren In Pert I.		Y 24b.	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):		ven in Pert i.	PERFORMED?	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions	DUE TO (OR AS	A CONSEQUENCE OF):		ven in Pert I.	PERFORMED?	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS	A CONSEQUENCE OF):	the underlying ceuse gi		PERFORMED?	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS	but not resulting in	the underlying ceuse gi	ATH (Check only or	PERFORMED? 1 YES 2 NO	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS contributing to deeth HOSPITAL: 1 Inpetient 2 ER/Ou	but not resulting in	the underlying ceuse gives the underlying ceuse gives a ce	ATH (Check only or	PERFORMED? 1 YES 2 NO NO NO NO (Specify)		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MAHHER OF DEATH 1 Hatural 5 Pending	DUE TO (OR AS contributing to deeth	but not resulting in	26. PLACE OF DEDTHER: Thursing Home 5 Real OFF 28c. INJURY AT WORK?	ATH (Check only or dence 6 Othe 28d, DES	PERFORMED? 1 YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MAHNER OF DEATH 1 Hatural 5 Pending Investigation	DUE TO (OR AS contributing to deeth HOSPITAL: I Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	but not resulting in	26. PLACE OF DEDTHER: Hursing Home 5 Real OF 28c. INJURY AT WORK? M 1 YES 2	NTH (Check only or idence 6 - Othe 28d. DES	PERFORMED? 1 VES 2 NO 10 VES 2 NO 10 (Specify) 3CRIBE HOW INJURY O	CCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MAHHER OF DEATH 1 Hetural 5 Pending	DUE TO (OR AS contributing to deeth HOSPITAL: I Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	but not resulting in stpatient 3 DOA 4	26. PLACE OF DEDTHER: Hursing Home 5 Real OF 28c. INJURY AT WORK? M 1 YES 2	NTH (Check only or idence 6 Other 28d, DES	PERFORMED? 1 YES 2 NO NO NO NO (Specify)	CCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MAHNER OF DEATH 1 Hatural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS contributing to deeth HOSPITAL: Impetient 2	but not resulting in stpatient 3 DOA 4	26. PLACE OF DEDTHER: Hursing Home 5 Real OF 28c. INJURY AT WORK? M 1 YES 2	NTH (Check only or idence 6 Other 28d, DES	PERFORMED? 1 YES 2 NO TO (Specify) 3CRIBE HOW INJURY O	CCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MAHHER OF DEATH 1 Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS contributing to deeth contributing to deeth DUE TO (OR AS contributing to deeth CONTRIBUTION C	but not resulting in stpatient 3 DOA 4 (26b. TIME (IHJUR HY — At home, term, streedly)	26. PLACE OF DE DE Hursing Home 5 Real WORK? 28. PLACE OF DE	NO 281. LOC	PERFORMED? 1 YES 2 NO NO NO NO SCRIBE HOW INJURY OF Town, State)	CCURED ov or Rural R	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MAHHER OF DEATH 1 Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only)	DUE TO (OR AS contributing to deeth Contributing to deeth DUSPITAL: Inpetient 2	but not resulting in stpatient 3 DOA 4 (26b. TIME (26. PLACE OF DED THER: Hursing Home 5 Real OF WORK? M 1 YES 2 set, factory, office	NO 281. LOC City	PERFORMED? 1 YES 2 NO NO NO NO SCRIBE HOW INJURY OF Town, State)	CCURED our or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH 1 Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICI	DUE TO (OR AS contributing to deeth Contributing to deeth DUSPITAL: Inpetient 2	but not resulting in stpatient 3 DOA 4 (26b. TIME (the underlying ceuse gives the underlying ceuse gives a ceuse gives a ceuse gives at the time, dete end place, a in my opinion, death occurred.	ATH (Check only or dence 6 Other 28d. DES NO 28t. LOC City and due to the caud at the time, date	PERFORMED? 1 YES 2 NO NO NO NO SCRIBE HOW INJURY OF Town, State) ATION (Street and Numbor Town, State) see(e) and manner as state and place, and due to	CCURED eer or Rural R tated,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Oute Number,
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hatural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS contributing to deeth Contributing to deeth DUSPITAL: Inpetient 2	but not resulting in ripetient 3 DOA 4 / 26b. TIME (INJURY — At home, term, streecify)	26. PLACE OF DEDTHER: 26. PLACE OF DEDTHER: Hursing Home 5 Real OFF 28c. INJURY AT WORK? 1 YES 2 set, factory, office at the time, date end place, a in my opinion, death occurred	NTH (Check only or dence 6 Other 28d. DES NO 28t. LOC City and due to the caud at the time, date	PERFORMED? 1 YES 2 NO NO (Specify) CRIBE HOW INJURY O ATION (Street end Numb or Town, State) see(e) end manner as st end place, end due to	CCURED eer or Rural R tated,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS contributing to deeth contributing to deeth HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year)	but not resulting in ripetient 3 DOA 4 / 26b. TIME (INJURY — At home, term, streecify)	26. PLACE OF DEDTHER: 26. PLACE OF DEDTHER: Hursing Home 5 Real OFF 28c. INJURY AT WORK? 1 YES 2 set, factory, office at the time, date end place, a in my opinion, death occurred	NTH (Check only or dence 6 Other 28d. DES NO 28t. LOC City and due to the caud at the time, date	PERFORMED? 1 YES 2 NO NO (Specify) CRIBE HOW INJURY O ATION (Street end Numb or Town, State) see(e) end manner as st end place, end due to	CCURED eer or Rural R tated,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Oute Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MAHNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Hemicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. HAME AND ADDRESS OF PERSON WHO	DUE TO (OR AS contributing to deeth contributing to deeth HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year)	but not resulting in ripetient 3 DOA 4 / 26b. TIME (INJURY — At home, term, streecify)	26. PLACE OF DEDTHER: 26. PLACE OF DEDTHER: Hursing Home 5 Real OFF 28c. INJURY AT WORK? 1 YES 2 set, factory, office at the time, date end place, a in my opinion, death occurred	NTH (Check only or dence 6 Other 28d. DES NO 28t. LOC City and due to the caud at the time, date	PERFORMED? 1 YES 2 NO NO (Specify) CRIBE HOW INJURY O ATION (Street end Numb or Town, State) see(e) end manner as st end place, end due to	CCURED eer or Rural R tated,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Oute Number,
## any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST ### PART II. Other algnificent conditions ### 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS contributing to deeth contributing to deeth HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year)	but not resulting in ripetient 3 DOA 4 / 26b. TIME (INJURY — At home, term, streecify)	the underlying cause given the underlying cause given the underlying cause given the underlying cause given the underlying the	NTH (Check only or dence 6 Other 28d. DES NO 28t. LOC City and due to the caud at the time, date	PERFORMED? 1 YES 2 NO NO (Specify) CRIBE HOW INJURY O ATION (Street end Numb or Town, State) see(e) end manner as st end place, end due to	CCURED eer or Rural R tated,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Oute Number,



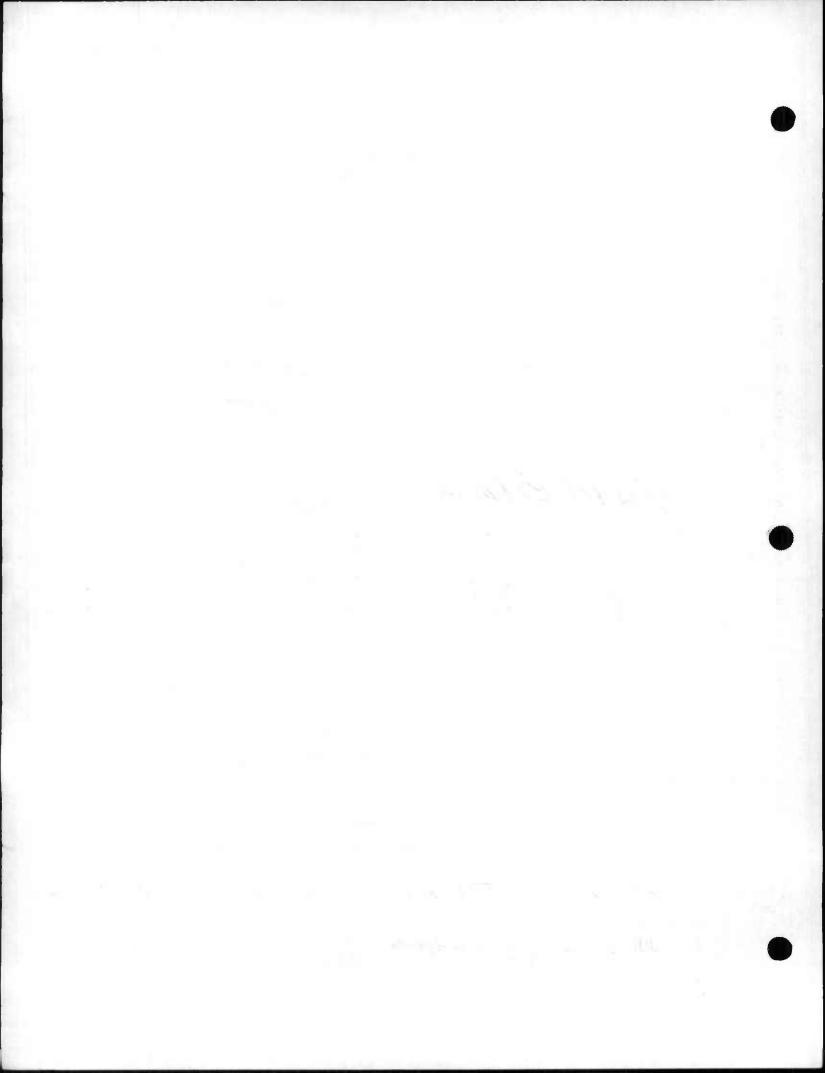
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE	OF I	DEATH		REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)								F DEATH			3. TIME OF DEATH
	RAYMOND	LEE	٨	TWELI				MONTH		AY 1.0	YEAR	
	4. SOCIAL SECURITY HUMBER		B. AGE (In yrs. le		IF UNDER t Y			07	2	9 19	992	M
		1 📈 M 2 🗆 F					IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign ry)
	216-44-7700		86	YRS.				09	19 1	905	MARY	/LAND
	9a. FACILITY HAME (If not institution, give st	reet and number)			9b. CITY, TO	OWN OR	R LOCATION OF D	EATH		9c. COU	JNTY OF D	EATH
5	483 Louise Lane				Arn	b Lo				1 /	Anno	Arundel
5	RESIDENCE OF DECEDENT				112 11	01.0				E	illie	Arunder
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR I	LOCATIO	ON					10d. INSIDE CITY
	MD ANNE	ARUNDEL		AF	RNOLD							LIMITS?
4	10e. STREET AND NUMBER					10f. 2	ZIP CODE			10a, CIT	IZEN OF Y	WHAT COUNTRY?
E.	483 LOUISE LANE						21012			-		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II C AI	DAMED	40 1100	_	21012				S.A.	
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	II ye	s, spec	NDEHT OF HISPAI city Cuban, Maxica	in, Puerto Ri	(Specify Yes	s or No—	14. RACE Black	E — American Indian, k, White, stc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WA	R OR DATES		1 [YES 2	2 X NO Specif	y:			Speci	
	15, DECEDENT'S EDUC	ATION	201.0								1	WHITE
	(Specify only highest grade of	completed)	(0	live kind of I	Work done durk			16b. I	KIHD OF BU	SINESS/INI	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us								
M		NONE		STORE	MANA	GER		U	S. N.	AVAL	ACAD	YMA
COMPLETED	17. FATHER'S HAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Mi	ddle, Meiden	Surname)		
BE	HENRY ATWELL						MARY YO	DUNG				
8	19a. IHFORMANT'S HAME (Type/Print)		19	b. MAILING	ADDRESS (St	treet and	d Number or Rural		r. City or Tow	n. State. Zie	n Code)	
2	JOAN DUCKETT						NE ARNO				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	20a. METHOD OF DISPOSITION				OF DISPOSITIO							
	1 N Buriel 2 Cremailon 3 Ramo	val from State	cemetery, cre	ematory or o	ther place)	IN (Nam	e or	DATE	20c. LO	CATION —	City or To	wn, Stata
- 1	4 Donalion 5 Doyler (Specify)		HALLIN	HAVE	MEMO.	KIA.	L PARK	1/-3	l GL	EN BU	JRNIE	E, MD 21061
	21. SIGNATURE OF GREENE SERVICE CO	1/1					ETON FUN		HOME			
	MINERY	(1) (1) h	WIT									
	23. PART I. Enter the diseases, or ci	omplications that	ceused the de	eath. Do r	of enter the	mode	OND AVE.	b se cardle	GLE	BUK	NIE,	MD 21061
	snock, or neart tangre. L	ist only one ceuse	on each line	B.								Approximate interval Between
	immediate cause (Final disease or condition resulting in death) a. Condition Conditions of Conditions, If any, leading to immediate cause. Enter UNDERLYING CALISE (Chieses or conditions, If any, leading to immediate cause. Enter UNDERLYING CALISE (Chieses or conditions, If any, leading to immediate cause. Enter UNDERLYING CALISE (Chieses or conditions, If any leading to immediate cause. Enter UNDERLYING CALISE (Chieses or conditions, If any leading to immediate cause. Enter UNDERLYING CALISE (Chieses or calibration).											
ļ.	resulting in death) a.											
	DUE TO (OR AS A CONSEQUENCE OF):											
No.	Sequentially list conditions,	Car	VF-	76			1					
CERTIFICATION	If any, leading to immediate	00 or 500	PAS A COHSE	OUEHCE OF	7: 1-		1	, -		1	,	2
2	CAUSE (Disesse or Injury						Cen	AN	ירע			men
는 II	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	OUENCE OF	ት :							
# 1	d.											
0	PART II Other significant conditions	nontributing to d		- tot - t								
DICAL	PART II. Other significant conditions	contributing to a	eeth but not i	resulting i	n the under	riying (ceuse given in	Part I. 2	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă I									YES 2	NO		COMPLETION OF CAUSE OF DEATH?
												1 TYES 2 NO
PHYSICIAN: ME								_				
₹	25. WAS CASE REFERRED TO MEDICAL				2	6. PLAC	CE OF DEATH (Chi	nck only one)				
8		HOSPITAL: 1 Inpatient 2 E	B/Outretteet 2		OTHER:							
¥∥	27. MANNER QF DEATH	28a. DATE OF IN		28b. TIM			5 Residence					
	1 Natural 5 Pending	(Month, Day,	Year)	INJ	URY	WORK	K?	28d. DESC	RIBE HOW II	NJURY OC	CURED	
B	2 Accident Investigation						S 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF I building, at	HJURY — At ho c. (Specify)	ma, farm, s	treet, lactory,	offica		281. LOCAT	IOH (Street e Town, State)	nd Number	or Rural A	oute Number,
COMPLETED	1 Hornicide determined						_		,,			
2 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of m	y knowledge, de	ath occurre	d at the time.	data an	nd place and due	to the course	(a) and man		and .	
ξ	one) 2 MEDICAL EXAMIHER											
8			(- (- · · · · · · · · · · · · · · · ·		o, army opinio	on, 000	an occurred at the	time, uste at	no piace, an	o dua to m	ie cause(a)	and manner as stated.
H	29b. SIGNATURE AND TITLE OF CENTIFIER	, ,	,			2	POC. LICENSE NUN	BER		29d. DAT	E SIONED	(Month, Day, Year)
2	12 Th	search	To a	ans			116	20	6		71	29/92
- 1	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	М 27) (Туре,	Print)		177			-	1	11
	Jose M. Presbitero	7845 Oa	akwood	Road	Glen	Bu	rnie, M	D 21	061			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGHATURE	52952					001			
	JUL 3 1 1992	gula Da	relace-Ma	ndalle								1



notified at once

pe

must

examiner

medical

the

or other traumatic event,

Inlun,

shows any

23

or Item

marked.

MPORTANT: If item 28 Is

LEAN

9

1993

31. DATE FILED (M JHL

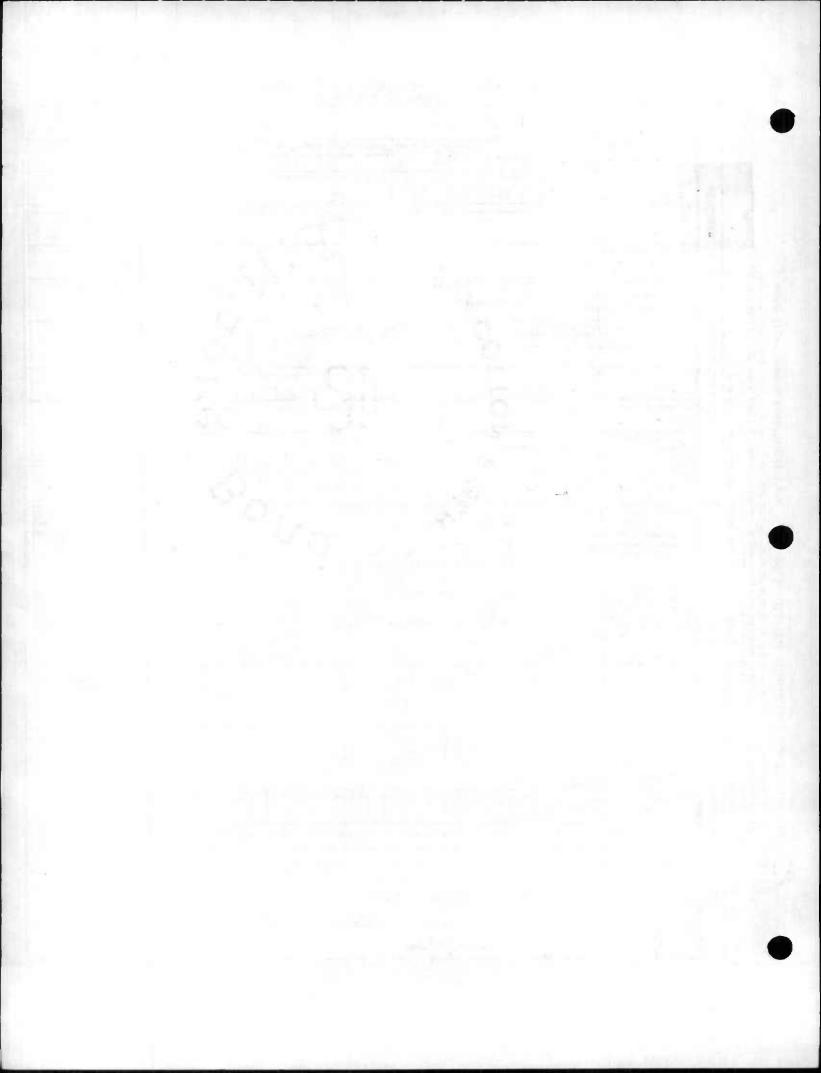
3001

132 REGISTRAR'S SIGNATURE

DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DEPITAL FUNERAL 72

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ST2 AULINE ODNE 2 2 60 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign -34-3514 3 216 1 M 2 F 01104 9a. FACILITY NAME (If not institution, give street end number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH tosp PIRECTOR ar DOV 49 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 140 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Cour 221 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Black BY 1 TES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 8+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) lams 0 BE . INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str 2 ronett ou METHOD OF DISPOSITION Burlel 2 Cremetion 20b. PLACEAND DATE OF DISPOSITION/Name of DATE 3 🗆 R (0 □ Donation 5 □ other (Specify) ai 21. SHUNATURE OF FUNERAL SERVICE LICENSES 22... NAME AND ADDRESS OF FACILITY vabas 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition TASTATIC HOLAHGIDCARCINOHA resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS LEGS AVAILABLE PRIOR TO COMPLETION OF CAUSE HROH BOPHLE 1 YES 2 NO OF DEATH? TULHOHARY 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER: npatient 2 - ER/Outpatient 3 - DOA 4 🗆 Nı ne 5 🗆 Rasidence 6 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 2ed. DESCRIBE HOW INJURY OCCURED 1 Notural M 84 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED e Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 29h SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 07 92 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON

BALTIHORE



Pages 1, 2, 3 should

permit.

BALTIMORE, MARYLAND 21215-0020

OF VITAL RECORDS, P.O. BOX 68760,

filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, notified at pe must examiner medical the the attending physician and completely Mental Hygiene prior to burial, crematic other traumatic event, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Injury, Health and эту has been s Dept. of H 23 r this certificate h 6 marked, DIRECTOR: After the hours after death v 28 FUNERAL I

PHYSICIAN:

BE

2

296. SIGNATURE AND TITLE OF CERTIFIER

A Work

MONGONOD

NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Items: 23 part I,27,28a,b,c,d,e,f per MEO G-690 8/14/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 2 1 6 4 FOR STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 0 28 ALFRED CHARLES BELLINGER 3:35 P 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 1 M 2 F 41 103-42-1657 7-29-50 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1122 SHIELDS PLACE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 617 E. 37th St 21218 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Black. COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(One kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) SELF-EMPLOYED Home Improvement 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Eugene Bellinger Erma Townsend 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Erma Bellinger 37th St./Baltimore MD 21218 20s. METHOD OF DISPOSITION

1 W Buriel 2 Cremation 3 Removal from State
4 Donation 5 Disposition 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Druld Ridge Cemetery Pikesville 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) NARCOTIC INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 XYES 2 NO ing Home 5 Residence 8 - Other (Specify) 4 🗆 N 28a. DATE OF INJURY FOUND 7 (ACC) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 7/28/92 M 1 YES 2 X NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1122 Shorilds Dlay 3 Sulcide COMPLETED € Could not be 1122 Sheil Baltimore, Sheilds Place more, Md. 4 Homicide FOUND AT HOME 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

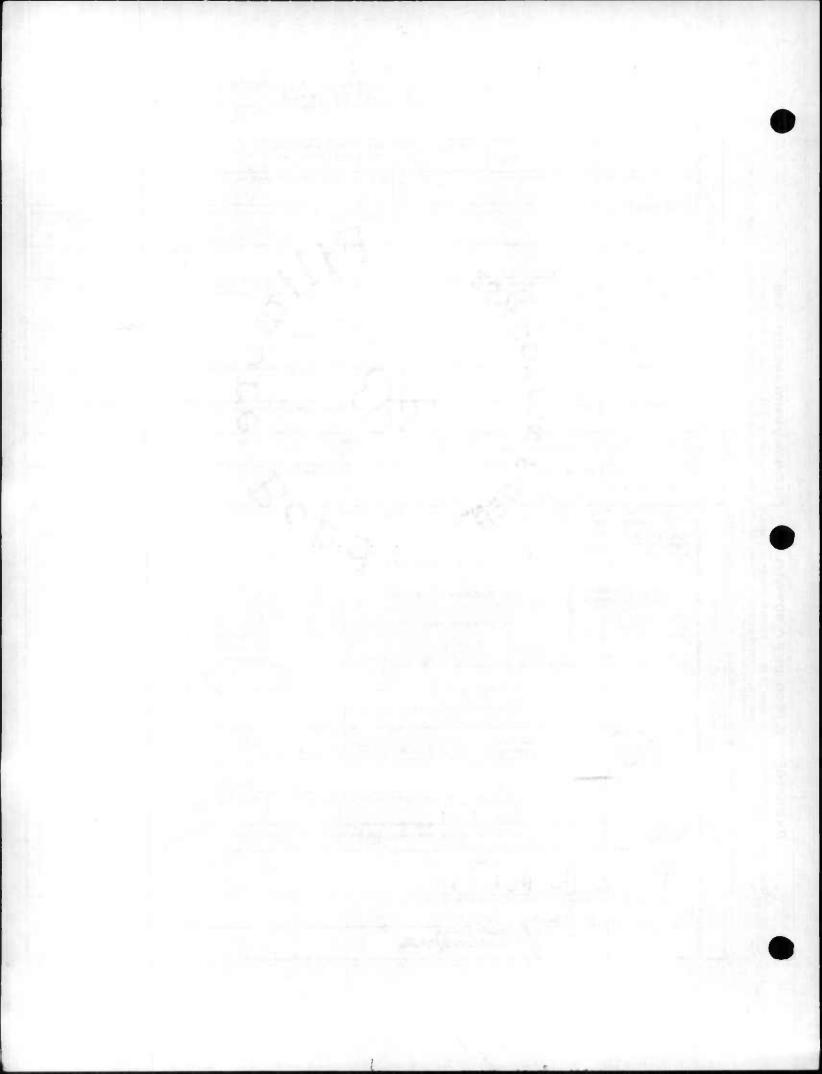
O.C.M.E.

111 PENN STREET, BALTIMORE, MARYLAND 21201

29d. DATE SIGNED (Month, Day, Year)

07/29/92

DHMH-16 Bey 1/89



Pages 1, 2, 3

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

RUMÉRAL WITHIN 72 h MOSPITAL

me-wittin

MPORTANT: II

2

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OX DESAIM

JUL 3 1 1992

50084K Qd

32. REGISTRAR'S SIGNATURE

e detached for use as the burial-transit permit.		
detache		Once.
should be		tified at
page 5		st be no
al director		ner mus
the funera	wai.	ical exami
led in by	. Of remo	med
pletely fil	remation	event, the
and com	burial, (23
hysician	e prior to	rs any injury, or other traumation
tending p	al Hygien	or oth
by the at	ind Ment	ny Injury.
as been signed by the al	of Health and	1, or item 23 shows an
as be	Dept.	23 3
cate h	with the State De	Item
certifi	the	, 07
After this	ter death with	marke
		m 28 is
DIRECT	hours a	item 28

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S HAME (First, Middle, Lest) 2. DATE OF DEATH DAY 3. TIME OF DEATH BROOKS JANNIE 1992 13/0 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Mar 11 8. BIRTNPLACE (State or Foreign Country) IF UNDER 1 YEAR IF TIMDER 24 HRS 1 M 2 A HOURS 212-10-1298D 9 () YRS. 1902 South Carolina 9a. FACILITY NAME (If not institution, give street and number) OC. COUNTY OF DEATH 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR Deaton Convalescent Center RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO FUNERAL 10e. STREET AHD HUMBER 10g. CITIZEH OF WHAT COUNTRY? 2023 West Lexington Street 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO 13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yes or Ho-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.)

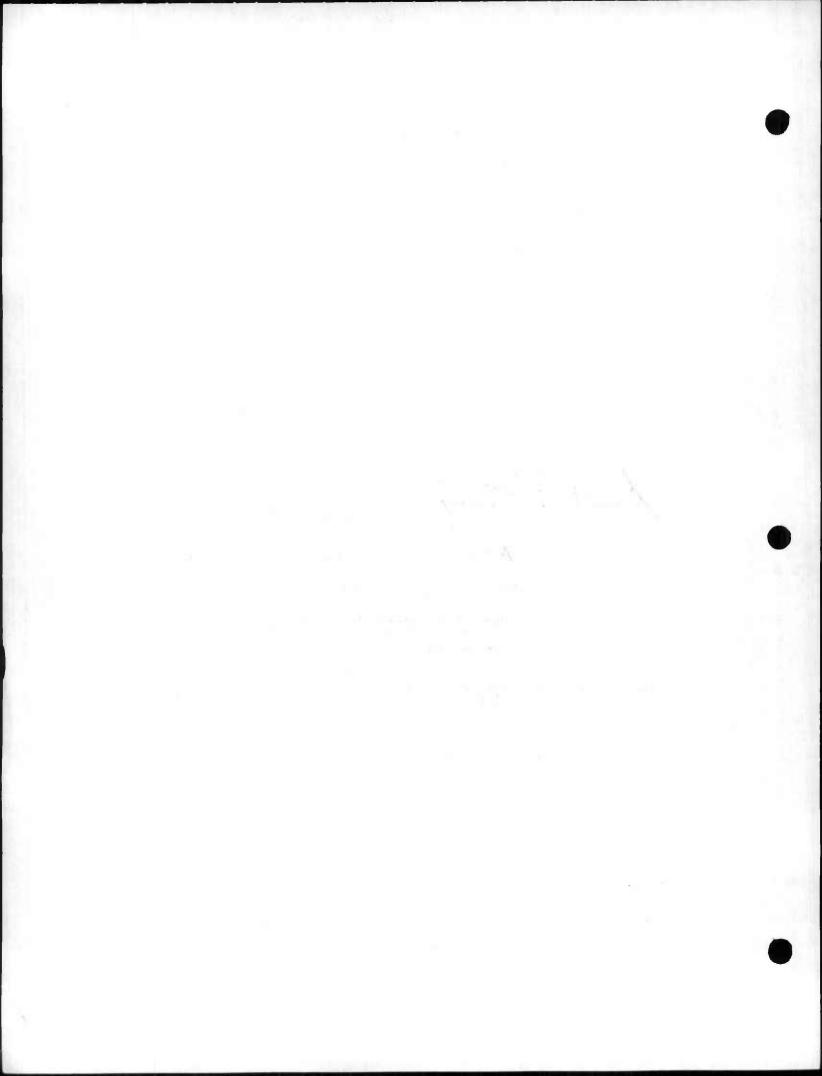
1 YES 2 HO Specify: BY 3 ₹ Widowed 4 ☐ Divorced Specify Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/IHDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6th Grade Domestic Private Families 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BE Jane Howard 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cleo Cavell 5020 Belle Avenue Baltimore, MD 21207 20a. METNOD OF DISPOSITION
1 N Burlel 2 Cremation 3 Removal from State 20b. PLACE AHD DATE OF DISPOSITION (Nama of 20c. LOCATION — City or Town, State OATE Cedar Hill Cemetery Donation 5 Other (Specify) 8/3 Anne Arundel Co. 21. SIGHATURE OF TUNERAL SERVICE LICENSEE 22. HAME AHD ADDRESS OF FACILITY Utter Funeral Homes inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 ٤ 23. PARY I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory street, ahock, or heert failure. List only one cause on each line. Approximete Interval Between Onset and Daath IMMEDIATE CAUSE (Final disease or condition Acide mycequella / resulting in death) Athorus clorute DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION discene Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING persipheral rescalar discome CAUSE (Disesse or Injury that initiated evente rasulting in deeth) LAST Demenna PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY EMDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE luny disease home intenshal 1 YES 2 NO DF DEATH? 1 TES 2 HO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: ng Nome 5 🗆 Raeldenca 8 🗀 Other (Specify) 27. MAHHER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 🗌 Natural 5 Pending BY 1 YES 2 HO 2 Accident 3 Suicide 28e. PLACE OF IHJURY — At home, larm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide determined 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the lime, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, date end place, and due to the cause(a) and manner ea stated. 296, SIGHATURE AND TITLE OF CERTIFIER BE 29c, LICEHSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

MD 21212

D30494

Baltimore

7/27/92



1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IN THE FINEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be second after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

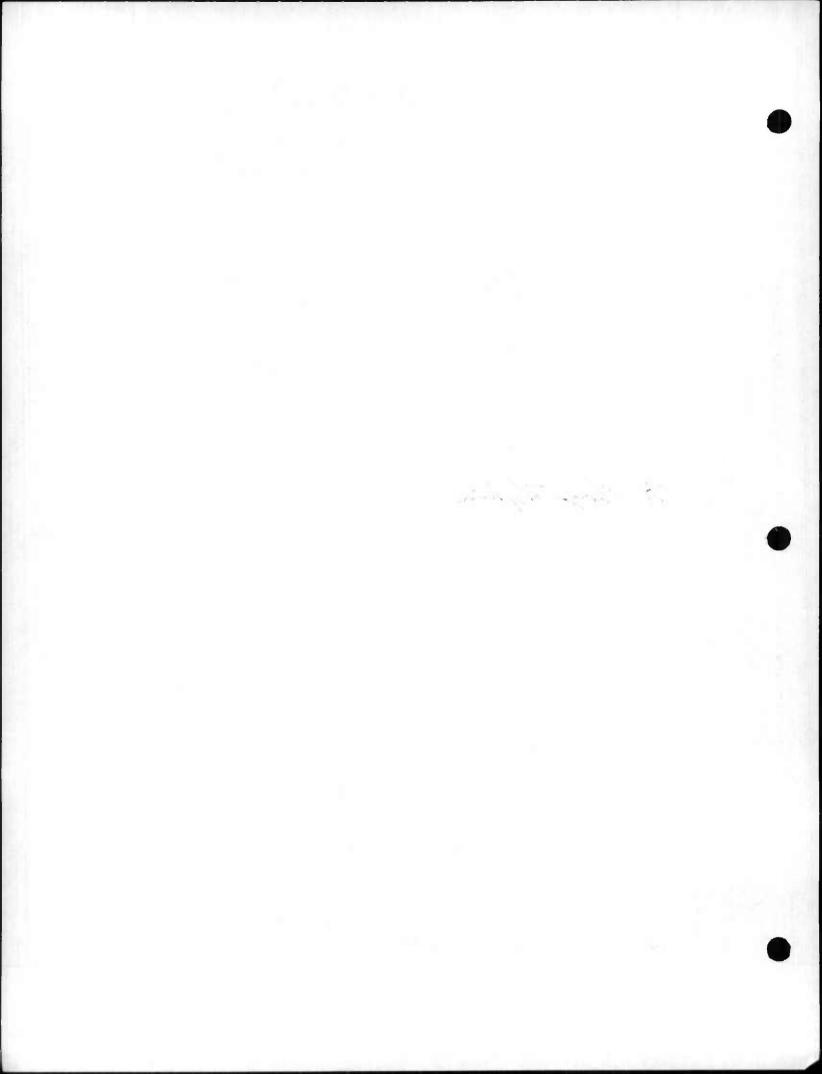
INPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

į	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH SOUTH ON YEAR 3. TIME OF DEATH				3. TIME OF DEATH
	PREPA	ALETA		BENN	ING					07	29		992	M
	4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE (In yrs.	last birthday)		ER 1 YEAR	IF UNDER		7. DATE OF (Month, D			B. BIRTH	PLACE (State or Foreign
	185-34-0558		1 - M 2 XF		YRS.	MONTHS	DAYS	HOURS	MIN.			942	PEN	NSYLVANIA
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CI	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE							
DIRECTOR	7900 GENTI		EZE COURT	Apt.F		GLEN BURNIE						ANNE ARUNDEL		
Ä	10a. STATE	10b. COUNTY	1		10c. CIT	10c. CITY, TOWN OR LOCATION							I	10d. INSIDE CITY
	MD	ANNE	E ARUNDEI		G	GLEN BURNIE							LIMITS?	
A	10e. STREET AND NUMBER				101. ZIP CODE							10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	7900 GENTLE	BREEZ	ZE CT. A	PT. F				21061	L	U.S.A			S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	TER IN U.S. ARMED 13. WAS DECENDENT OF HIS					SPANIC ORIGIN? (Specify Yea or No.— 14. RACL exican, Puerlo Rican, etc.)				- American Indian,
ВУ	1 Never Married 2 🔀 3 Wildowed 4 Divo		IF YES, GIVE V	YES 2 WAR OR DATES	Йио			2 X NO			en, atc.)		Specif	, White, etc. y:
	15. DECEDENT'S EDUCATION													WHITE
COMPLETED	(Specify only	highest grade	completed)	16a.	DECEDENT'S (Give kind of life. Do NOT u	Work don	OCCUPATI e during me	ON ost of workli	ng	16b. Ki	ND OF BUS	SINESS/INI	DUSTRY	
ا ٿ	Elementary/Secondary (0	-12)	NONE	')						-5				
ž I	17. FATHER'S NAME (First, Middle, Last)				ECURIT	LYA	TD						OF DE	FENSE
	The state of the s							1		ME (First, Mide		Surname)		
BE	OMAR THOMAS HOBSON 19e. INFORMANT'S NAME (Type/Print)						and Great			IILLEG		-		
2										Route Number,				100
	STACEY L. BENNING 200. METHOD OF DISPOSITION				237 NO				A AVI		_		MD 21	
						of DISPO	OSITION (Na	ama of		ETERY			City or To	vn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					ETHE	SL CH	UKCH	CEM	ETERY	ODE	NTON	, MD	
- 1	90 M 9/ 1									ERAL H	OME			
_	23. PART I. Enter the di	were	Hinle	حب		- 13	SEC	OND	VE.	S.W.	GI.EN	BURN	NIE.	MD 21061
	shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert tallure.	AST	(OR AS A CONS	tan	4	of	· Y	Brai	n				Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b													
	PART II. Other aignifice	nt condition	a contribution to	death had a	A Int									
: MEDICAL	TATE II. Other algume	The Condition	e contributing to	death but no	t recuiting	in the t	underlyin	g cause (jiven in		PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
A N	25. WAS CASE REFERRED TO	MEDICAL					26 Di	ACE OF D	EATH /// .	ick only one)				
္က 📗	EXAMINER?		HOSPITAL:	ED/Outpetlant	2 🗇 🖸 🖰	OTHE	ER:							
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5	Pending Investigation	28a. DATE OF (Month, D	INJURY	28b, TIM		26c. IN.			6 Other (S		NJURY OC	CURED	
TED BY	3 Suicide 6 🗀	Could not be	28e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	street, fa	ctory, offic	•		28f. LOCATIO	ON (Street a lown, State)	nd Number	r or Rural Ro	oute Number,
COMPLETED			CIAN: To the best of											and menner as stated.
8	SHE SHONGTURE AND TITLE	J.	Serl	MO)			29c. LICE	NSE NUM	BER		29d, DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON CONTETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1600 Crain Hwy. Suite 302 GlenBurnie, MD 21 31. DATE FILED (Month, Day, Year)									21061					



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



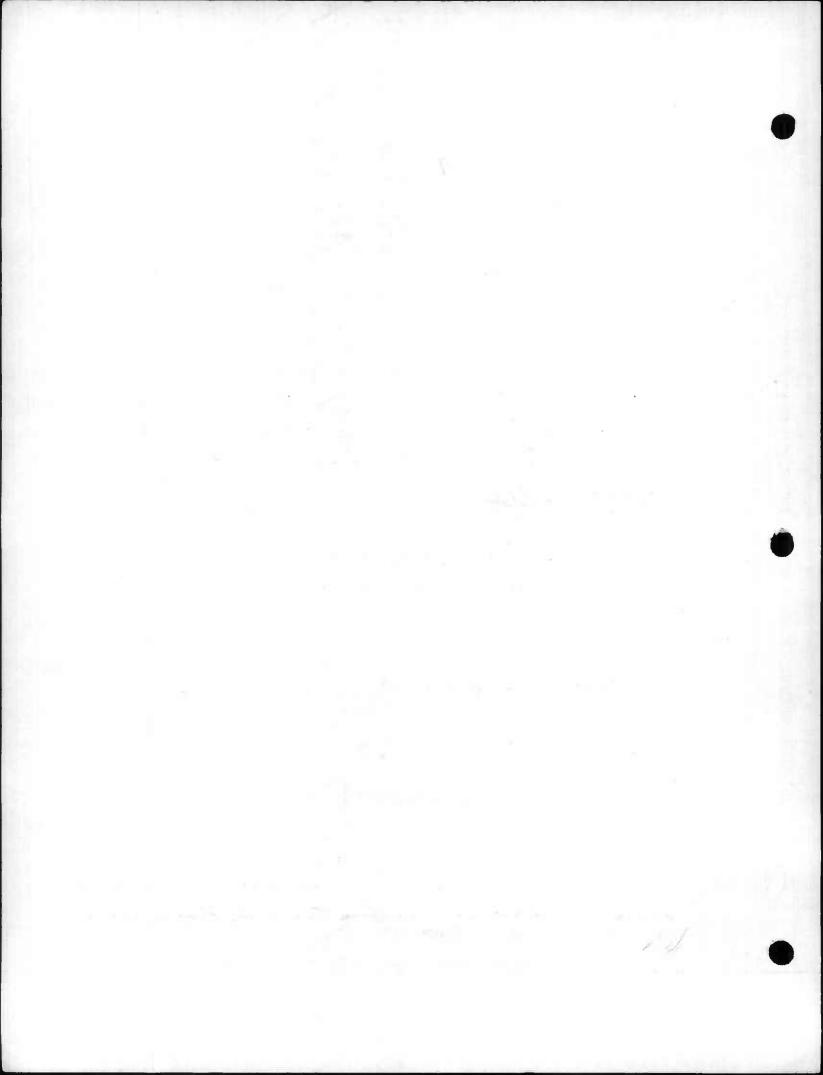
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	hos	ach	9
	the	de	5
	3	20	at
	ined	Double	fied
	reta	5 S	Hoti
	be	30e	De 1
	шау	, p	St
	9 9	ecto	Ē
	Pag	9	Jer
	ath.	mera	E
	or de	al fe	- OX
	afte	JA PE	lica
	SIPO	- in 10	ned
	4	filled Sh., o	9
	No.	ely	2 '1
•	with	Crec	Ven
	uted	rial Co	9 3
	900	and o	nati
	a	cian or to	Jne.
	ate	hysin a	or to
	rtife	ng b	otho
	5	endii Hy	6
	deal	ath	10
	the	A M	Ē
	that	Pa th	amy
	res	sign	12
	nba	of t	hou
	WE	ept.	23
	1	e ha	E
	3	Sta	=
	SICIA	the	0
	HX	this	ked
	NG	fter sath	E
)	NDI	A: A	60
)	ATTE	E #	28
	OR A	JIRE DUIS	E
	ID THE HIGH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 Wours after death. Page 6 may be retained by the hos	TO APPEAR DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	INFORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
d	5	4	Ħ
1	SHO	23	Ē
	F	推習	E
L	ē	BX	1

	FOR	STATE OF MARYLAND	/ DEPARTME	NT OF HI	EALTH AND I	MENTAL HYGIEI	92 NE	. 2	116/
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIFICA			REG. NO		YEAR 3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220. 01. 51049 90. FACILITY NAME (If not institution, give sti	5. SEX 6. AGE (In yrs. 1) M 2 \square F 94	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 3 //()	75	6. BIRTHPL Country) FRE TY OF DEA	D Co.
DIRECTOR	FREDERICK HEAD	4h Care Cen			ERICK		F	RED	Co.
	MD. FREDER	ICK	FRED	ERICE				- 1	IOd. INSIDE CITY LIMITS? I X YES 2 NO
FUNERAL	151 PENNSYLVA	NIA AVE.			ZIP CODE 21701		100	S.A.	IAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 V YES 2 I IF YES, GIVE WAR OR DATES	ARMED NO		cify Cuban, Mexico	NIC ORIGIN? (Specify Yon, Puerto Rican, atc.)	ne or No-	14. RACE - Black, Specify:	- American Indian, White, stc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12) 6 TH	CATION 16e. College (1-4 or 5 +)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire LABORE	ne during mos d.)	t of working	186, KIND OF SI	JSINESS/INDI	JSTRY	TENT
BE CON	17. FATHER'S NAME (First, Middle, Last) THOMAS BLACKS'	ron			LII	ME (First, Middle, Melde LIE			
10	PAULINE GOINES		1413 HU	NTERS	S GLEN	APTS . C	-1 FR	ED.	
	20a. METHOD OF DISPOSITION 1X Duriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	ST.		ME CI	H. CEM.	DEI	LLA M		n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	Collins		GARY 3433	CLIFTM	CLINS FUI IONT AVE	N. SE BAL	RV.	MD. 21213
ERTIFICATION	23. PARTA. Enter the diseases, or canock, for heert feilure. If MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONDUCTOR OF A	SEQUENCE OF):	And	de of dying, suc	en Drin	piratory sm	rat,	Approximate interval Between Onset and Desth
MEDICAL C	PART II. Other significent condition	s contributing to death but no	ot resulting in the	underlying	cause given in		N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Low	26. PL	ACE OF DEATH (CA	neck only one)			
PHYSICIAN:	1 VES 2 CNO 27. MANNER OF DEATH 1 Natural S Pending	1 Inpetient 2 ER/Outpetient 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 26c. INJI WO	URY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, street,			26f. LOCATION (Stree City or Town, Stell		or Rural Ro	ute Number,
COMPLETED	(Orlock Orly)	CIAN: To the best of my knowledge, R: On the besis of examination and							end menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Dorslan.			29c. LICENSE NU				(Month, Day, Year)

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

John A.



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

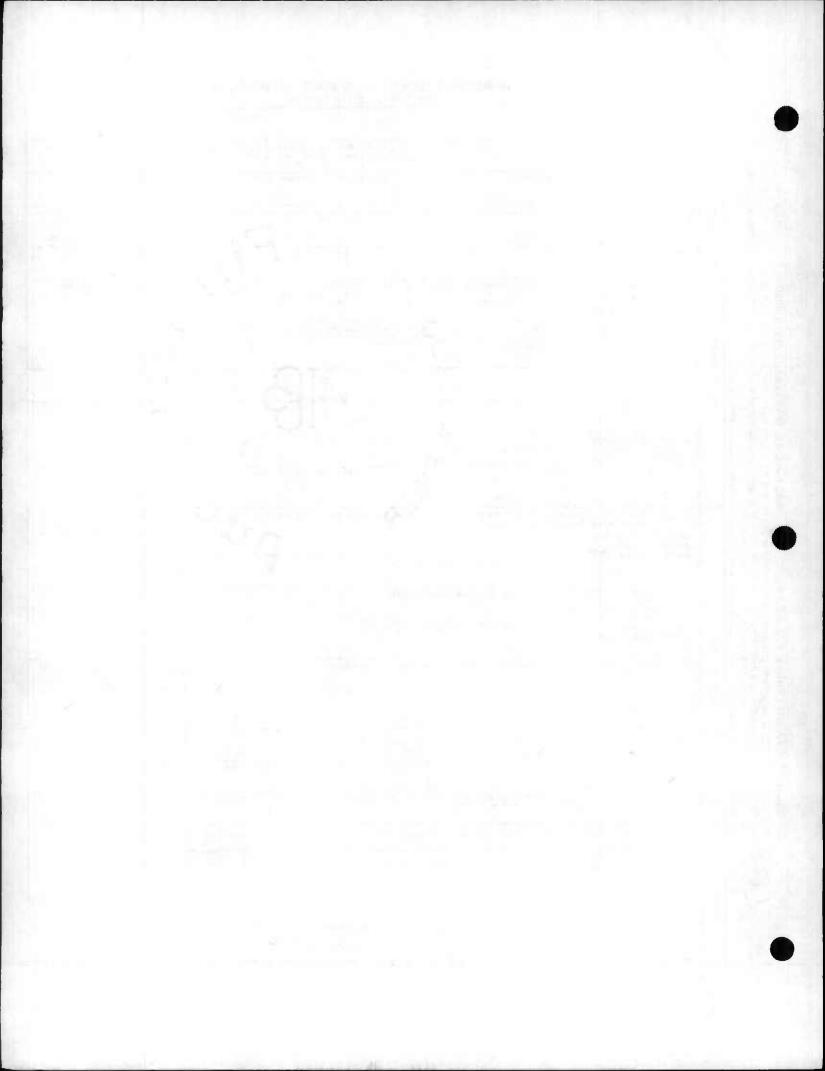
TO THE HONDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HONDING After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

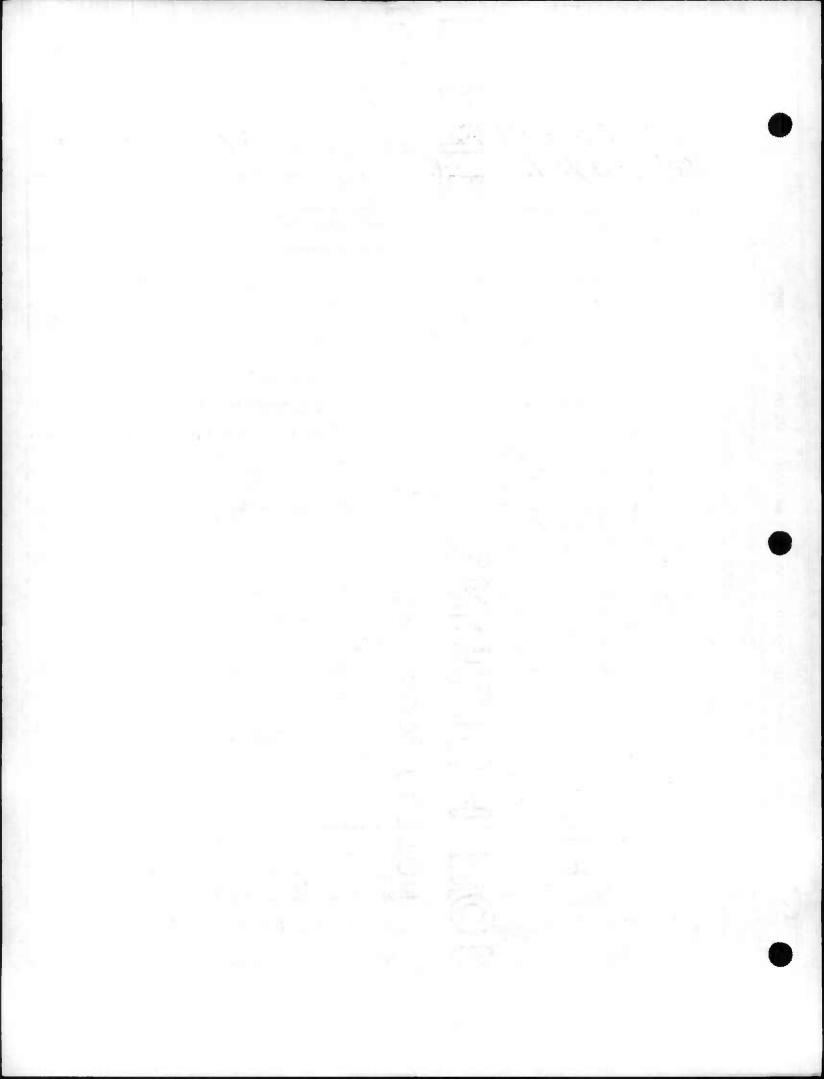
WHODITIAN: If Hem 28 is marked, or New any Injury, or other traumatic event, the models examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1 100	3. TIME OF DEATH				
SHIRLEY MAY BR	OOKS				NONTH DAY	92					
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.8	IRTHPLACE (State or Foreign country)				
220-22-2457	1 □ M 2 🖁 F 6	3 YRS.	ONTHS DAYS	HOURS MIN.	MAY 31, 19	29	MARYLAND				
9a. FACILITY NAME (If not institution, give st		SE COUNTY OF DEATH									
HARBOUR HOSPITA RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND	L CENTER			BALTIM	ORE						
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY	TOWN OR LOCAL	TON			Last manne armi				
MARYLAND		loa di i,					10d. INSIDE CITY LIMITS?				
10e. STREET AND NUMBER				ZIP CODE			1 X YES 2 NO				
2415 BANGER STREE	Т		100			ing. Citizen	OF WHAT COUNTRY?				
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 MBC DEC	2123	NIC ORIGIN? (Specify Yes o		U.S.A.				
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp		RACE — American Indian, Black, White, atc. Specify: WHITE						
15, DECEDENT'S EDUC	16a. DECEDENT'S US	SUAL OCCUPATION	ON:	16b. KIND OF BUSIN	IESS/INDUSTR						
(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during mo retired.)	st of working							
8TH GRADE		HOMEM	IAKER								
17. FATHER'S NAME (First, Middle, Last)		T		16. MOTHER'S N.	AME (First, Middle, Maiden Su	mame)					
HERBERT KNICKMAN				ROSE	FISHER						
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or Town,	State, Zip Code))				
MICHELLE HOOPER			2415 I	BANGER S	TREET-BALTIN	MORE,	MD. 21230				
20a. METHOD OF DISPOSITION 1 ♥ Burlal 2 □ Cremation 3 □ Ramo		b. PLACE AND DATE OF		me of	OATE 20c. LOCA	TION — City o	or Town, State				
6 Donation 5 Other (Specify)	Donation 5 Other (Specify) MEADOWRIDGE MEMORIAL PARK 07/31 ELKRIDGE										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229											
23. PART I. Enter the diseases, or co	23. PANT 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or resolvatory arrest.										
anock, or neart failure List only one ceuse on each line.											
	IMMEDIATE CAUSE (Final disease or condition										
resulting in death)	ASYSTE	A COMPEGUENCE OF				~ 1-2mi					
				T 1 -	11.7						
Sequentially list conditions,	OUE TO (OR AS	La TACKYCArd A CONSEQUENCE OF):	in / Von	Yricula F	ibrilation.		= 1-2~in				
if any, leading to immediate cause. Enter UNDERLYING											
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):									
resulting in death) LAST											
PART II. Other aignificant conditions		but not resulting in	the underlying	cause given in	Part I. 24s. WAS AN AU PERFORMI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
CHRONIC RENAL	failure.				1 X YES 2 [COMPLETION OF CAUSE OF DEATH?				
DiAbeTes							1 TYES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	neck only one)						
1 TES 2 NO	1 Kinpatient 2 - ER/Out		THER:	5 🗆 Residence	6 Other (Specify)						
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJ	URY AT RK?	28d. DESCRIBE HOW INJ	URY OCCURE)				
1 Natural 5 Pending Investigation	NA	NA	M 1 🗆 1	ES 2 NO	NA						
3 Suicide 6 Could not be	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, stre	et, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
4 Homicide detarmined		NA			3-53						
29a. CERTIFIER (Check only 1' CERTIFYING PHYSIC	IAN: To the best of my know	viedge, death occurred	at the time, data	and place, and due	to the cause(s) and manne	r as stated.					
							se(s) and manner as stated.				
296. SIGNATURE AND TITLE OF CERTIFIER	lazion, M.Z	,		29c. LICENSE NU	MBER 2	od. DATE SIGN	NED (Month, Day, Year)				
30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF D	ATH ATEM 27 Come O	int)				0 //-				
Charles Macia	S M.D	3001	5. Hanny	er st	RMT	MJ					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE			DACTIONE	16.					
07/28/92	JUL 3 1.1	1992 July	a Davidson	-Mandall	BALTIMOTE						



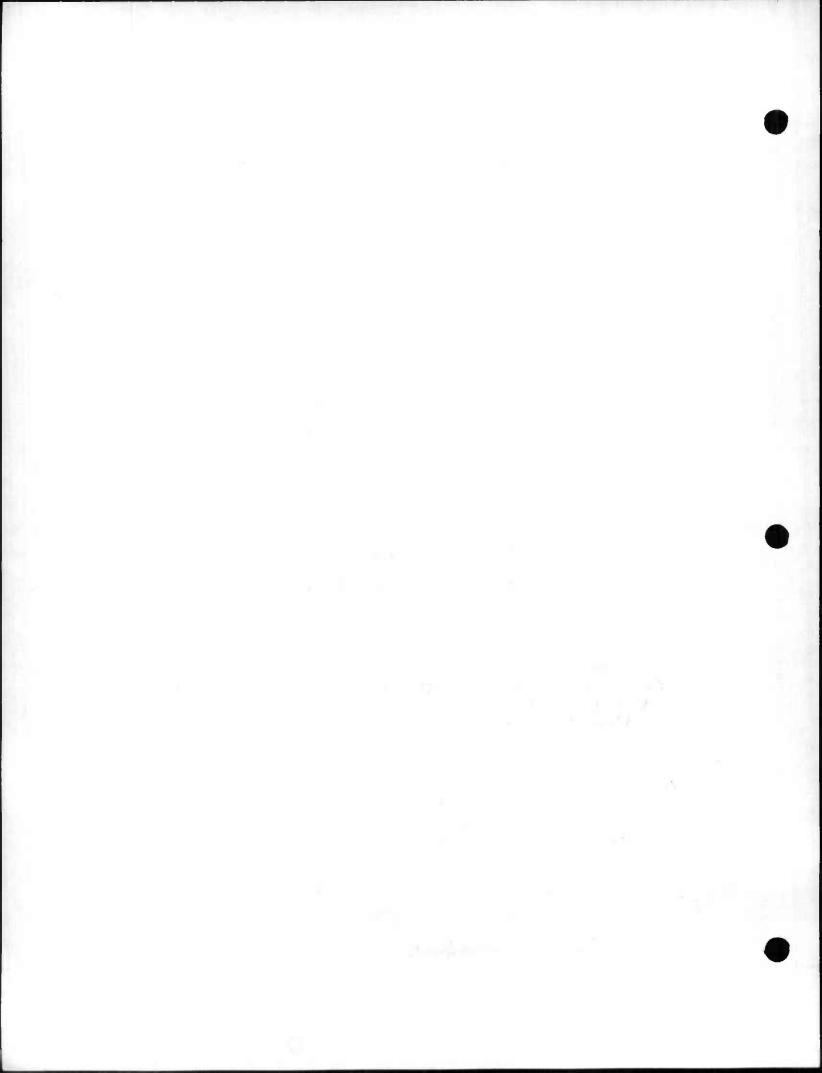
	1 - STATE OF MAR			OF DEATH	MENTAL HYG			
Section 20	1. DECEDENT'S NAME (First, Middle, Last) WINSTON BANK	' S			2. DATE OF DEAT	13/9	3. TIME OF DEATH	4
	215-16-2436 1XM20F	GE (In yrs. last birth		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTI (Month, Day, Yo 12/4/	er)	a. BIRTHPLACE (State or Fareign Country) BALTO MD	
IOR	99. FACILITY NAME (If not institution, give street and number) LOCH RAVEN VA HOSPITAL RESIDENCE OF DECEDENT			OWN OR LOCATION OF D	EATH	9c. COUP	NTY OF DEATH	
DIRECTO	10e. STATE 10b. COUNTY	100	c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?	_
AL DI	MARYLAND 100. STREET AND NUMBER		BAL	IMORE 101. ZIP CODE	-	10g. CITI	1 DYES 2 NO	_
FUNERA		Т. 120		21201			USA	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 10/20/4	res 2 NO	If y	S DECENDENT OF HISPA es, specify Cuben, Mexic YES 2 XNO Speci	en, Puerto Ricen, etc		14. RACE — American Indian, Black, White, etc. Specify: BLACK	
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDE	ENT'S USUAL OCC nd of work done dur VOT use retired.)	UPATION ing most of working	16b. KIND O	F BUSINESS/IND		
COMPL	17. FATHER'S NAME (First, Middle, Last) CHARLIE BANKS				AME (First, Middle, M	,		
O BE	190. INFORMANT'S NAME (Type/Print)	19b. MA	ILING ADDRESS (S	SOPH	TE MTT(Code)	_
1	EVELYN BANKS			VAY ST. A			TO., MD 2120	1
	1 Specify Committee Comm		DATE OF DISPOS natory or other place OSN FOI		1		City or Town, State S MILLS, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10th		_	ETT & S		NERAL HOME ENUE 21207	
	23. PART L'Enjer the diseases, or complications that ce shock, or heart fellule. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR	on och line.	Do not anter th		ch as cerdiac or			
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or John)	AS A CONSEQUEN	n Hy	terior m		e	many your	-
AL CE	PART II. Other algnificant conditions contributing to dec	th but not resul	ting in the unde	orlying ceuse given in	Part I. 24s. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMJLABLE PRIOR TO	
MEDIC						ES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	26. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			26. PLACE OF DEATH (C	theck only one)			
17SI	t ☐ YES 2 NO 1 Inpetient 2 ☐ ER 27. MANNER OF DEATH 28e. DATE OF INJ			g Home 8 🗆 Residence	6 Other (Specific		CHRED	
ву рну	t Natural 8 Pending 2 Accident Investigation	ear)	b. TIME OF 2 INJURY M	WORK7	28d. DESCRIBE	IOW INSURT OC	CONED	
ED		JURY — At home, ((Specify)	farm, street, factor	, office	281, LOCATION (S City or Town,	itreet end Number State)	or Rural Route Number,	
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my MEDICAL EXAMINER: On the best of examiners							
TO BE	29% SIGNATURE AND TITLE OF CERTIFIER MAIN AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	SAC PI	TAFF HYGELAR	29c. LICENSE NI	3949	29d. DAT	E SIGNED (Month, Day, Year) 7/29/92	
	MICHAEL KLEINKERG 31. DATE FILED (MONTH, Day, Your) 32. REGISTRAR'S	MEDIC		evice, B	VAMC,	Baltin	WIR MD 21218	>
-	F 0000	Tavidson-A	andete				DHMH-15 Rev 1	1000



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	ITME FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical asseminar must be notified at once.
y th	be d		at o
ed b	Pla		pa
retain	sho.		otific
be r	age 5		be n
may	0,0		tsm
9 a6	irect		Ē
S.	ral d		1
death	fune		PER
after	y the	Med within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	cai
SINC	D D	r rer	Den
24 hc	filled	Du. o	he n
thin 2	reity	mati	ıt, ti
IM P	mple	L. Cre	ever
ecute	nd co	buria	atic
e en	an ai	01 1	E
ate t	nysici	prio :	r tra
artific	ng pi	giene	othe
th co	lendii	L Hy	10
e qea	ne at	Jent	uny,
at the	7	and P	y in
s the	paul(afth 3	30
quire	in sig	f He	30WS
W re	bee	pt. o	3 8
he le	e has	e De	m 2
W: I	ficati	Stat	5
SICIA	certi	the	1, 0
PH.	this	MID	rkec
SNIC	After	Jeath	E
TEN	OR:	fter (8 18
A AT	RECT	Irs a	ш 2
N 0	I DI	2 hox	f te
SPITA	VERA	nin 72	=
HÖ	FE	WITH	TAN
5	F	4	0

JUL 3 1 1992

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT FICATE				MENTAL	HYGIEN		2	21170	
	1. DECEDENT'S NAME (First, Middle, Last) BABY GIRL	Chatee			a Cr				2. DATE O	OF DEATH		YEAR	3. TIME OF DEATH 9:44 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 S, F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	DAYS 2	IF UNDER	R 24 HRS. MIN.	7. DATE O				HPLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give: THE JOHNS HOPKIN	street and number) NS HOSPIT	AL.		4		OR LOCATI	ION OF DE	ATH			96. COUNTY OF DEATH BALTIMORE CITY		
JIREC	10a. STATE 10b. COUNT	ΓY		1	TY, TOWN O								10d. INSIDE CITY LIMITS?	
RAL C	10e. STREET AND NUMBER			Ba	<u>ltim</u>	_	H. ZIP COD						1 💢 YES 2 🗌 NO	
BY FUNERAL DIRECTOR	829 McKim St. 11. MARITAL STATUS 11. Marital Status 12. Married 2	12. WAS DECEDEN	NT EVER IN U.S. AR 1 YES 2 X WAR OR DATES	IMED NO	11	If yea, sp	pecify Cuba	OF NISPANI	n, Puarto Ri	? (Specify Yea lican, atc.)		S.A. 14. RACE Black Speci	E — American Indian, k, Whita, atc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementery/Secondary (0-12) Child	(specmy only highest grade completed) ((interpretation of the completed) (interpretation of the completed) (CCUPATIO during mo	ON est of working	ng		KIND OF BUS	J SINESS/INC		CK	
	17. FATNER'S NAME (First, Middle, Last) Carl Crawford			chi	Tu				ME (First, Mi	liddle, Melden	Sumama)			
TO BE	19a. INFORMANT'S NAME (Type/Print)						and Number	r or Rural A	Route Numbe	er, City or Town				
	Cynthia Lesl 20a. METHOD OF DISPOSITION 1 Surlei 2 Cremation 3 - Rem		20b.PLACEA	ANDDATE	OF DISPOSI	SITION (Na	ame of		timo DATE	re, N	VID 2			
	4 Donation 5 Other (Specify)		cemetery, cree	Mem			Park ND ADDRES	SS OF FAC	CHUTY	Rar	nd a 1	lsto	own, MD	
	Timet	to S.	Jon	80	WM	1 C.	. MA	RCH	F.H	./110	01 E	. N(ORTH AVE.	
	23. PART I. Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	MANAGENIATE CALLOS (C)												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST Dissert and Death POWEI ASCADIO DUE TO (OR AS A CONSEQUENCE OF):								24/20					
PHYSICIAN: MEDICAL C	Paral Ho	ns contributing to								24a. WAS AN / PERFORI 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	₹:			ck only one)					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D	F INJURY Day, Year)	28b. TIM	IE OF :	28c. INJI WO 1 Y	JURY AT DRK? YES 2			(Specify) CRIBE HOW IN	JURY OCC	CURED		
ETED	3 Suicide 6 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,	
COMPLE	29a. CERTIFIER 1 CERTIFYING PNYSI (Check only one) 2 MEDICAL EXAMINE	ER: On the basis of a	my knowledge, der	ath occum	ed at the tin	me, date pinion, d	end place,	, and due t	to the cause	e(a) and mend and place, and	ner as state	ed. ie cause(a)) and manner as stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIED	bush					-	ENSE NUME	-		29d, DATE	SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) STEW S- Gaude CMSC 210													



_	
0	
S	
9	
Ó	
10	
47	
ò	
-	
ò	
-	
7	
5	
4	٠.
_	
>	
~	
7	6
4	
5	
_	٥
BALTIMORE, MARYLAND 21215-0020	4
~	
	ð
0	
=	
~	ı,
	0
	4
_	1
~	4
$\mathbf{\alpha}$	1
	4
-	
	u.
	C
_	A The state of the
(68760,	407
3	1
Z	3
00	4
(0)	3
_	1

DIVISION OF VITAL RECORDS, P.O. BOX

	ding physician.	the burial-transit permit. Pages 1, 2, 3	
0700 01717 0111111111111111111111111111	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nust be notified at once.
	ted within 24 hours after death. Page	completely filled in by the funeral dire al, cremation, or removal.	NT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	that the death certificate be execu-	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fining the hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	any injury, or other traumatic
	ING PHYSICIAN: The law requires	ofter this certificate has been significate has been significate with the State Dept. of Healt	marked, or Item 23 shows
	SPITAL OR ATTENDI	ERAL DIRECTOR: A	NT: If Item 28 is

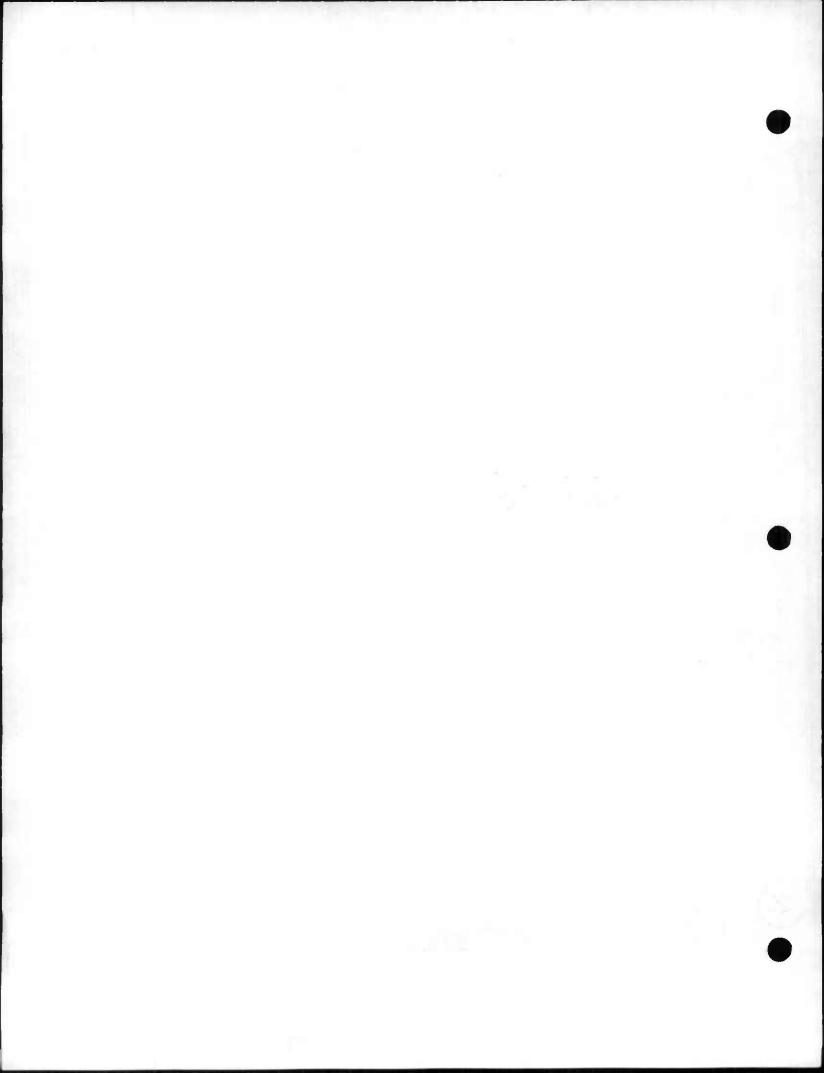
should

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	EUTH DU	QUETTA .	EDWAR	05	MONTH DA	YEAR 1991	1644 PM			
	4. SOCIAL SECURITY NUMBER 212-44-6984	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS HTHS DAYS HOURS MIN.	Character Character of	946 8. BIRTY Count				
~	9a. FACILITY NAME (If not institution, give str	reet and number)	96	CITY, TOWN OR LOCATION OF	DEATH *	9c. COUNTY OF D	EATH			
СТОР	RESIDENCE OF DECEDENT	HOSpita	P	Balto						
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	10e. STREET AND NUMBER	,	0 1	101. ZIP CODE		10g. CITIZEN OF V	/-			
FUNERAL	669 Bris	Dane 1	Koad	2127	29	4	.54			
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 ☐ YES 2 ☑ NO Spe	ican, Puetto Rican, etc.)	or No— 14. RACI Black Spec	E — American Indian, k, White, etc.			
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU	AT COCUMETOR			place			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		done during most of working	16b. KIND OF BUS	INESS/INDUSTRY				
MPL	12	4415	School	1 Teacher	- Balto C	ity Publ	ic Schools			
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden	Sumame)				
BE	19a. INFORMANT'S NAME (Type/Print)	1997	10h MAII INC ADI	Pear	tie Mae	100	ms			
5	Isidore he	e	10109	PRESS (Street and Number or Run	0 1	Ba (40, 1	44 21229			
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	val from State cen	PLACE AND DATE OF DI			CATION - City or To				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE O	MIG	22. NAME AND ADDRESS OF	FACILITY -	real/st	own, mg			
	flrome +	+ Thomp	an to	March F. H.	West	6 1.0				
	23. PART I Enter the diseases, or co	omplications that caused	the deeth. Do not	ontar the mode of dying, so			Approximate			
	Immediate Cause (Final disease or condition resulting in death) Approximate interval Between Onset and Death 12 Dep									
		DUE TO (OR AS A	CONSEQUENCE OF):							
NO.	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									
CAT	If any, leading to immediate cause. Enter UNDERLYING	Dialion	M				254/2			
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF				(.)			
CERTIFICATION	resulting in death) LAST	Опис	el Ca	ucen			Moun			
AL	PART II. Other aignificant conditions	contributing to death b	ut not reaulting in th	e underlying cause given i	in Part I. 24s. WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDIC					1 🗀 YES 2	NO	COMPLETION OF CAUSE OF DEATH?			
M					_ /		1 [] YES 2 [] NO			
AN	25. WAS CASE REFERRED TO MEDICAL			28 DI ACE DE DEATH //						
SIC	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C HER: Nursing Home 5 - Residence						
품	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW IN	JURY OCCUREO				
BY	1 Netural 5 Pending Investigation		330037	M 1 TYES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	, factory, offica	261. LOCATION (Street at City or Town, State)	nd Number or Rural R	oute Number,			
PLE				the time, data and place, and de						
ON I				my opinion, death occured at th			and manner as stated.			
BEC	296 SIGNATURE AND TITLE OF CENTIFIER	(NO MO AN)	afterd	29c. LICENSE N	UMBER	29d. DATE SIGNED	(Month, Day, Year)			
2	30_MAME_AND ADDRESS OF PERSON WRO	COMPLETED SAVIOR OF	Phepric	May 625	274	> 7-2	-1-12			
	JOSEPH B	COMPLETED CAUSE OF DE	THE (ITEM 27) (Type, Print)	ST. AGNES!	HOSPIMIL	900 (ATON AVE			
	JUL 3 1 1992	32. REGISTRAR'S SIGNA	TURE-			5.74	-(1110 41 44			
	AAT OT 1005		The state of the s							

COMMISSION ROS 1 8 1718 5 - grade A mark

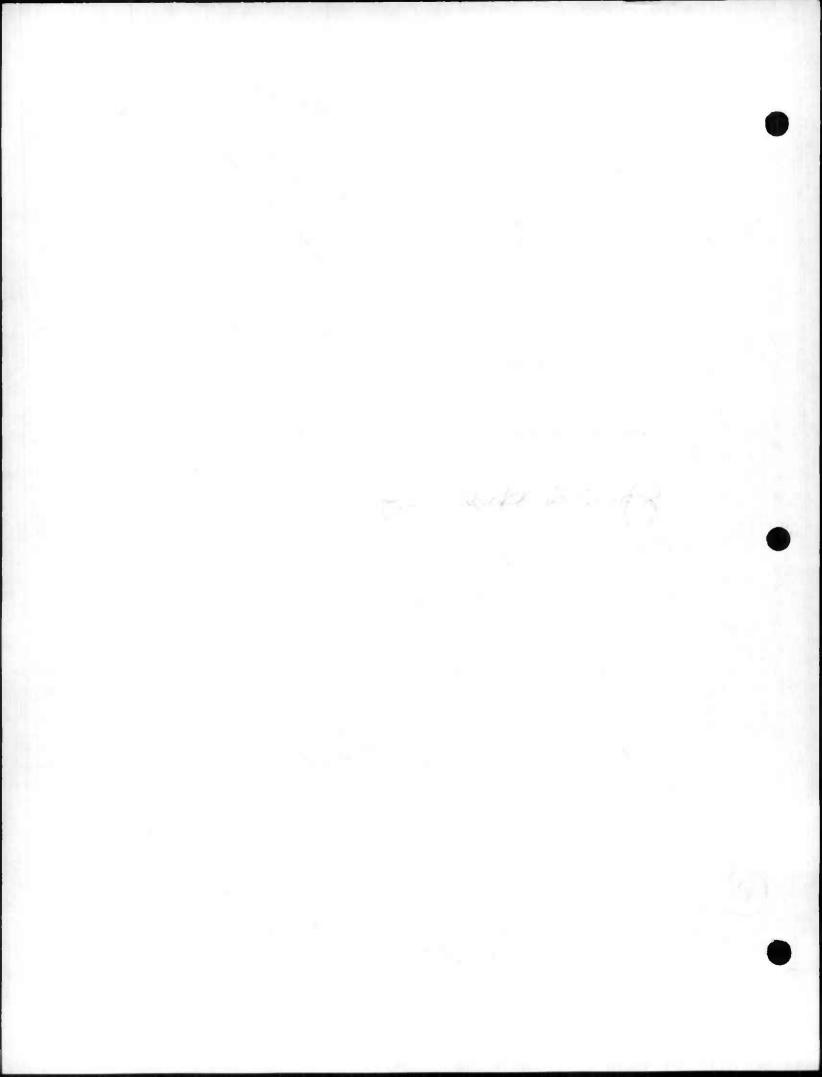
A A	9		
HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may b	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag		
9	5		
300	dir		
9.	2		
eath	fune		
P	9	[0	
afte	2	6	
2	5	Te.	
20	pa	0	
24	3	ion	
를	tely	mat	
M	9	Cre	
Pag	000	<u>e</u>	
20	8	P	
8	2	2	
8	icia	100	
cate	\$	G.	
JE.	0	ien	
93	ğ	¥	
eath	arte	Ital	
e d	e e	Ver	
=	ly ti	P	
tha	P	h a	
SS	90	att	
3	S	Ĭ	
9	9	0	
8	SB	de(
Je	e h	e	
ž	icat	Sta	
CA	E	he	
NS.	S	5	•
표	Ē	×	,
NG	ffer	eath	
S.	A.	D	
E	000	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
X	REC	13	
0	5	No.	
A	Z	2	*
Sp	NE	H	1
오	2	£	1

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT	AND MENTAL HYGIENE 'H REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF OEATH MONTH DAY	3. TIME OF DEATH
	Veronica Funk. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGF (In vir. last highlytan) Ellinger 1 VEAR Filmore 1	7-30-92	7 10 A
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 2 PR. MONTHS DAYS HOURS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATIO	Min. (Month, pay, Year) 10/24/03	B. BIRTHPLACE (State or Foreign Country) Maryland
TOR	Francis Scott Key Hospital Baltimor		COUNTY OF DEATH
DIRECTOR	Md. Baltimore 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 □ YES 2 ☒NO
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
NER	9138 Hinton Avenue 212	219	U.S.A.
BY FU	1 Never Married 2 Married POHCES? 1 YES ZY NO If yes, specify Cuban	F NISPANIC ORIGIN? (Specify Yea or No- n, Mexican, Puerto Rican, etc.) Specify:	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS	
APL	6 th Sewing Factory		
CO	17. FATHER'S NAME (First, Middle, Last) 18. MOTHI	ER'S NAME (First, Middle, Malden Sumam	•)
BE	John Gierczak Mar		
2	196. INFORMANT'S NAME (Type/Print) Daniel Funk 195. MAILING ADDRESS (Street and Number of 4518 Hazelwood)		
	20a. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (More of		d. 21206 - City or Town, State
	1 X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Balto. National Cem	netery Balt	imore, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS	S OF FACILITY	
	Lilly &	Zeiler Inc. 1	901 Eastern
z	ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a bonseouence of):		Interval Batw Onset and D 2- & Qu
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):		
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given a stage Reveal Disease	ven In Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	HOSPITAL: OTHER	ATN (Check only one)	
HYS	1 YES 2 NO 1 1 Shippetlent 2 ER/Outpetlent 3 DOA 4 Nursing Nome 5 Real 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT		
- 1	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?	28d. DESCRIBE HOW INJURY (OCCURED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify)	281. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, a control of my knowledge, death occurred at the time, date and place, a control one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred	and due to the cause(a) and manner as a d at the time, data and place, and due to	stated. the cause(s) and menner as state
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WITHIR WORLD DA		7-30-92
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Cutherine Washburn 4940 Fustin Aug. Ba 31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE	Homore MO:	21231
	JUL 3 1 1992 July der Rinder		



ANI	e hos	etache	nce.
نے	43	9	=
BALTIMORE, MARYLANI	CEPTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss	HE WERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache at the firm of hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	DHANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ui	8	age	e e
ORI	6 may	ctor, p	nust
Ξ	age	die	9
ALTI	death. F	e funeral	examin
m	after	by the	icai
	SUPPO	or re	med
	24 7	/ fille	the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	d within	HE WERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the facility of the facility of health and Mental Hydiene order to burial, cremation, or removal	event,
587	cute	od bo	ıţ:
×	96 600	an ar	E I
BO	ate t	hysici	r tra
o.	ertific	ng pl	othe
α,	the	lendi HV	6
DS,	the dea	the at	Injury,
OH	that	ed by	any
Ü	uires	Sign	S#S
r	₩ rec	beer of	5
A	he la	e Deg	m 2
	N: T	Stat	=
1	SICI	the	-
0	PHY	this with	rice
5	DING	After	E
7	TEN	Ther ther	80
>	R AT	IRECT UITS a	E
)	AL 0	100	=
	SPIT	WER.	달
	Ď	4	番
	400	7 6	0

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF			ENTAL HYGIEN	92	21173	
	1. DECEDENT'S NAME (First, Middle, Last)					-	2. DATE OF DEATN		3. TIME OF DEATN	
		Charles J	. Fal	per,Sr.			MONTH DA	,1992	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign	
	214-01-4812 A	1√2 M 2 □ F 79	YRS.	MONTHS DAYS	HOURS	MIN.	11/15/19	12	Country) Marvland	
		reet and number O	ght St	9b. CITY, TOWN	OR LOCATIO				TY OF DEATH	
DIRECTOR	90. FACILITY NAME (If not institution, give st Christ Church RESIDENCE OF DECEDENT	У								
R	10a. STATE 10b. COUNTY			TY, TOWN OR LOC					10d. INSIDE CITY	
	Maryland		Ba	alto.Ci	ty, Mo	d.			1X YES 2 NO	
¥.	10e. STREET AND NUMBER	-			of. ZIP CODE			t0g. CITIZ	EN OF WHAT COUNTRY?	
	600 Light St	•			2123	0		US	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES		13. WAS DI	CENDENT OF	NISPANIC	ORIGIN? (Specify Yee	or No-	14. RACE — American Indian,	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 D Y		Specify:	Puerto Ricen, etc.)		Black, White, etc. Specify:	
					Λ.				White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of	S USUAL OCCUPAT work done during r use retired.)	TON nost of working	,	166. KIND OF BUS	INESS/INDU	JSTRY	
7	Elementary/Secondery (0-12)	College (1-4 or 5 +)					Doth1	ohow	Steel	
M	6th.Grade		waren	ouse M					l Steel	
	17. FATHER'S NAME (First, Middle, Last)		1				E (First, Middle, Maiden :			
BE	Henry -		aber				therine			
6	190. INFORM. Thelma Nam	ncy Faber					ute Number, City or Town		Code)	
	Mrs. Nancy N.F.					Balt	o.Md.212	30		
	20e. METNOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Remo 4 B Donetion 5 Other (Specify)	val from State 20b	PLACE AND DATE	OF DISPOSITION (I	Vame of		DATE 20c. LOC	CATION — C	ity or Town, State	
	415 Donetton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		edar Hi	11 Cem	etery			Co.	Md.	
	21. SIGNATURE OF FUNERAL SERVICE CIC	ENSEE .	_	22. NAME	AND ADDRESS	S OF FACIL	Balte	bM.o	.21230	
	& from of	. Abola	men	McCi	111v	Fune			O E.Fort Ave	
	21 PARTILE Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, strick, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
- 11	DART II ON THE MILES									
PHYSICIAN: MEDICAL	PART II. Other argumeent conditions	contributing to deeth b	ut not resulting	in the underlyk	ng ceuse gli	ven in Pa	244. WAS AN AUTOPSY PERFORMED? 24		24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEA	ATH (Check	only one)			
is l	the same of the sa	1 Inpatient 2 ER/Outp	etlent 3 🗆 DOA	OTHER: 4 Nursing Ho	ne 5 head	denca 6	Other (Specify)			
H	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. IN	JURY AT		Sd. DESCRIBE HOW IN	JURY OCCU	JRED	
BY	1 Natural 5 Pending 2 Accident Investigation	(words, boy, roar)	100		YES 2	NO				
								r Rural Route Number,		
2	4 Nomicide determined	autung, etc. (Spec	"77				City or Town, State)			
ו ב	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beet of my know	edge death occur	ad at the time det	a and place of	and drive to				
COMPLETED	one) 2 MEDICAL EXAMINER	On the beele of examination	end/or investigation	on, in my opinion.	e anu piace, e death occurad	f at the tim	the cause(s) end menr	due to the	cause(s) and menner as stated,	
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	1	Can Cart						cacsa(s) and memor as states.	
8	/1m on/1	100			29c. LICEN	SE NUMBE	02	29d. DATE	SIGNED (Month, Pay, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TN (ITEM 27) (F	/ Print)			0	/	120172	
	Aron W. 15	erknyn	7	NSON	Hosp	0/1/2/	Centre			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			V	,	Certif			
	JUL 3 1 1992 \$	was Devidson P	indelle							

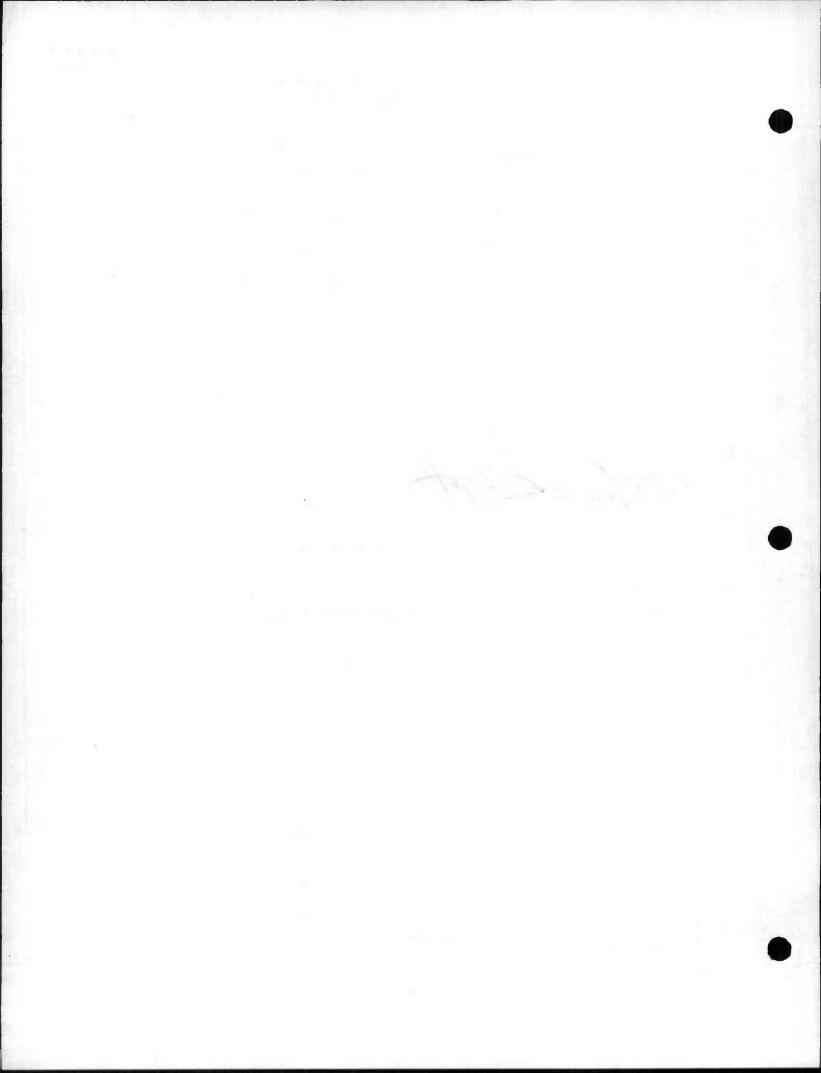


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO JAE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTA			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ELSA	ERNESTINE	FISCHER			2. DATE OF DEATH DAY	YEAR 97	3. TIME OF DEATH 1425 thum		
		6. AGE (In yrs.	. leat birthday) #F	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Countr					
	9e. FACILITY NAME (If not institution, give stree			CITY, TOWN O	R LOCATION OF D			RYLAND		
DIRECTOR	St. Agnes Hospital Residence of Decedent St. Agnes Hospital Baltimore									
E	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
<u>a</u>		Arundel	Lint	hicum				1 TYES 2 NO		
FUNERAL	100. STREET AND NUMBER 414 Laura Avenue				10f. ZIP CODE 10g. CIT			HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	It yes, spe	ENDENT OF HISPAR ocity Cuben, Mexica 2 2 NO Specifi	IIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	or No.— 14. RACE Black Speci	- American Indian, , White, atc. ly: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-	TION 16a. College (1-4 or 5+)	DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N at of working	16b. KIND OF BUSIN	NESS/INDUSTRY	Wilde		
MP	12th		seams	tress		Comfy Ma		ring		
8	17. FATHER'S NAME (First, Middle, Lest) Ernest GRUMBRECH	łТ			16. MOTHER'S NA	ME (First, Middle, Maiden Su	(OETHER			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street er		Route Number, City or Town,				
5	Elmer FISCHER						21090			
	20a. METHOD OF DISPOSITION 1	20b. PLAI cemetery	idon Par	SPOSITION (No.	ne of		imore, l	5.70		
	21. SIGNATURE OF FUNEBAL SERVICE LICEN		0			AL HOME, IN		MICH DAILED		
	V/wa	4914	0			AL HOME, IN Ave, Baltin		21229		
1	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	nplicatione that caused that it only one cause on each i	deeth. Do not	enter the mod	de of dying, euc	h aa cardiec or respira	itory arrest,	Approximete		
	immediate cause (Final disease or condition resulting in death) Onset and Death Onset and Death									
,	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of):									
10	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON				J 013012				
S	CAUSE. Enter UNDERLYING CAUSE (Disease or injury	Status pos.	0 11	+ moa	kectomy,					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO ON AS A CON	SECUENCE OF):							
	PART II. Other algorificant conditions of	Contribution to death but a								
DICAL	Visit in State algument conditions of	onthooting to death out no	a remaining in t	ne underlying	cause given in	Part i. 24s. WAS AN AL PERFORMI	ED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC								1 _ YES 2 _ NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER?	IOSPITAL:		THER:	ACE OF DEATH (Ch	6 Other (Specify)				
H	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU	IRY AT	28d. DESCRIRE HOW INJ	URY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y						
TED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, stree	t, tectory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		N: To the best of my knowledge, On the besis of examination end/						end menner es stated.		
BE C	296 SIGNATURE AND TITLE OF CERTIFIER	· · · · · · · · · · · · · · · · · · ·	1.1		29c. LICENSE NUM	IBER 2	29d. DATE SIGNED	(Month, Day, Year)		
2	SO NAME AND ADDRESS OF PERSONNEYS	YOUR EVEN ASSESSMENT	medicin 1	resi a	ent (s	ridgues Hois	7 3	olar		
	30. NAME AND ADDRESS OF PERSONWHO C		TEM 27) (Type, Prin		et St	Dans Ho	· Car			
	31. DATE FILED (Month, Day, Year) JUL 3.1 1992	032 REGISTRAR'S SIGNATURE	delle			0 /				



Pages 1, 2, 3 should

permit. F

page 5 should be detached for use as the burial-transit

filled in by the funeral director,

the attending physician and completely Mental Hygiene prior to burlal, crematic

has been signed by Dept. of Health and

certificate

with I

the

DIRECTOR: After the hours after death litem 28 is mark

FUNERAL I OFTANT: II

death

DIRECTOR

FUNERAL

BY

COMPLETED

Ħ BE

be notified

examiner

medical

the

event,

or other traumatic CERTIFICATION

shows any injury,

23

or item

marked,

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

	ľ
	4
	1
8	-
7	7
8	-
	-
\tilde{a}	1
ĕ	-
-	9
0	1
ď	4
-	4
2	
T.	1
0	1
Ö	
Щ	1
7	-
2	-
=	
_	-
<u></u>	i
0	-
Z	5
9	9
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The American Property of the Control
5	į
=	0
	-
	ŧ

92.21175 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH JOSEPH GENTILE **MONT** 6:11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Manyland 212-38-1939 6-29-1940 52 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GOOD SAMARITAN HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mid. Baltimore Baltimore 1 - YES 2 - NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2514 Perning Woods Rd. 21234-5400 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married White 3 Widowed 4 Divorced Konean Conflict 15. OECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.) (Specify only highes Elementary/Secondary (0-12) College (1-4 or 5+) Police Officer Baltimore County 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Josephine R. Azzana Jospeh Gentile 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Balto., Judith L. Gentile 2514 Penning Woods Rd. Tira. Md. 21234 20a. METHOD OF DISPOSITION OATE 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State 1 Buriel 2 CCremetion 3 Re 4 Donation 5 Other (Specify) cometary, crematory or other place)
Greenmount t Crematory 8 8/3 Balto. TURE OF FUNERAL SERVICE LICENSEE Hantley Miller Funeral Home 23. PAIT I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final Onset and Death disease or condition . A PASTIOS CLESTORIC CASTALOVAS CHURA DISEDSE resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH?

25. WAS CASE REFERRED TO MEDICAL

1 YES 2 NO

26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpetient 2 ER/Outpetient 3 | DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

29a, CERTIFIER 1 _ ÇERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

AIGNATURE AND TITLE OF SERTIFIER

29c. LICENSE NUMBER

O.C.M.E.

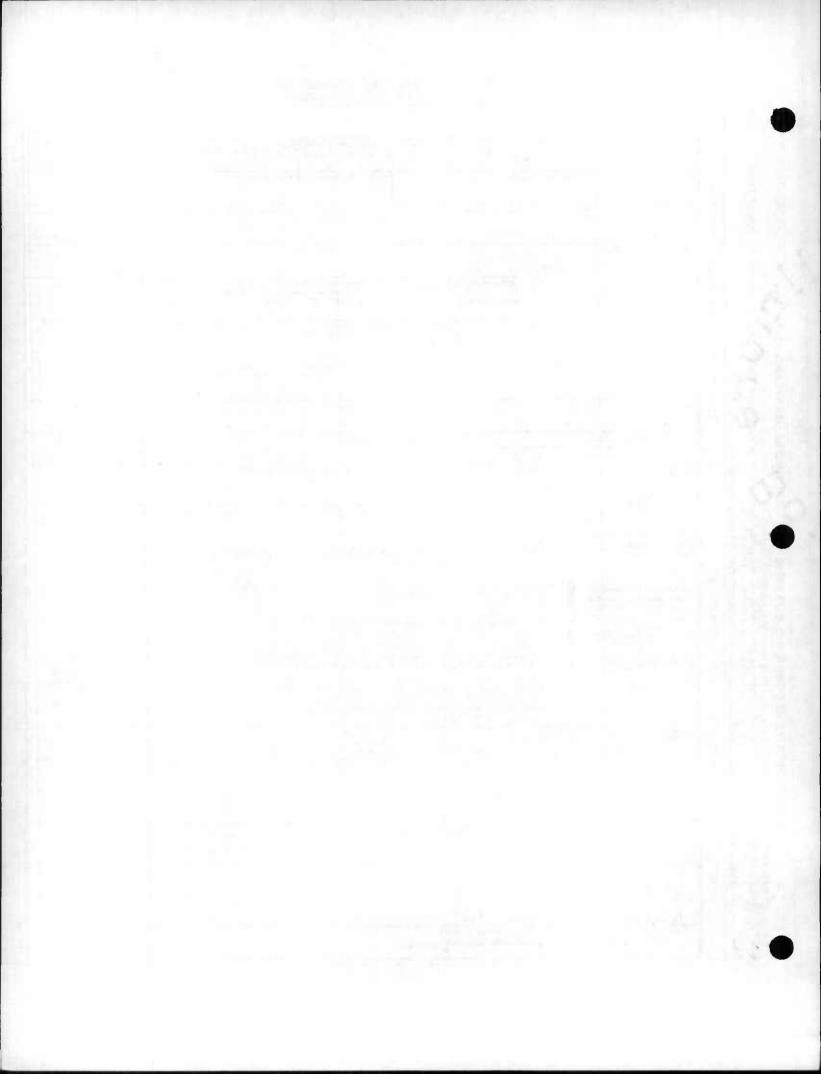
beyoule 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

yougnnon 111 PENN STREET, BALTIMORE, MARYLAND 21201 13.160pou MW

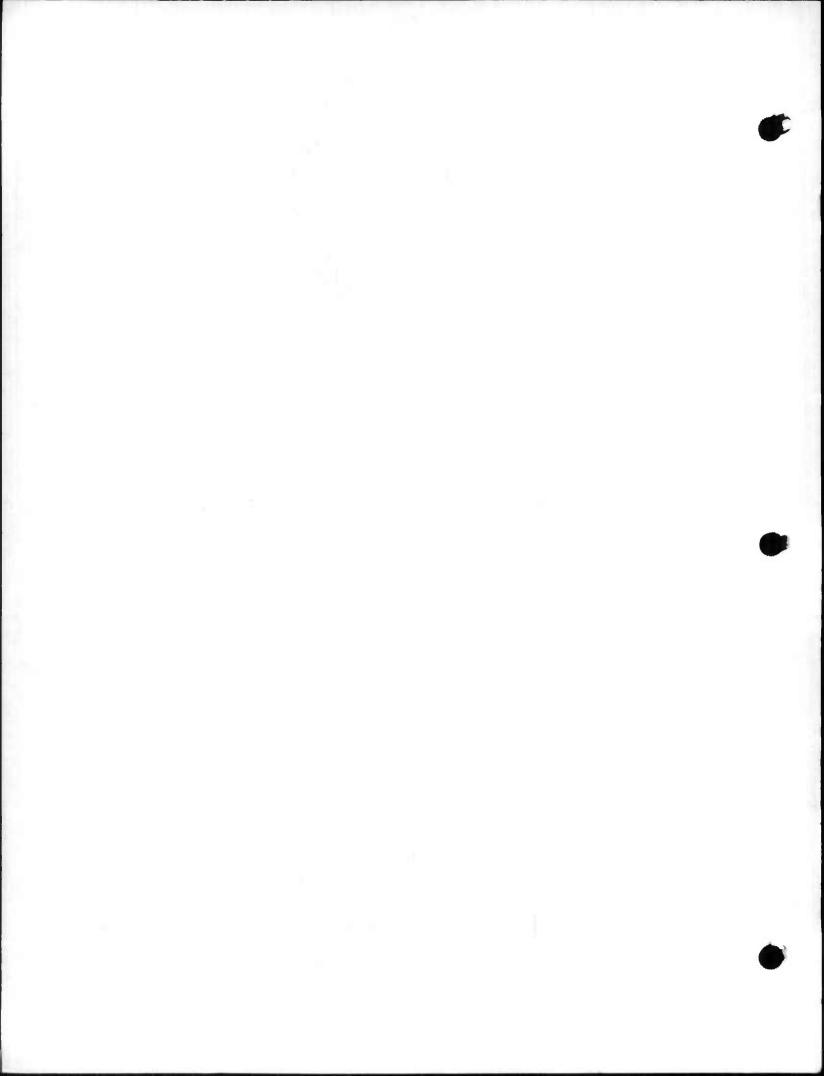
32 REGISTRAR'S SIGNATURE

29d. DATE SIGNEO (Month, Day, Year)

▶ 07/29/92



		1 - STATE OF MAR		TMENT OF HEALTH AN	D MENTAL HYGIENE REG. NO.	21170
		1. DECEDENT'S NAME (First, Middle, Lust) CLEOPATRA F	OWLER	GRIFFIN	2. DATE OF DEATH MONTH JULY 30, 1	992 YEAR 3. TIME OF DEATH
29		235 28 0416 1□M2∑F	AGE (In yrs. last birthday) 72 vrs.	IF UNDER 1 YEAR	S. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
2, 3 should	OR	9s. FACILITY NAME (If not institution, give street end number) 142 Magothy Beach Road		% crry, rown or Location of Pasadena	The second secon	nne Arundel
₩.	DIRECTOR	100. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION		10d. INSIDE CITY
permit. Pages		Maryland Anne Arundel 10a. STREET AND NUMBER		Pasadena 101. ZIP CODE	100	LIMITS? 1 YES 2 NO 9. CITIZEN OF WHAT COUNTRY?
ian. transit	NERAL	142 Magothy Beach Road 11. MARITAL STATUS 12. WAS DECEDENT EV	CO IN H.C. ADMED	2112	22 U n	ited States
RYLAND 21215-0020 ed by the hospital or attending physician. uld be detached for use as the burial-transit ed at once.	BY FUN	1 Never Married 2 Married 1 Never Married 2 Married 3 Wildowed 4 Y Divorced	YES 2 NO	13. WAS DECENDENT OF HIS H yes, specify Cuben, Me 1 YES 2 NO S		14. RACE — American Indian, Black, White, etc. Specify: White
2121:	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S I (Give kind of w Me. Do NOT use Secret		16b. KIND OF BUSINES	ss/Moustry nical Company
YLAND 2. by the hospital of be detached for at once.	E COMPL	12 17. FATHER'S NAME (First, Middle, Last) Orville Sayre Fo	wler, Si	18. MOTHER'S	NAME (First, Middle, Maiden Sum	ame)
MA retain 5 sho	TO BE	190. INFORMANT'S NAME (Type/Print) Raybert C. Griffin, Jr.	196. MAILING 142 Ma	ADDRESS (Street and Number or Ri Agothy Beach Ri	orel Route Number, City or Town, Sta d., Pasadena,	mite, Zip Code) MD 21122
<u> </u>		20a METHOD OF DISPOSITION 1 Devriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE Of commeterly, cremetory or off Cedar Hill			ON - City or Town, Stata
death.		21. BIGHATURE OF FENERAL SERVICE LICENSEE	Occur IIII	MC Cully I	FACILITY Funeral Home	of Pasadena adena, MD.2112
760, ed within 24 i ompletely fille al, cremation, event, the		23. PART I. Enter the diseases, or complications that ca shock, or heart failure. List only one cause dimmediate Cause (Finel disease or condition resulting in death)	on each ilne.	ot enter the mode of dying,	such as cardiac or respirato	Approximate interval Between Onset and Death
P.O. BOX the certificate be eventing physician a Hygiene prior to or other traum.	CERTIFICATION	cause. Emer UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):		
RECORD v requires that the been signed by the t. of Health and M shows any inje	IAN: MEDICAL	PART ii. Other algorificant conditions contributing to dee	th but not resulting le	n the underlying cause giver	In Pert I. 24a. WAS AN AUTO PERFORMED 1 YES 2 I	? AMILABLE PRIOR TO
F VITAL SICIAN: The law certificate has the State Dep	PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Resider		
G PHYSICI er this cert ith with the	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Machine, Day, Mach	JRY 28b. TIME	OF 28c, INJURY AT	28d. DESCRIBE HOW INJUR	IY OCCURED
DIVISION DR ATTENDIN DIRECTOR: Att hours after de:	ETED		JURY — At home, ferm, st (Specify)	treet, factory, office	281. LOCATION (Street end N City or Town, State)	lumber or Rural Route Number,
토토토토	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my limits on the base of examination of the base of				
TO THE HOSPI TO THE FUNE Bled within	DO BE	296. SIGNATURE AND THE E OF CERTIFIER		29c LICENSE	NUMBER 290	d. DATE SIGNED (Month, Day, Year)
(H		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF THE STATE OF THE	D 3460 E	SMCAT COAL	ach Ec no	2083
		JUL 3 1 1992 Julia Davidson				

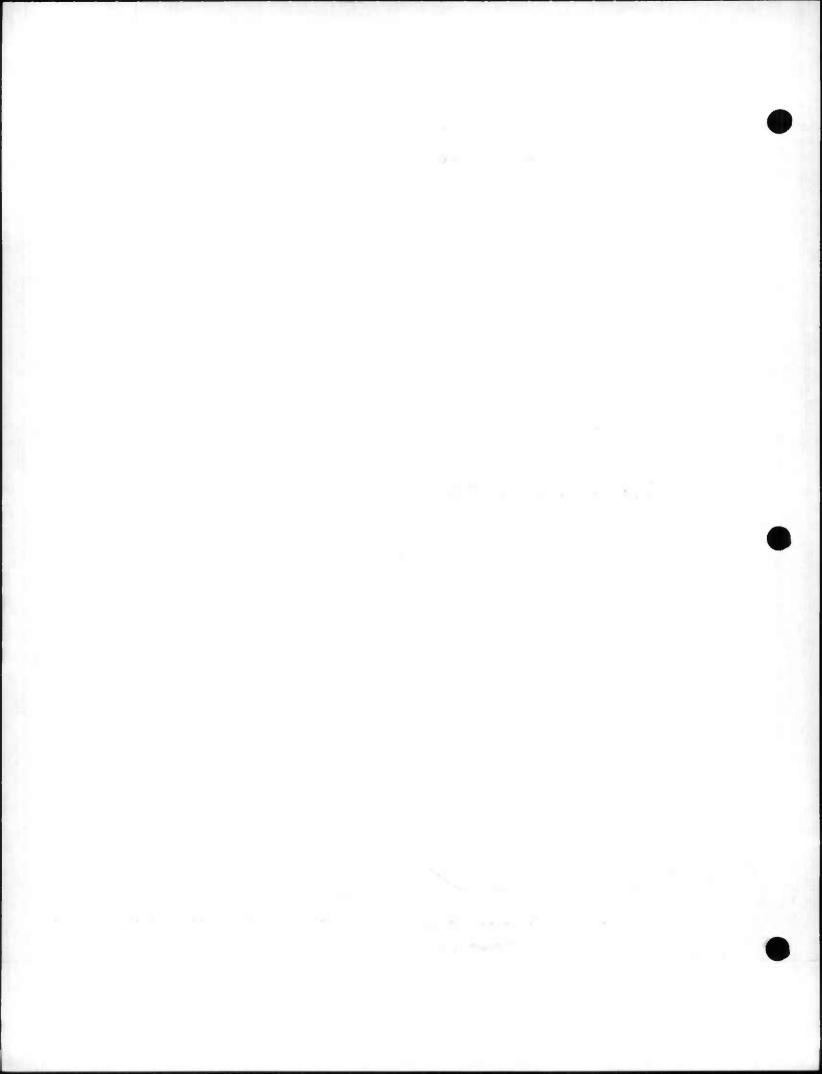


BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MISPIEM. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face after within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

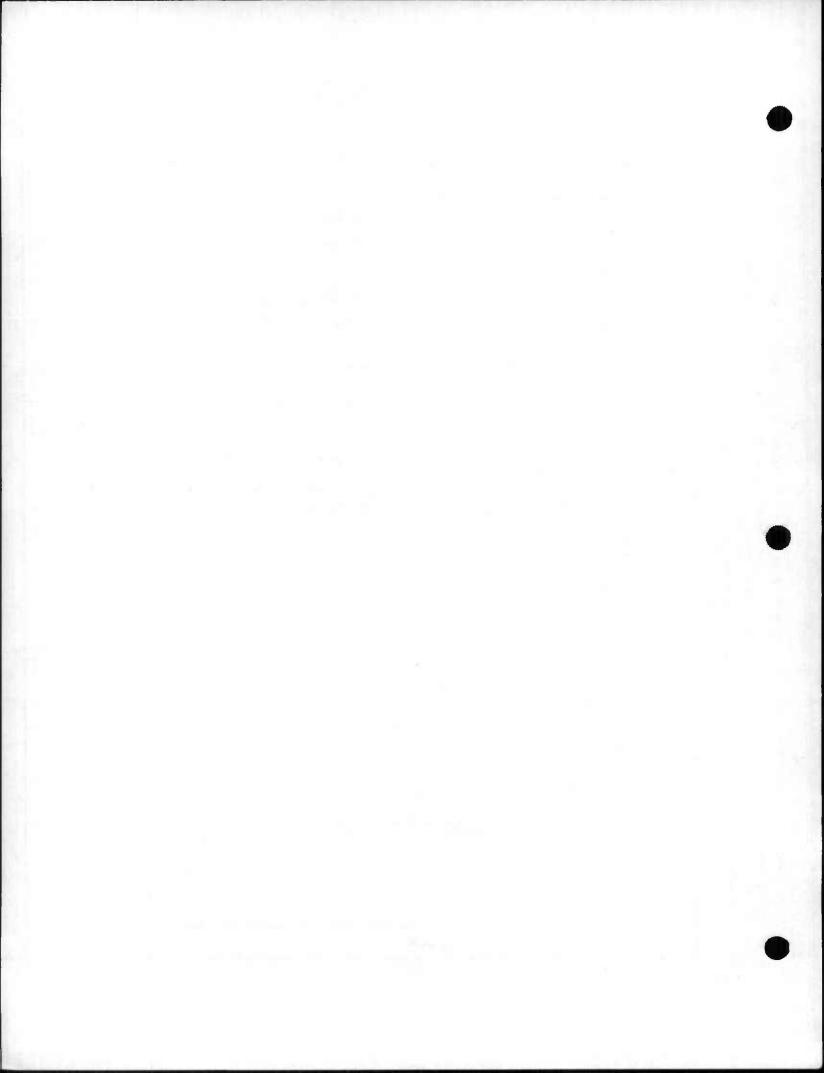
	REGISTRAR		CEF	CHILIC	ATE OF	DEATH	REG. NO	D .			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		177	3. TIME OF D	EATH
	Samuel H.	Harcum	Se				MONTH 7 - 2	DAY	992	1 :	IO DH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi	intholeus) IE	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	4 -1		IPLACE (State of	
		1 M 2 D F	86		NTHS DAYS	HOURS MIN.	(Month, Day, Year)		Countr		or Foreign
	213-03-2441		00				10/26/19	05	Ma	rylan	d
	9a. FACILITY NAME (If not institution, give s	treet and number)		96	CITY, TOWN	OR LOCATION OF D	EATH	9c. COL	INTY OF D	EATH	
DIRECTOR	St. Agnes Hos	pital			Ra1t	imore		1			
5	St. Agnes Hos				25020	2111010					
4	10a. STATE 10b. COUNT	1	0	Oc. CITY, T	OWH OR LOCA	TION				10d. INSIDE C	CITY
5	Marvland		1	Ra	ltimo	ro				TY YES 2	□ NO
	10e. STREET AND NUMBER	-		Da		r. ZIP CODE		10g CIT	TIZEN OF Y	VHAT COUNTRY	
È					"					TIAL COOKIN	***
FUNERAL	4226 Colborne					21229			USA		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME YES 2 XNO	D	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	es or No-	14. RACE	— American I	Indian,
10	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAS				2 NO Specif			Speci		
	3/2 Widowed 4 Divorced									Blac	k
3	15. DECEDENT'S EDU (Specify only highest grade	CATION			JAL OCCUPAT		16b. KIND OF B	USINESS/IN	DUSTRY		
ű	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use re	done during m tired.)	ost of working					
	High School		In	zont.	ory C	lork	Ford	Do=	lor		
COMPLE	17. FATHER'S NAME (First, Middle, Last)		7 711	v CII U	OLY C		ME (First, Middle, Maide		TEL		
						1	mc (rirst, Middle, Maide	n sumeme)			
	Frank Harcum					Lucy					
5	19a. INFORMANT'S NAME (Type/Print)		19b. A	IAILINO AD	DRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zi	ip Code)		
1	Samuel H. Har	cum, Jr.	4:	226	Colbo	rne Roa	d Balti	more	. M	D 21	229
	20A, METHOD OF DISPOSITION		20b. PLACE AND				DATE 20c. L				
	1 \(\text{Densition} \) Buriel 2 \(\text{Densition} \) Cremetion 3 \(\text{Densition} \) Rem	oval from State	cemetery creme	tony or other	nlecel		x 7/29 Ba				MD
	21. SIGNATURE OF FUNERAL SERVICE LIE	ENCEE	ALDUU	us r							
	. 11		11-		22. NAME A	C	ourNutter	Fun	erai	. Home	S
	Herbert	E. M.	Thos		200.	Gwynn	s Falls Marylan	Park	way		
	23. PART I. Enter the diseases, or shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition	List only one cause	aused the death on each ilne.	n. Do not	anter tha me	oda of dying, suc	h as cardiac or res	piratory ar	rest,		cimeta ii Batween and Death
	resulting in death)	. Cerebra	1 Infarc	t, Le	eft Fr	onto-Par:	ietal Lobe				
		DUE TO (O	R AS A CONSEQUE	NCE OF):							
=	Sequentially list and distance	b									
MOLIPPINION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUE	NCE OF):							
5	CAUSE (Disease or Injury	c									
	that initiated events	DUE TO (O	R AS A CONSEQUE	NCE OF):							
1	resulting in death) LAST	d.									
3											
1	PART if, Other algnificant condition		eath but not read	ulting in t	he underlyin	g cause given in	Part I. 24s. WAS A	N AUTOPSY	24b.	WERE AUTOPS	
2	Pulmonary Fibro	sis						RMED?		COMPLETION (
	Adenocarcinoma	of Prosts	te with	Metas	tage	to Bono	- 1X YES	∠ ∐ NU	- 1	OF DEATH?	
	Additional Citiona	OL IIOSUA	OC WICH	rieudi	cases	co pone	_			YES 2	□ NO
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOGOLTAL				LACE OF DEATH (Ch	eck only one)				
SICIAIN.	t TYES 2 NO	HOSPITAL: t 🛣 inpetient 2 🗆 €	R/Outpetient 3 🗆		THER: Nursing Hor	ne 8 🗆 Rasidenca	6 Other (Specify)				
	27. MANNER OF DEATH	28a. DATE OF th	JURY 2	8b. TIME O	28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OF	CURED		
- 1	1 D Netural 5 Pending	(Month, Day,		INJURY	W	ORK?			COMED		
	2 Accident Investigation	20. 51.05				YES 2 NO					
_ ,	3 Suicide 8 Could not be	28s. PLACE OF I building, at	NJURY At home, c. (Specify)	tarm, stree	t, tectory, offic	:•	281. LOCATION (Street City or Town, State		r or Rural R	loute Number,	
2	4 Homicide determined			occurred =	the time date	and place and di-	to the course(s) and =	anner no sta	ted		
	4 Homicide determined	CIAN: To the best of m	knowledge deets		time, cett				ING.		
	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI				mu animia.	donath managed at an	Alman alaka . A .	and all the			
3	4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE	R: On the beals of exer			my opinton,	feath occured at the	time, data and place, a	end due to t	he cause(a) and manner a	na stated.
COUNT TELLED	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	R: On the beals of exer			n my opinton,	Seath occured at the) and manner a	
DE COMIL LETTE	4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI MEDICAL EXAMINE	R: On the beals of exer			n my opinion,		MBER	29d. DAT	TE SIGNED	(Month, Day, Ye	
	4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER MARKET CONTROLL 29b. SIGNATURE AND TITLE OF CERTIFIER AND T	R: On the beals of exer	nination and/or inve	estigation, li		29c. LICENSE NUI	MBER	29d. DAT		(Month, Day, Ye	
DE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	R: On the basis of exer	OF DEATH (ITEM 2	rstigation, li	11)	29c. LICENSE NUI DO999	MBER 00	29d. DAT	TE SIGNED	(Month, Day, Ye	par)
DE COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH Michael E. Pelcz	R: On the basis of example to	of DEATH (ITEM 2	rstigation, li	11)	29c. LICENSE NUI DO999	MBER 00	29d. DAT	TE SIGNED	(Month, Day, Ye	par)
DE COMIL LETTE	4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WH	R: On the basis of exer	OF DEATH (ITEM 2 St. Agn	estigation, in	11)	29c. LICENSE NUI DO999	MBER 00	29d. DAT	TE SIGNED	(Month, Day, Ye	par)



9	
õ	1
m	
o.	9.7
ď	44
Ś	4
2	4
ō	44
DIVISION OF VITAL RECORDS, P.O. BOX 6	And the same of th
-	
4	6
>	- Contract
5	0000
S	Citation
2	1
\leq	00
_	4

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

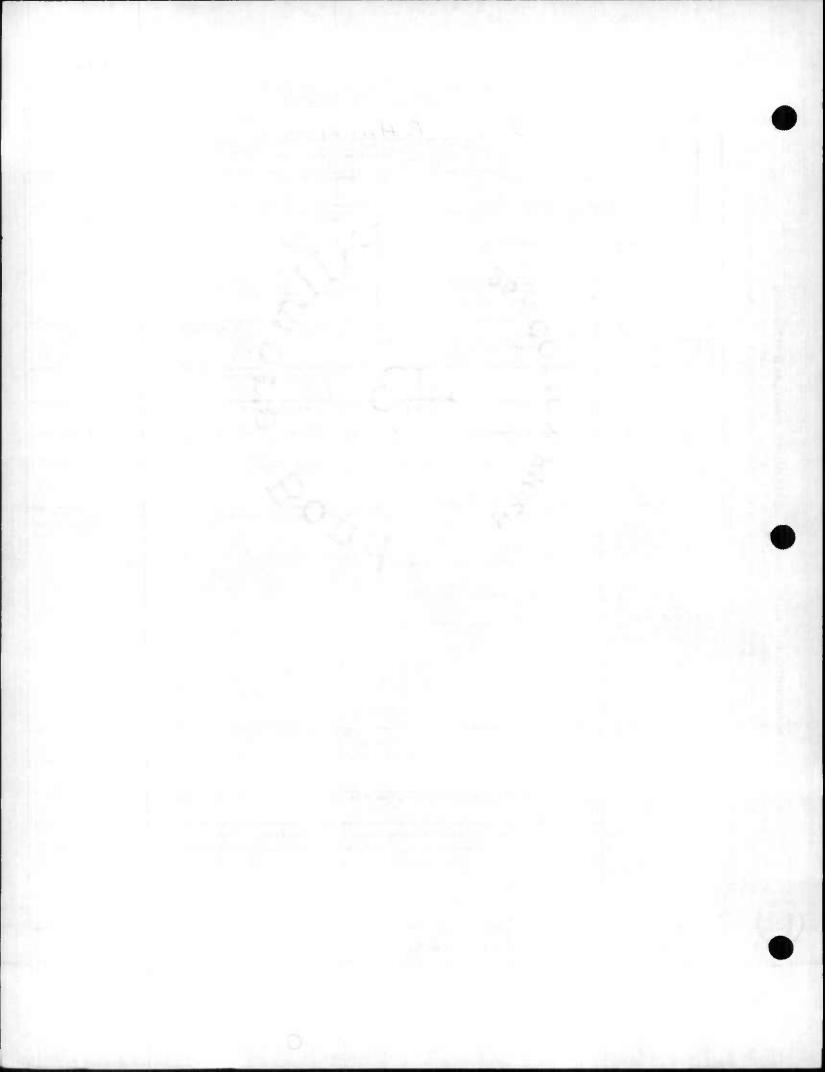
		activities and			-	TOPAT				HEG. NO	•		
1 9	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH DO		YEAR 3.	TIME OF DEATN
1	Marv	Marg	aret	HARI	DED				4	7	29	92	11:40 a M
1	4. SOCIAL SECURITY NUME	ER	5. SEX		yrs. last birthda	d is there	R 1 YEAR	I was	R 24 HRS.	7. DATE OF BIFTIN	29		
						MONTHS	DAYS	HOURS	MIN.			8. BIRTHPL Country)	ACE (State or Foreign
1 2	217-34-	7179	1 🗆 M 2 🗀 🧏		53 YRS.			1100me	,	May 20,1	939	Ma	ryland
1 .	Sa. FACILITY NAME (If not in	stitution, give	street and number)			9b. CIT	Y. TOWN	OR LOCAT	ION OF DE	ATN	Per COU	NTY OF DEAT	rw
l cc					. 4	54. 41.	Rossville						
DIRECTOR	Frank	lin S	quare H	ospı	taı			Ross	3 V T T	re	Ba	litimo	ro
5	RESIDENCE OF DEC												
1 22	Md.	10b. COUNT	Baltimo	ro	10c. C	ITY, TOWN	OR LOCA	Whit	Le M	arsh		10	Id. INSIDE CITY
0	na.		Darcimo	16						Q		1	YES 2 THO
1	10e, STREET AND NUMBER						10	f. ZIP COD	NE.		10- OIT		AT COUNTRY?
FUNERAL		_		1 5	- 1		"		1162		log. Citi		SA
<u> </u>	5905	Lore	ley Bea	cn R	oad			4 -	1162			U	o n
5	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DE	CENDENT	OF NISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE	American Indian, Vhita, atc.
	1 Never Married 2		FORCES? 1				If yes, sp	ecify Cubi	an, Mexicar	, Puerto Rican, etc.)			Vhite, etc.
B	3 Widowed 4 Divo	rced	# 125, GWE W	AN ON DATE	-3		TES	X	Specify			Specify:	White
0	18 DEC	EDENT'S EDU	CATION	La				27.		Control of the Control			MILLE
COMPLETED	(Specify only	highest grade	completed)	130	6a. DECEDENT (Give kind of life, Do NOT	S USUAL C	during me	DN ost of worki	ing	16b. KIND OF BUS	SINESS/IND	DUSTRY	
i iii	Elementary/Secondary (0	-12)	College (1-4 or 5 a	-)					_				
<u>a</u>	10th				Offi	ce M	lana	ger			Balc	on I	nc.
3	17. FATHER'S NAME (First, M	iddle Last)				-		10.000	MEDIC MAS	AE (First, Middle, Malden			
			1	7 7				10. MO1		ara Milk			
B		neth	Campbe	11									
	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILI	G ADDRES	S (Street	ind Numbe	r or Rural R	oute Number, City or Tow	n, State, Zip	Code)	
임	James	Joser	h Harpe	r	5	905	Lor	ele	vBea	chRoadWh	iteM	Marsh	Md.21162
	20a. METHOD OF DISPOSIT		n narpe						, Doa				
	1 - Buriel 2 - Crematic		oval from Stata	20b. PL	LACE AND DAT	other place	SITION	ame of		DATE 20c. LO	CATION -	City or Town	State
	4 Donation 5 Other	(Specify)	- We call the Second in	Ga	rdens	ofFa	iith	Cem	eter	y7/31/92	Ros	ssvil	le Md.
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22	NAME A	ND ADDRE	SS OF FAC	HLITY			
	14	1	-	111		Co	nne	1157	Fune	ralHome3	OOMa	CEAV	e.21221
	Connel	ly 1-	unila	y M	Once	_							
	23. PART I. Enter the di	seases, Dr	complications the	t ceused ti	ha death. Do	not ente	r the mo	de of dy	ing, such	as cardiac or reapi	ratory an	reat.	Approximata
1 1	anock, or ne	Bart Milure.	List only one cau	se on eacl	h line.					·			Interval Between
	IMMEDIATE CAUSE (Fin disease or condition	al											Onset and Death
	resulting in death)	→	Renal (Cell (Carcin	oma							
1			DUE TO	(OR AS A C	ONSEQUENCE	OF):							
z	30		Cachovi	10									
CERTIFICATION	Sequentially list conditi		Lachex TO	(OR AS A CO	ONSEQUENCE	OF):							
¥	If any, leading to immed cause. Enter UNDERLYI												
일	CAUSE (Disease or inju		C. DUE TO	(00 40 4 04	ONSEQUENCE								
	that initiated events resulting in death) LAS		002 10	(OH AS A CO	ONSEQUENCE	OF):							
	resulting in death) LAS	' L	d										
Ö													
EDICAL	PART II. Other algnifica	nt condition	a contributing to	death but	not resulting	in the u	nderlyln	g cause :	given in F	Part I. 24s. WAS AN PERFOR			FRE AUTOPSY FINDINGS
0	Hyperca	11cemi	a										AILABLE PRIOR TO OMPLETION OF CAUSE
입										1 [] YES 2	X		DEATH?
Σ	Boney i	detast	aris							_		1	☐ YES 2 ☐ NO
SICIAN:													
1	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						ACE OF D	EATH (Che	ck only one)			
1 8	1 YES 2 NO		HOSPITAL: 1 Inpetient 2	EB/Outpetle	ent 3 🗆 DOA	OTHE			naldanan (3 Other (Specify)			
РНҮ	27. MANNER OF DEATH		28a. DATE OF		28b, T			URY AT	The state of the s	28d. DESCRIBE HOW I	N. H.IEW. O.O.	044959	
<u>a</u>		Pending	(Month, Di	ay, Year)		JURY	WC	PK?	_	290. DESCRIBE NOW I	NJUNT OCC	COMED	
B		nvestigation					1 📙	YES 2	NO				
	3 Suicide 6	Could not be	28e. PLACE Of building.	F INJURY atc. (Specify)	At home, farm	, atreet, fec	tory, offic			28f. LOCATION (Street a City or Town, State)	and Number	or Rural Rout	w Number,
쁘	4 Nomicide	detarmined		(-,-,-,,					- 1	Oily Or 10WII, Stelley			
Ш	29a: CERTIFIER				-								
COMPLET	(Check only									to the cause(a) and man			
0	3 (MEDI	CAL EXAMINE	R: On the basis of a	camination a	nd/or Investiga	ion, in my	opinion, d	eath occu	red at the t	ima, data and placa, an	d dua to th	e cause(s) ar	nd manner as stated.
- 11	29b. SIGNATURE AND TITLE	-	-						ENSE NUM				
BE	A In.	17/	V/					ZVC. LICI	ENSE NUM	DEN	29d. DAT	E SIGNED (M	onth, Day, Year)
2	Luc	WY L		0									
	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH	1 (ITEM 27) (Ty)	e, Print)							
	Dr. Dana l	Coat	es 9000 F	Frank1	lin Sa	ia re	Driv	e R	altin	nore M D	2123	7	
	31. DATE, FILED (Month, Day.	Year)	,32, REGISTRA	R'S SIGNATU	JRE	aut	UIIV	C D	u i u i i	note, it D	2123	,	
	31. DATE FILED (Month, Day.	1992	Julia Day	down-A	andelle								
	0 4		(1	1									



	s 1 2 3 should	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	t permit Page		
g physician.	e burial-transi		
ital or attendin	for use as th		
d by the hosp	id be detached		of at one
may be retaine	r, page 5 shou		et he notifie
VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	funeral directo		. or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once
24 hours after	filled in by the	ion, or removal	he medical
xecuted within	and completely	burial, cremat	tatic event
certificate be e	fing physician	ygiene prior to	other traum
hat the death	d by the attent	and Mental H	ny injury, or
law requires t	as been signer	Dept. of Health	23 shows a
HYSICIAN: The	his certificate h	with the State	ked, or Item
ATTENDING P	RECTOR: After to	irs after death i	m 28 Is mart
HOSPITAL OF	FUNERAL DIR	led within 72 hours after	APORTANT: If Iter
E LE	TO THE	be filed	IMPOR

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND TE OF DEATH		SIENE I. NO.	21113
1. DECEDEMT'S NAME (First, Middle, Last)	Edear	F. H	ARRISONS	2. DATE OF DEA MONTH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-28-2493	5. SEX 6. AGE (in yrs. lest birthday) IF L	NDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRT (Month, Day, Y	H a	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give	atreet and number)		CITY, TOWN OR LOCATION OF		9c. COUNT	MD OF DEATH
HARBOR HOSPIT	AL CENTER		BALTIMORE			
10a. STATE 10b. COUNT	Y		WN OR LOCATION			10d. INSIDE CITY LIMITS?
MD 10e. STREET AND NUMBER			BALTIMORE 101. ZIP CODE		10g. CITIZE	1 √ YES 2 ☐ NO N OF WHAT COUNTRY?
1751 CLARKSON	STREET 12. WAS DECEDENT EVER IN		21230			USA
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1♥ YES 2 □ NO IF YES, GIVE WAR OR DATES WWII & KOREA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp if yes, specify Cubar, Maxican, Puerto Rican, 1 □ YES 2 ▼ NO Specify:		can, Puerto Rican, et	fly Yea or No— 14 c.)	. RACE — American Indian, Black, White, etc. Specify: WHITE	
15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S USUA	NL OCCUPATION one during most of working ed.)	16b. KIND 0	F BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last)	1 st.	TRUCK		NAME (First, Middle, M	leiden Sumame)	
FRANK J. HARR	ISON			HUELLE		
19a, INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Run			
BERTHA PRINCE 20a. METHOD OF DISPOSITION	201	PLACE AND DATE OF DIS			O., MD	21230
1 Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		etery, cremetory or other pl	T CREMATORY	17/31	BALTO.,	
21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE		22. NAME AND ADDRESS OF CHARLES L. 1501 E. FOR	STEVENS	FUNERA	L HOME, IN
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. metasta oue to (or as a	consequence of:	phaseal c	ances		Onset and De
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	С.	CONSEQUENCE OF):				COMMANDA 10 pm
resulting in desth) LAST	d					
PART II. Other significent condition	ns contributing to death b	out not resulting in the underlying cause given in Pari		PE	AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDING
						COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	oru	26. PLACE OF DEATH (Check only one)		COMPLETION OF CAUSE OF DEATH?
	1 Inpatient 2 ER/Outp	ntient 3 DOA 4 D	HER: Nursing Home 5 ☐ Residence	8 Other (Specify		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?	1 □ Inpetient 2 ☑ ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	HER: Nursing Home 5 Rasidence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) IOW INJURY OCCUR	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 24 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 □ Inpetient 2 ☑ ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	HER: Nursing Home 5 Rasidence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify 28d, DESCRIBE H	Treet and Number or	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 20a. CERTIFIER (Check only) 1 CERTIFYING PHYS	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specialistics)	attent 3 DOA 4 DOB 28b. TIME OF INJURY At home, farm, street, fly)	HER: Nursing Home 5 Rasidence 28c. INJURY AT WORK? 1 VES 2 NO factory, offica	28d. DESCRIBE H 28d. LOCATION (S City or Town,	irreet and Number or State)	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NO NED Rurel Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	1 □ Inpatient 2 ☑ ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Clans) ICIAN: To the best of my knowledge.	attent 3 DOA 4 DOB 28b. TIME OF INJURY At home, farm, street, fly)	HER: Nursing Home 5 Rasidence 28c. INJURY AT WORK? 1 VES 2 NO factory, offica	28d. DESCRIBE H 28d. LOCATION (S City or Yown, us to the cause(a) and the time, data and plet	treet and Number or State) d menner as stated, te, end due to the c	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NED Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 □ Inpatient 2 ☑ ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the Season of ER: On the basis of examination	At home, farm, street, fly) HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 VES 2 NO fectory, office he time, data and place, and dr my opinion, death occured at th	28d. DESCRIBE H 28d. LOCATION (S City or Town, us to the cause(a) an	itreet and Number or State) d manner as stated, be, end due to the c	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NED Flure! Route Number,	





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

J

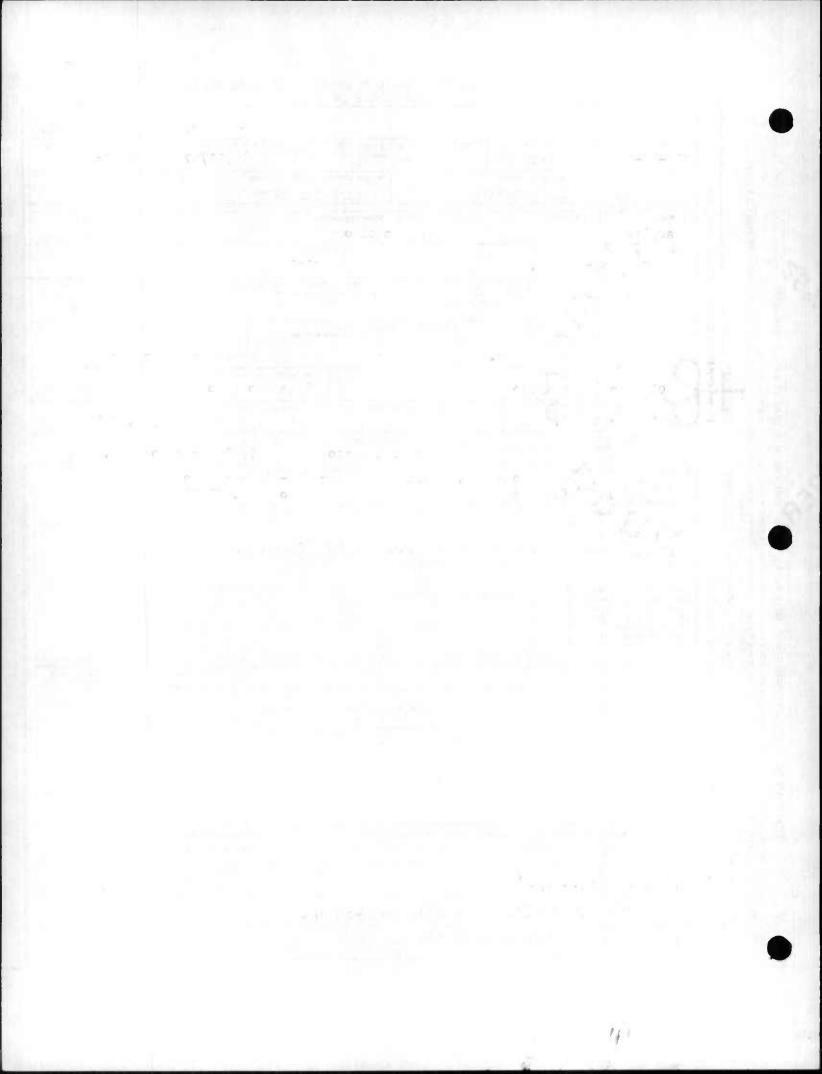
	REGISTRAR		CERTI	FICALI	E OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN DAVII	D HENDERS	ON			2. DATE OF DEATH	DAY	YEAR 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-22-3154 A	5. SEX 6. /	AGE (In yrs. last birthday 65 YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		8. BIRTHE	LACE (State or Foreign
	Be. FACILITY NAME (If not institution, give	street and number)		9h CIT	Y TOWN C	OR LOCATION OF E			NTY OF DE	
OR RO	INTON MEMORIT	UOCDIMA	L			MORE CI		96, 600	VIT OF DE	ATH
D	RESIDENCE OF DECEDENT	TATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	100.0	TY, TOWN	OR 1 OCAT	TION .				
DIRECTOR	Maryland			Balti						10d. INSIDE CITY LIMITS? 1
FUNERAL	100. STREET AND NUMBER 4206 Roland A	lve.			101	21210		1	S.A.	HAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EX	ER IN U.S. ARMED	13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No	14 DACE	— American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FOR FORCES? 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			If yes, sp	ecity Cuben, Mexic 2 NO Spec	an, Puerto Rican, etc.)	Black, Specify	White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	e completed)	16a. DECEDENT (Give kind o life. Do NOT	work done	during ma	ON all of working	16b. KIND OF	BUSINESS/IND	USTRY	
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 yrs	Engi	,			Gener	al Elec	etric	
Ö	17. FATHER'S NAME (First, Middle, Last)	4				18. MOTHER'S N	AME (First, Middle, Me	iden Sumame)		
BE 0	Colin David Her	nderson					Robinson			
5	190. INFORMANT'S NAME (Type/Print) EXXXXX Faith H.	Riggs	405 CHA	TOLA	S (Street a	nd Number or Rurel HILL RI	Route Number, City or Owings	Town, State, Zip Mill.	Code)	21117
	20a. METHOD OF DISPOSITION 1 Burlel 2 XIX remetion 3 Ren 4 Donation 6 Other (Specify)	noval from State	206. PLACE AND DATE	E OF DISPOS	SITION (Na	ma of	DATE 200	altimp	City or Tow	rn, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENCEE	M. Kratz				ciury Ledefeld			
	23. PART I. Enter the disease, or	n. Kraj			6	500 Yorl	Rd. 212	12		
CATION	shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	METASY)		ATI	C CAN	CER			interval Between Onset and Death
	Sequentially list conditions, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.									
ERTIFI	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
CERTIF	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDICAL						, cause given in	PER	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ż										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C	hack only one)			
ΥS	1 TES 2 19-40	1 - Hipatient 2 - ER				e 5 🗆 Residence	6 C Other (Specify)			
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	JRY 26b. TI	ME OF IJURY M		URY AT RK? 'ES 2 NO	28d. DESCRIBE HO	W INJURY OCC	URED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, atc.	IURY — At home, farm. (Specify)	atreet, fact	tory, office	1	281. LOCATION (Str. City or Town, S	eet and Number tate)	or Rural Ro	oute Number,
1 2 1	29e. CERTIFIER	101111 7 11 11 11 11 11		_						
COMPLETED	(Check only one) 2 MEDICAL EXAMINI	ER: On the basis of examin	nowledge, death occur nation and/or investigat	red at the t ion, in my c	time, data opinion, de	and place, and du	to the cause(s) and time, data and place	menner as state , and due to the	ed. e cause(s) :	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE Halles Labor				×	29c. LICENSE NU				Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WE SHALLENDRA LAKE	O COMPLETED CAUSE OF	ON MEMOI	e, Print)	HOSPI	ITAL .				
	31. DATE FILED (Month, Day, Year)	LINE DELYGEN						_ <u></u>		
	705 9 T 1936	1								

ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The PORTANT, IT is a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burial hyperon prior to burial, cremation, or removal.

IMPORTANT, IT item 28 is marked, or item 23 shows any injury, or other transmits event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

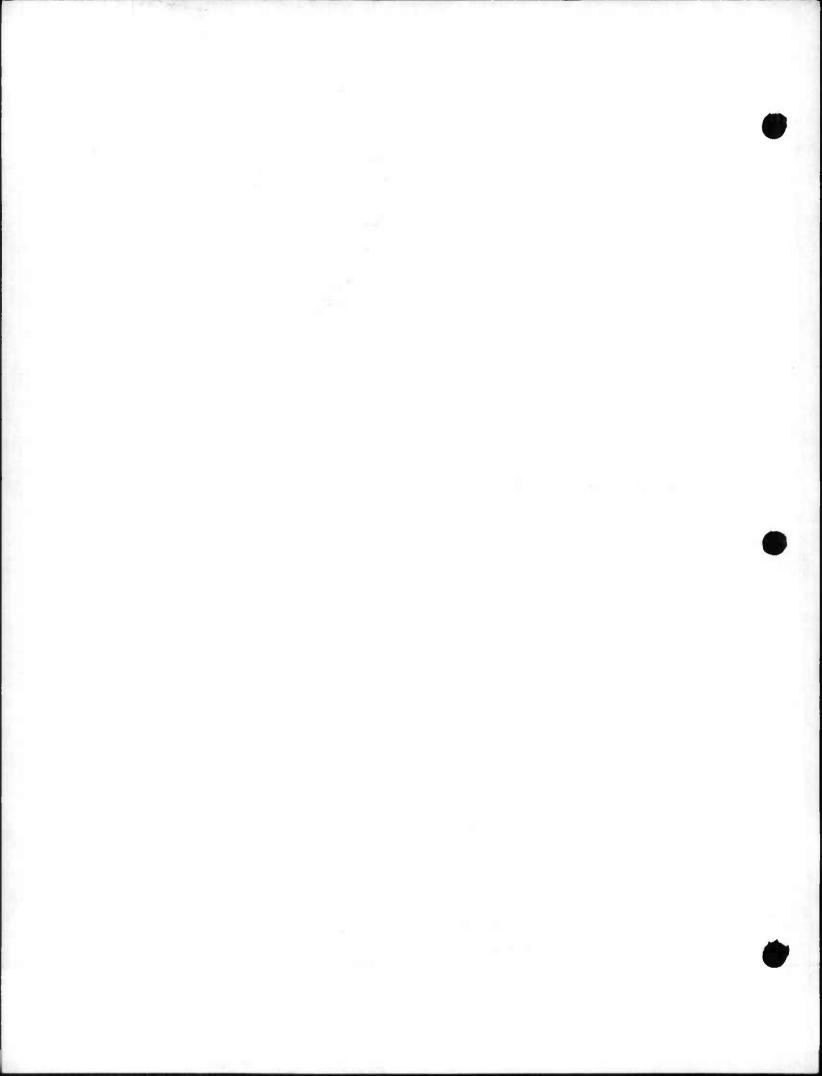
DHMH-16 Rev 1/89



		pinou
		(A)
		63
		2
		-
		Pages
		permit.
_	cian.	heral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
TIMORE, MARYLAND 21215-0020	th. Page 6 may be retained by the hospital or attending physician.	puna
o	5	100
'n	8	S
Σ.	2	60
2	20	S
'n	=	ğ
0	5	0
¥	SS	£
	-	ğ
	£	Ö
$\overline{}$	3	8
œ	2	용
⋖	Š	ĕ
5	=	S
_	2	93
Щ	A	8
\sim	Ë	2
0	9	용
5	8	lice.
	2	100
_	Ė	er

Z	-	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NOIS	OF \	/ITA	LR	ECC	ORC	S, P	0	BOX	687	.09		Ω	BALTIMORE, MARYLAND	MO	RE,	MAR	YL	N
月月	HOSPITA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	NDING P	HYSICIA	N: The	law re	quires t	hat the	death	certific	ate be	xecuted	1 within	24 hou	rs after	death. P	age 6 r	may be	retained	by the	e hospi
TO THE	FUNERA within 7	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	R: After the	his certi	State C	as bee	n signe	d by th	e atten	ding pl	ysician prior to	and co	mpletely cremat	filled it	remova	funeral	directo	r, page	5 shoul	d be de	stached
IMPOR	TANT	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	is mari	ked, or	item.	23 sh	e swo	ny Inj	ury, o	r othe	r traun	natic e	rvent, 1	the me	dical	examin	er mu	at be	notified	at o	nce.
TO BE	CON	TO BE COMPLETED BY BHYSICIAN: MEDICAL CERTIFICATION	A U	DHV	1010	.NA	MED	LAN	J.	OTIE	CAT	20			Г				TO BE COME	Į,	9

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN			MENTAL HYGIEN REG. NO.		21101
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
		IADE HOUSEHOLDE				7 29	92	
	213-14-9437	5. SEX 6. AGE (In yrs. Ins	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign unity) Maryland
E C	9a. FACILITY NAME (If not institution, give street			r y, rown o ltimo	R LOCATION OF DI	EATH	9c. COUNTY O	F DEATH LMOYE
ğ	601 Regester AV RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	ciide					Dare.	
FUNERAL DIRECTOR	Maryland Balt	imore	Balti		ION		38	10d. INSIDE CITY LIMITS? 1 YES 2 YMO
RAL	10e. STREET AND NUMBER			111	ZIP CODE			OF WHAT COUNTRY?
3	601 Regester Avenu	JE 12. WAS DECEDENT EVER IN U.S. AR	IMED 13		21212 ENDENT OF HISPAL	NIC ORIGIN? (Specify Yes		SA ACE — American Indian
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 V YES 2 1 IF YES, GIVE WIR OR DATES			cify Cuben, Mexica	in, Puerto Rican, etc.)		ACE — American Indian, lack, White, etc. pecify: White
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION 16a. DE	CEDENT'S USUAL	OCCUPATIO	N et al working	16b. KIND OF BUS	SINESS/INDUSTR	
COMPLETED		College (1-4 or 5+)	Office C)	at or working	Balti	imore Zo	00
ON	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Maiden		
BEC	William Edward H	louseholder			Alvii	na Frey		
2	190. INFORMANT'S NAME (Typo/Print) H. Donald Househo					noune Number, City or Town		
	20s. METHOD OF DISPOSITION	20b. PLACE: cemetery, cre	AND DATE OF DISPO	OSITION (Nat	me of		CATION — City o	
- 1	21 Standardin S (1) Other (Species)	see A Park			D ADDRESS OF FA		imore,	Maryland
	Dennis Stephen	Xenakis MO	0640 6	500 Y		chell-Wiede d Baltimore		
	23. PART i. Enter the diseases, or con shock, or heert feliure. Lis	mplications that ceused the dest only one cause on each line	eath. Do not ente	er the mod	de of dyling, suc	h as cardiac or respi	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	LV Dys	FURE	51	dr			Onset and Death
_		LV DY 5 DUE TO (OR AS A CONSEC COR & M	QUENCE OF):	AR)'- D	15.		YES
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF):					7,7,27
IFIC	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other significant conditions	contributing to deeth but not r	resulting in the u	inderlying	ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICAL						1 YES 2		COMPLETION OF CAUSE OF DEATH?
Σ						-		1 - YES 2 - NO
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)		
XS(OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 N	:R: ursing Home	5 Mesidence	8 Other (Specify)		
F	27. MANNER OF DEATH 1 Natural 5 Pending	(Month_Day_Year)	28b. TIME OF INJURY	28c. INJU	RIC7	28d. DESCRIBE HOW II	NJURY OCCURE	
B	2 Accident Investigation	28e. PLACE OF INJURY — At ho	M M		ES 2 NO			
TED	3 Suicide 6 Could not be	building, atc. (Specify)	one, tarm, erreer, ta	ctory, office		28f. LOCATION (Street a City or Town, State)	ind Number or Ru	Tell Houte Number,
COMPLET	29% CENTIFIER 1 CENTIFYTHA PHYSICS	- 1 // /				to the cause(s) end man		
ខ្ល		On the basis of examination and/or	prestigation, in my	opinion, de				
B	290. SIGNATURE AND TIRE OF CERTIFIER	100			29c. LICENSE NUI	N 512		SO-92
임	20. HANNE AND APPRESS OF PERSON WHO O	GOSTED CAUSE N DETH OTE	M 27) (7jple, Print)		000	0 0 0 0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	31. DATE FILEO (Month, Day, Year)			-	-			
	Baltimore, N	D 21214 3 1 7	992 4	he be	vidson-Ran	LIE.		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	is 1, 2, 3 should		
	e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		
.00	ansit per		
tending physician	burial-ti		
attending	se as the		
spital or	n of bed		
by the ho	be detacl		at once
retained	5 should		polified
may be	or, page		ust be n
. Page 6	ral direct		iner m
fter death	the fune	leval.	за ехап
JAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	illed in by	nor to burial, cremation, or removal,	id, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
within 2	npletely fi	crematio	vent, th
executed	and con	to burial,	matic e
ificate be	physician	ene prior	her trau
feath cert	aftending	mtal Hygi	ry, or ot
that the	d by the	h and Me	any Indu
requires	een sign	of Healt	shows a
The law	ate has b	tate Dept.	tem 23
8	8	ith the S	
ENDING P	: After th	s after death with the State Dept. of Health and Mental Hygiene	28 is marked
L OR ATTER	UNERAL DIRECTOR: After this	im 72 hours after	tem 28
HOSPITAL	UNERAL	Min 72 h	WHITE III
THE H	B THE R	W DRILL IN	MPORT

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ZAYMOND	Jo	RDAN		2. DATE OF DEATH MONTH DAY	5 92	3. TIME OF DEATH 3.20 AM
	4. SOCIAL SECURITY NUMBER 2\7 - 07 - 799 8 9a. FACILITY NAME (If not institution, give a	1 X M 2 🗆 F 9	rrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 11-13-01 ATH 96	Cour	ryland
DIRECTOR	Good Samarita				timore			
	Maryland 10e. STREET AND NUMBER	Ψ		timore	9			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1409 Carswell				21218		USA	WHAT COUNTRY?
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2XX10	If yes, spe		IC ORIGIN? (Specify Yea or n, Puerto Rican, etc.)	Bia	CE - American Indian, ck, Whita, etc. city: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	USUAL OCCUPATION FOR done during mose retired.)	t of working	16b. KIND OF BUSINE		Diack
OMF	17. FATHER'S NAME (First, Middle, Last)		Bar	Manager		Avenue #E (First, Middle, Malden Surr		
	Alexander Jor	dan				Edwards	ame)	
) BE	19a. INFORMANT'S NAME (Type/Print)	dull	19b. MAILINO	ADDRESS (Street as		loute Number, City or Town, St	tate, Zip Code)	
2	Angela Chaffi	n	712	East Co	oldspri	ng Lane E	alto,	MD 21212
	20a. METHOD OF DISPOSITION	oval from State comete	ACEAND DATE C	of Disposition (Nather piece) Star Ce	meterv	7/30 Ba 1	timor	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	Paciles	21	22. NAME AN 2501	GWYNNS	Nutter F Falls Par MD 21216	unera kway	1 homes Inc
CERTIFICATION	23. PART I. Enter the disesses, or shock, pr heart fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that inlited events resulting in death) LAST	s. LARD 10 DUE TO (OR AS A CO	PULM ONSEQUENCE OF ONSEQUENCE OF	GNARY 17: 12ATORY 17:	ARRES	ST/shoc	K	Approximate interval Between Onset and Dasth
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ne contributing to death but	not reaulting i	n tha undariying	ceuse given in I	Part I. 24a. WAS AN AUT PERFORMET	0?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)		
IXSI	1 YES 2 NO	1 Inpatient 2 ER/Outpatie			5 - Residence 6			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	M 1 Y		26d. DESCRIBE HOW INJUI	TY OCCURED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, atc. (Specify)	Al home, farm, s	treet, factory, office		28t. LOCATION (Street and I City or Town, State)	Number or Rural	4
COMPLETED		ICIAN: To the bast of my knowledger: On the basis of examination ar						(s) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES A Myhad	CI-PEYI			29c. LICENSE NUM	BER 29	d. DATE SIONE	D (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)			-	
	31. DATE FILED (Month, Day, Year) JUL 3 1 1992	32. REGISTRAR'S SIGNATU	ne pandalle					

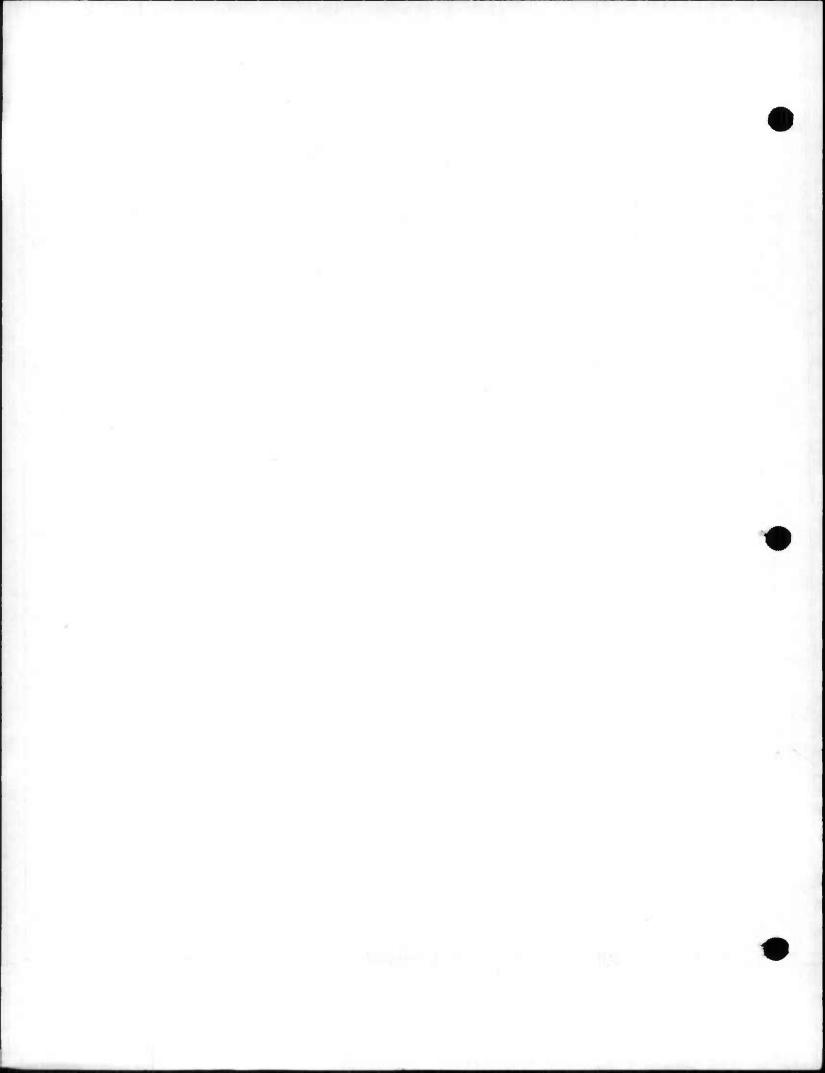
Was Level

THE PERSON NAMED IN

S, P.O. BOX 68760, BALTIMORE, MARYLAND 21215	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	ental Hyguene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked or Item 23 shows any Injury or other traumatic event the medical evantues he notified at serve
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked or item 23 shows any init

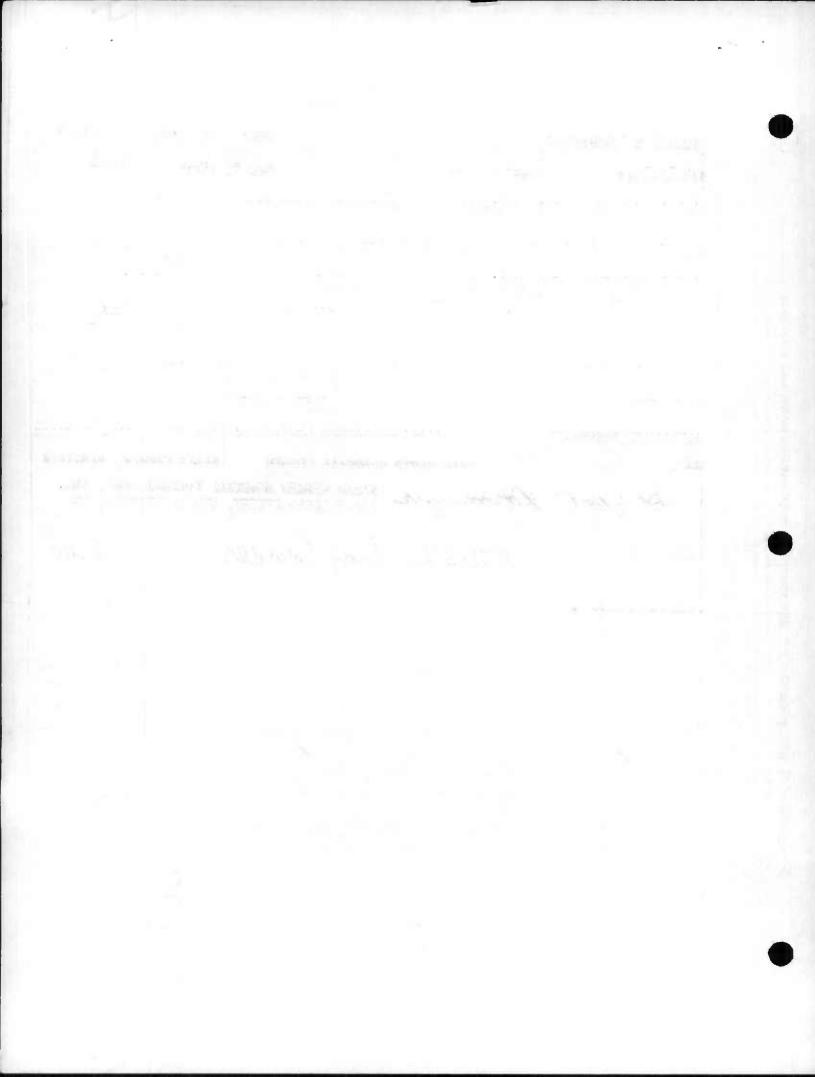
STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	ERTIFICATE	OF DEAT	Ή	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	2 21100
	1. DECEDENT'S NAME (First, Middle, Last)	Jachows	ANDREW	JACHOWSKI	2. DATE OF DEATH DAY	YEAR 23. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 3/5-07-1/32			UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Ralto MD.
TOR	Se FACELTY HAME, IT not institution, give so Suggested.	ella NC	140.	alonsvill	WMD S	COUNTY OF DEATH
DIRECTOR	10s. STATE 10s. COUNTY		18c. CITY, 10	WH OR LOCATION		10d. INSIDE CITY LIMITS? 1 DYES 2 \(\text{NO} \) NO
	10+STREET AND NUMBER			10f, 2IP COD€	. 10	6. CITIZEN OF WHAT COUNTRY?
UNE	711 Academy 11. MARÎTAL STATUS	12. WAS OECEDENT EVER IN U.	S. ARMED	21228 13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or N	No 14. RACE American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WWII		If yes, specify Cuben, Maxico 1 TES 2 NO Specif	in, Puerto Rican, etc.)	Black, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work eithe. Do NOT use ret	done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY
MPL	12 Yrs	College (1-4 of 5+)	Printe	W	Prisi	Ting
	17. FATHER'S NAME (First, Middle, Last)	Tachows	KÜ	16. MOTÁER'S NA Heler	ME (First, Middle, Meiden Surn	amo) by La
TO BE	194. INFORMANT'S NAME (TropGrint)		196. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or Town. St.	ate, Zip Code)
	Louise J. Jac 20a. METHOD OF DISPOSITION 1 Burlel & Cremellon 3 Remo		4108 FT	ankford Ave.,		ON — City or Town, State
	4 Donation 5 Other (Specify)	Hill	ry, crematory or other p	e Comp. 8-1	-92 Towson	A THE STATE OF
	21. SIGNATURE OF FUNERAL SERVICE LIC ROY H. Cather			22. NAME AND ADDRESS OF FA		
	Roy H. Ca	ther	e death. Do not a			ry arreat, Approximeta
	anock, or naart failura. I	List only one ceuse on sech	Ilna.	and the mode of dying, see	in as cardiac of reapmate	Interval Batwean Onset and Death
i i	disease or condition resulting in death)	DIE TO (OR AS A CO	MSEQUENCE OF			
Z		Urinary	TY	act Ir	fectio	, (-
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CO	INSEQUENCE OF):			
LIFIC	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF):			4
CER	resulting in death) LAST	1.				
4	PART II. Other algolificant conditions	contributing to death but i	not reaulting in th	e underlying cause given in	Part I. 24s. WAS AN AUTO PERFORMED	? AVAILABLE PRIOR TO
MEDIC	NAMY DAM	- blan	ller		1 TYES 2 TI	OF GEATHT
	100. 49011	e di recipi				1 TYES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie		26. PLACE OF DEATH (Ch		
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Aursing Home 5 Residence 26c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW INJUR	TY OCCURED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO		
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	, factory, offica	281. LOCATION (Street and N City or Town, State)	Number or Rural Route Number,
COMPLET				the time, data and place, and due my opinion, death occured at the		as stated. a to the cause(s) and manner as stated.
BE C	296. SHEMATURE AND TITLE OF CERTIFIER		_	29c. LICENSE NU		d. DATE SIGNED (Month, Day, Year)
TO E	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type Print	0282	236	1/30/92
	DOVIGE S ST.	Martin M 32. REGISTRAR'S SIGNATU	0. 54	11 010 Fride	rick Rl	Bult 21229
	JUL 3 1 19		day Manda	2		OHMH-16 Rev 1/89



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

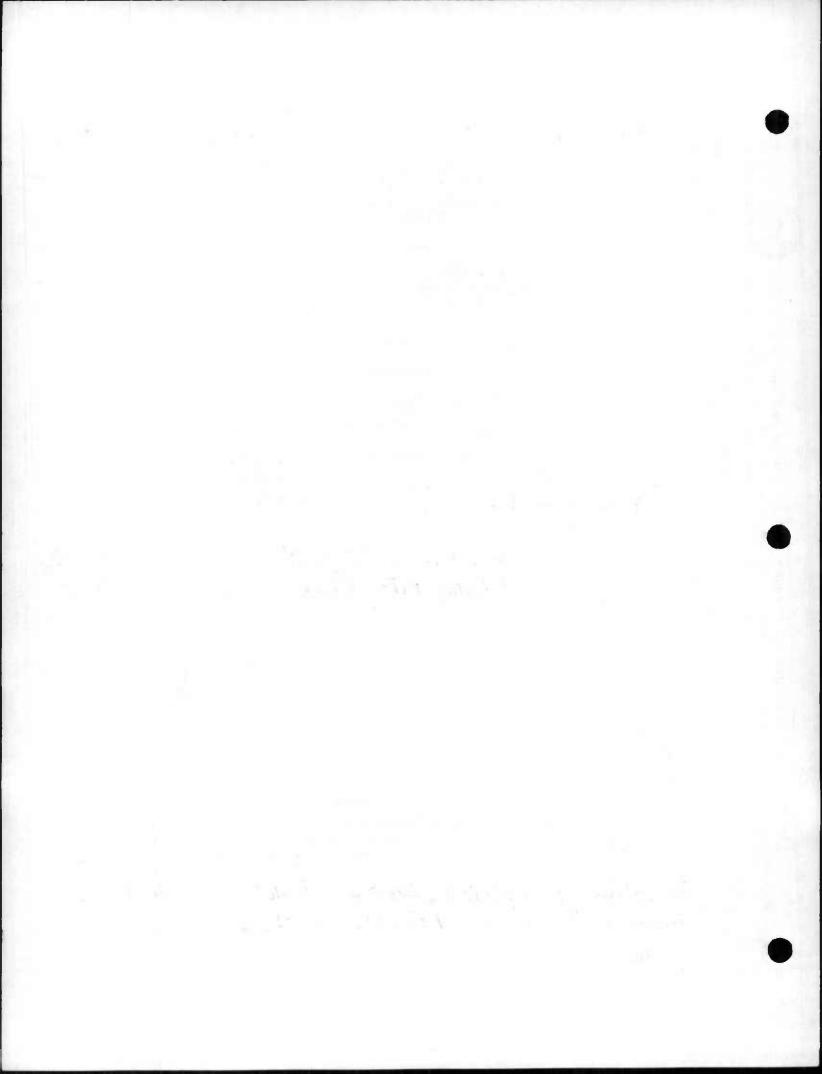
	REGISTRAR	CERTIFIC	CATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE (F DEATH	V VE	3. TIME OF DEATH		
	EUNICE R. JABLONSKY				JULY	29	1992	3:37 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yr. 579 – 14 – 7503 1 □ M 2√3 F 7.		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, May	Bay, Year 9	20	BIRTHPLACE (State or Foreign OTRGINIA		
OR	9a. FACILITY NAME (If not institution, give street and number) 10301 GROSVENOR PLACE APT. 408			LE, MARY			MONTG			
DIRECTOR	100. STATE 100. COUNTY		TOWN DR LOCAT	ION MARYLAND				10d. INSIDE CITY		
	MARYLAND MONTGOMERY 100. STREET AND NUMBER	KUCKI		ZIP CODE			10a CITIZEN	1 🖄 YES 2 🗌 NO		
FUNERAL	10301 GROSVENOR PLACE APT. 408		2	0852			u.s	.A.		
B	11. MARITAL STATUS 1 Never Married 2. Married 3 Widowed 4 Diverced 12. WAS DECEDENT EVER IN U.S FDRCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MND	13. WAS DEC If yes, ap 1 TYES	ENDENT OF HISPAI scify Cuben, Mexics 2/1/NO Specif	NIC DRIGIN? in, Puerto R y:	(Specify Yes ican, etc.)	or No- 14.	RACE — American Indien, Black, White, etc. SpecifyWHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wor life. Do NOT use	BUAL OCCUPATION done during more during durin	DN st of working	16b.	KIND OF BUS	INESS/INDUST	TRY		
린	12 years	REALT	TOR		R	EAL E	STATE			
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA			Sumame)			
B	MYER COHEN			LILLIAN						
2	19a. INFORMANT'S NAME (Typo/Print) ALEXANDER JABLONSKY			nd Number or Rural ハカーカト人でE				ILLE, MD 2085		
	20s. METHOD OF DISPOSITION 20b. PL	ACE OF DISPOSIT		netery, cremetory or	ALI.			or Town, State		
	Burial 2 Cremation 3 Removal from State Control Donation 5 Other (Specify)	G DAVID	MEMORI	AL GARDE	N	FAL	LS CHU	RCH, VIRGINIA		
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AL	HERDEU	WEW)T	TALE	IINIEDAI	HOME, INC.		
	Donald C. Stattler	ryer	232 0	ARROLL S	TREFT	NW	WASHT	NGTON. DC		
N	shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) But TO (OR AS A CO	LULC INSEQUENCE OF):	lun	g Car	ce	18		Interval Between Onset and Desth		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (DR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):									
DICAL	PART II. Other algnificant conditions contributing to death but i	not resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
. ME					- 1			1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		26. P	ACE OF DEATH (C	heck only on	·)		l		
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetle		OTHER:	e 5 E Residence	6 Other	(Specify)	0			
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	20b. TIME INJU		URY AT	28d. DE\$	CRIBE HOW I	NJURY OCCUP	NED		
B∡	1 Natural 5 Pending 2 Accident Investigation 3 Suitcide 2 28. PLACE OF INJURY 28.	At home down at		YES 2 NO	201 1 001	TION (Or		Flural Route Number,		
TED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	Ar nome, resm, er	was, sactory, orth			or Town, State)		nural riouse rumber,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and			20.00						
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NU	MBER		29d. DATE S	IGNED (Month, Day, Year)		
TO B	47110			0326	107			130192		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH JOSEPH 1466 CYCTY 1450 8	(ITEM 27) (Type, F	rina) SICIUTA	S LAN	e H	212 1	PACKUM	(le. M) 2088		
	31. DATE FILED (Month, Day, Jean) 32. REGISTRAR'S SIGNATU									



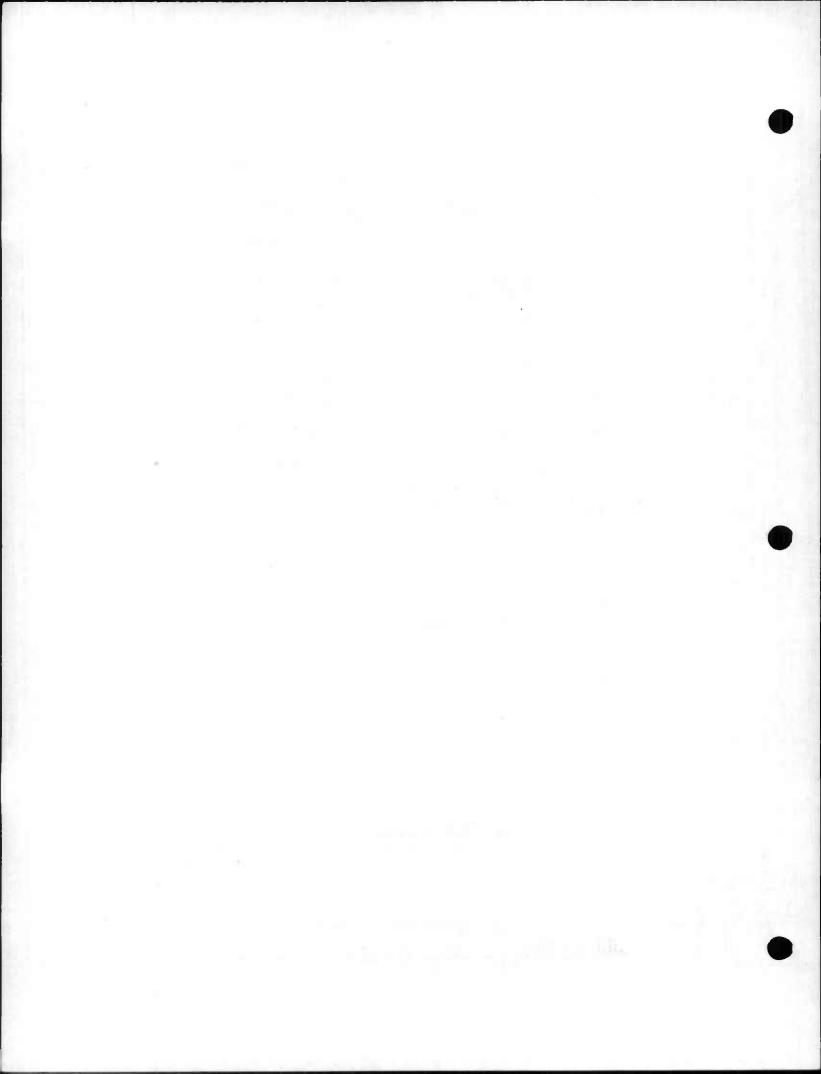
detac		
8		-
should		A163 - A
40		1
page		-
I director, page 5 should be detac		-
funeral		Woman Inc
the	Oval	100
6	Per.	- Per
i.	10	5
fillec	OR,	1
mpletely	leath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked or lient 23 shows any injury or other teaments examt the medical assembled to sential at
DO DI	ounal	Ale.
ā	9	8
ysiciar	prior	-
Ad B	iene	ther
ip	ž	9
after	mal	2
the the	1 Me	Inimi
P P	h an	Aug
Signe	leaft	944
een	o to	eho
as b	Dept.	23
ate	tate	form
ertific	the S	00
HS CL	vith 1	to an
After th	leath v	mark

1, 2, 3 should

	-							and brown	2	18	5
	1 - STATE OF MARY	CE	ERTIFIC	ATE C	F DEATH	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)	Edd	ie Jol	hnso	n, Jr.	MON	OF DEATH		YEAR	TIME OF D	PEATH
		-		UNDER 1 YEA		7. DATE	OF BIRTH		8 BISTHE	ACE (State o	V. Forming
	217-50-5854 1XI M 2 🗆 F 4	4		THE DAY		79	87194	9	BALT	0.,	MD
Œ	98. FACILITY NAME (If not institution, give street end number) (re-6708 RIDGE ROAD APT. 20	S.)	9b.	CITY, TOV	VN OR LOCATION OF	DEATH		9c. COUN	TY OF DEA		
16	RESIDENCE OF DECEDENT	JA						ES	SEX		
DIRECTOR	MARYLAND ESSEX		10c. CITY, 10	OWN OR LO	CATION					Od. INSIDE C LIMITS?	
AL.	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZ		AT COUNTRY	
FUNERAL	6708 RIDGE ROAD, APT.20	3A			21237				US	A	
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Dovorced 12. WAS DECEDENT EVER FORCES? 1 N YES IF YES, GIVE WAR OR (2 N	MED	II yee	DECENDENT OF HISP , specify Cuben, Maxi YES 2 1 NO Spec	can, Puarto	N? (Specify Yes Rican, etc.)	or No—	14. RACE - Black, 1 Specify:	American I White, etc.	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S USU	AL OCCUP	ATION most of working	166	. KIND OF BUS	INESS/IND	JSTRY	DIA	CK
COMPLE	Elementary/Secondery (0-12) College (1-4 or 5+)	life.	Do NOT use reti	ired.)	most of working						
BE CO!	17. FATHER'S NAME (First, Middle, Last) Eddie Johnson, Sr.				18. MOTHER'S A			Surname)			
0 8	19e. INFORMANT'S NAME (Type/Print)	198	. MAILING ADD	DRESS (Stre	et end Number or Rura	I Route Num	ber, City or Town	n, State, Zip	Code)		
-	Eddie Johnson, Sr.		4017	iree	nspring	Ave.	Ba1	to.,	MD	212	09
	209. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	are re	AND DATE OF DIS	SPOSITION Ore	st Vet.	Cem			Mil	State	MD
	21. SHARTURE OF FUNERAL SERVICE LICENSEE	Ad		LER	OY O. D.	YETT	& SON	v FUI	VERA	L HOI	ME
	23. Part Enter the diseases, or complications that cause abook, or hear failure. List only one cause on disease or condition resulting in death)	A Y D	Co di e	29	mode of dyling, au	ich as can	diac or reapl	atory arre	est,		Imate I Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST b. CORCIALL FOR THE TOWN OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO									Y FINDINGS	
PHYSICIAN: MEDICA	PERFORMED? 1 VES 2 NO								OI OI	MILABLE PRICOMPLETION D F DEATH?	F CAUSE
IAN	28. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	Trick only or	w)	_			
Sic	TES NO HOSPITAL:	setlent 3		HER: Nursing R	1/	s □ Othe	45				
E	27. MANNEY OF DEATH 28s. DATE OF INJURY (Month, Day, War)		26b. TIME OF INJURY	29c.	INJURY AT	-	CRISE HOW IN	JURY OCC	IRED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			1 1	YES 2 NO						
	3 Suicide a Could not be determined 28e. PLACE OF INJURY building, etc. (Spe	— At hon	ne, ferm, streat,	, lactory, a	ffice	281. LOC City	ATION (Street er or Town, State)	nd Number o	r Rural Roul	e Number,	
COMPLETED	29a. CERTIFIER (Check only one)	ledge, des	nth occurred at	the time, d	ate end place, and du	e to the ceu	use(s) end ment	ner ee atate	d.		
8	One) 2 MEDICAL EXAMINER: On the basis of examination	n end/or Ir	rvestigation, in	my opinior	, death occured at th	e time, date	end place, end	due to the	ceuse(e) er	nd menner e	e stated.
BE	SHOMATURE AND TITLE OF CERTIFIER	4	<i>3</i> 0 · · ·		29c. LICENSE NU	JMBER		29d. DATE	SIGNED (M	onth, Day, You	er)
9	30. NAME AND DIGHESS OF PERSON WHO COMPLETED CAUSE OF DE	die (ZYN.	9	001	0815		14	7 39	1892	
	STANLEY 2. Felsenber 1/1	ATH (ITEM	E. C	hes	A) 71	387	,	/	,,,		
	32. REGISTRAS SIGN 32. REGISTRAS	Sand.	delle	7							



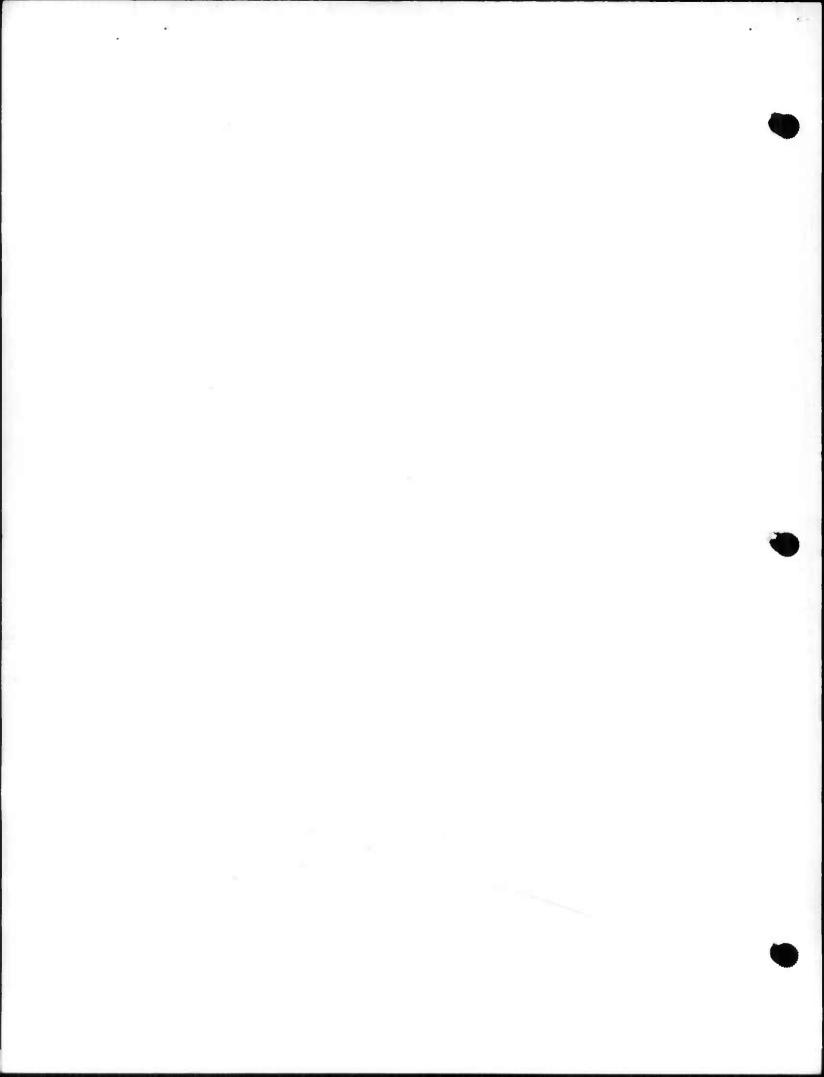
		1 - STATE STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE REG. NO.	92 21	106
		1. DECEDENT'S NAME (First, Middle, Last) FRANK JEFFERSON		OI BEATTI	2. DATE OF DEATH MONTH DAY	YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Inc. 217 20 24/24 15/18 17/18 27/18	MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLA Country)	ICE (State or Foreign
		9a. FACILITY NAME (If not institution, give street and number)	YRS. 9b. CITY	TOWN OR LOCATION OF D	4/5/29	BALT C. COUNTY OF DEAT	
	CTOR	St. Agnes Hospital		BALTIMOF	RE		
7	DIREC	10a. STATE 10b. COUNTY	10c. CITY, TOWN C	OR LOCATION	Lucal.	100	1. INSIDE CITY LIMITS?
1	RAL D	10s. STREET AND NUMBER .		101. ZIP CODE	finance	1 (0g. CITIZEN OF WHA	YES 2 NO
P	FUNER	760 Linning Street		0~1	0 0	USA	
	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT, EVER IN U.S. AR FORCES? 1 A YES 2 1 FYES, GIVE WAR OR DATES 5/15/51 4/	NO I	MAS DECENDENT OF HISPA f yes, specify Cuban, Maxic I YES 2 NO Speci		No — 14. RACE — Black, W Specify:	
4	COMPLETED	15. DECEDENT'S EDUCATION 16a. DE (Specify only highest grade completed) (G	ECEDENT'S USUAL OG Give kind of work done of b. Do NOT use retired.)	CCUPATION during most of working	16b, KIND OF BUSIN	ESS/INDUSTRY	BLACK
at once.	_	17. FATHER'S NAME (First, Middle, Last) EVD A 7. T.E.D. TELEDISCONI			AME (First, Middle, Meiden Sur	name)	
8	TO BE	FRAZIER JEFFERSON 190. INFORMANT'S NAME (Type/Print) 190	b. MAILING ADDRESS	SUS	Route Number, City or Town, S	State, Zip Code)	
be no	F				ALTIMORE, M		
must		1 🕱 Buriel 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) GARR	AND DATE OF DISPOS	REST VET.		NGS MILI	
the medical examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Y HEIGHTS	N FUNERAL HOME TS AVENUE 21207			
event,	7	23. PART Feiter the disease, or complications that caused the description of the property of t	OUENCE OF):	eghologath		ory arreat,	Approximate Interval Between Onset and Death
injury, or other traumatic event,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUENCE OF):				
hows any inju	MEDICAL	PART II. Other significant conditions contributing to death but not report to the stroke Rend in sufficiency Anemia thrombo on	es, pr		Part I. 24s. WAS AN AUTPERFORMER 1 YES 2	D? AWA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
or Item 23	ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)		
-	Y PHYSICIAN:	1		ing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW INJU	PRY OCCURED	
28 s	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined Sea. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, atreet, facto		26f. LOCATION (Street and City or Town, State)	Number or Rural Route	Number,
IMPORTANT: If Item	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de MEDICAL EXAMINER: On the basis of examination and/or in	investigation, in my o	olnion, death occured at the	time, data and place, and de		f manner as stated.
IMPORT	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER ATTO PHY 30. NAME ARO ADDRESS OF PERSON WAO COMPLETED CAUSE OF DEATH (ITEM DL BCKANEY ST. AGNES (LOS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	ENDING	29c. LICENSE NUI D-4	MBER 29	od. DATE SIGNED (Mo)	72
		DR BCKANEY ST. AGNES flos	M 27) (Type, Print) 9 SPITAL BA	TIMORE, MI	Av. 21279		
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Lars after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
2 Justs aft	y filled in by tion, or remo	the medica	
ecuted within	nd completely burial, crema	itic event,	
ificate be exc	physician ar	her trauma	
e death cert	he attending Mental Hygid	jury, or of	
uires that th	signed by t Health and	iws any in	
The law req	te has been ite Dept. of	em 23 sho	
PHYSICIAN:	this certifica with the St.	rked, or It	
TTENDING	CTOR: After after death	28 is ma	
PITAL OR A	ERAL DIRE	IT: If Item	
TO THE HOS	TO THE FUN be filed with	IMPORTAN	

	1. DECEPENT'S NAME (First, Middle, Last) Genevieve	(rajews!	<i< th=""><th></th><th></th><th></th><th>OF</th><th></th><th></th><th>2 DAT</th><th>REG E OF DEA</th><th>_</th><th></th><th>YEAR</th><th>100</th><th>E OF DE</th><th></th></i<>				OF			2 DAT	REG E OF DEA	_		YEAR	100	E OF DE	
	4. SOCIAL SECURITY NUMBER 217-14-9988	5. SEX	6. AGE ((In yrs. lest bin	thday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DAT	E OF BIRT	тн 8°-2	3	Ball	HPLACE	(State or	Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give s Stella Maris	street and number)					TOWN C	PR LOCATIO	ON OF DE	ATH				NTY OF U			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			1.							Very				East 6		-
		*		100	Baltimore City					5.77				L	ISIDE CI		
	Maryland 100. STREET AND NUMBER				RS	1111		e U1	_	10g. CITIZEN OF WH				PY	ES 2		
	3415 Kentucky	Avo Bal	tim	oro t	Md		101	212				1		J.S.		JUNIHY	*
	11. MARITAL STATUS						W# 6 050								adaan la	dlan	
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	2. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES			13. WAS DECE II yes, spe 1 \(\triangle \text{YES}		CENDENT OF HISPANIC ORIGIN? Decify Cuban, Maxican, Puarto Ri 3 2 NO Specify:									
	15. DECEDENT'S EDU	CATION		16a. DECED	ENT'S	USUAL O	SUAL OCCUPATION 18b. KIND OF			OF BUSIN	ESS/INC	DUSTRY					
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) (Give kind of work done during most of working life. Do NOT use retired.)																
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Years 17. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE 16. MOTHER'S NAME (First, Middle, Maiden Surname)																	
	Paul Demnow	icz						Ma	rga	ret	Во	chn	iak	<			
	19a. INFORMANT'S NAME (Type/Print)			19b. M	AILING	ADDRES	S (Street a	nd Number	or Rural F	loute Nu	mber, City	or Town,	vn, State, Zip Code)				
	Mary Roudette			34	415	Ke	ntu	cky	Ave	. E	Balt	o.M	d.	212	13		
	Mary Roudette 3415 Kentucky Ave. Balto.Md. 21213 20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Sacred Heart of Mary Cem. Balto. Co.																
	21. SIGNATURE OF FUNERAL SERVICE LI	Schus	heri	EM.	3	22 Z	HAME AF	D ADDRE	SS OF FAI	eil	a.	Han	lh	94	act	tene	an
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sepsis											Approxi nterval Onset a	Betwee				
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diaease or injury that initiated events resulting in death) LAST	Advanced ASCVD Due to (or as a consequence of): Due to (or as a consequence of):															
	PERFORMED? AW CO									OF DE	BLE PRIC	F CAUSE					
				/	(
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ED/O	nation 2 17	DO4	OTHE	R:	LACE OF D				15.1					
	27. MANNER OF DEATH 1 XNetural 5 Pending	28e. DATE O		_	St. J. IN		26c. INJ WC	URY AT			8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED						
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY 4 4 Homicide determined					1 VES 2 NO					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	CONSUR OTHY	SICIAN: To the best of		1		The state of the s									(s) and n	nanner a	n stated.
	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and no 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month										, Day, Ye	nr)					
30. NAME AND ADDRESS OF PERSON WILL COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Eddie Nakhuda 2300 Dulaney Valley RD. Towson, Marylai 31. Date Filed (Month, Dev. Year) 12. REGISTRAR'S SIGNATURE																	



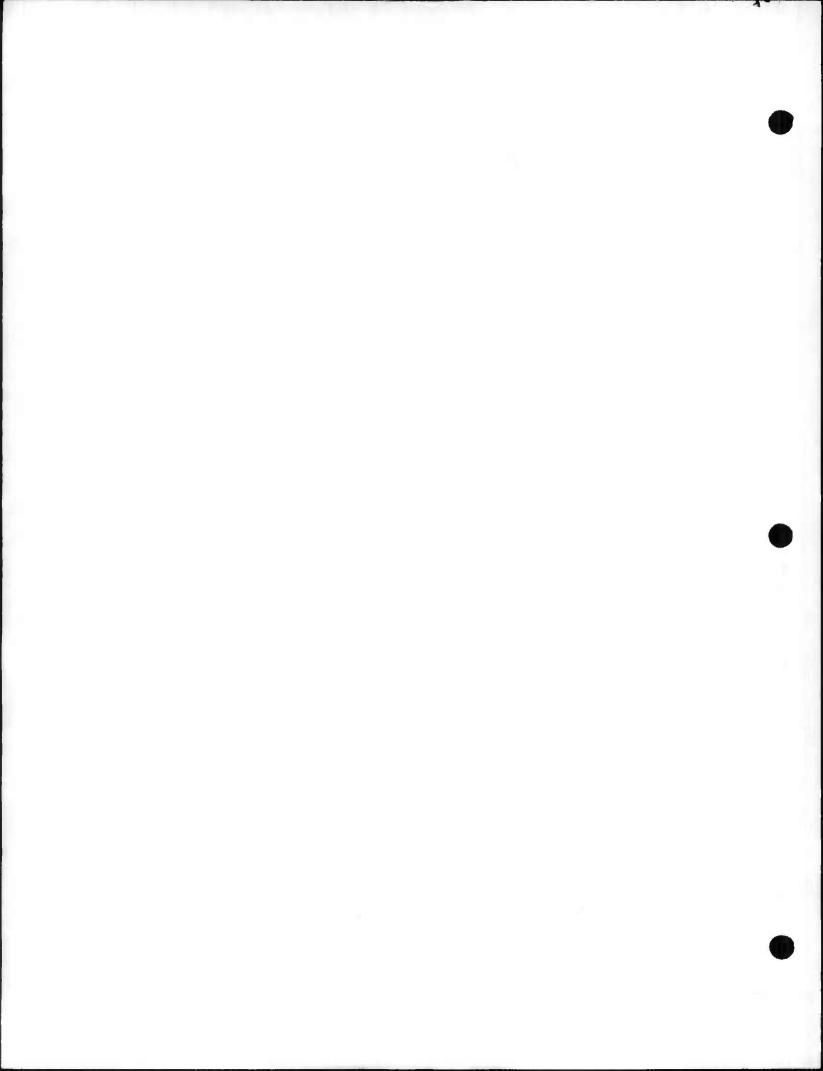


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

sician.	ial-transit permit. Pages 1, 2, 3 should	
after death. Page 6 may be retained by the hospital or attending ph	by the funeral director, page 5 should be detached for use as the burnoval.	ical ayaminar must be notified at once
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shr hin 27 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	17. is leave 30 is morded or learn 23 shows any failure or other fraumatic event the medical evaminer must be notified at once
SPITAL OR ATTEN	NERAL DIRECTOR: hin 72 hours after	J.T. 16 14am 20 1

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. OECEDENT'S NAME (First, Middle, Last)					2. OATE OF DEATH		3. TIME OF DEATH				
	Hattie M	ae Kir	9			MONTH	29 g	2 0615	A			
		MONTHS DAVIS LIGHTS AND (MORTH, Day, Year) CONT										
		246-46-0450 1 M 2 M F 72 YRS. MONTHS DAYS HOURS MIN. (MONTH, Day, Year) Country) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	Deaton Hosp. + Med Cte 6013. Charles St.											
ည္က	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION	ON			10d. INSIDE CITY				
뚭	MD		Balt	imore				LIMITS? 1 ∑ YES 2 ☐ NO	0			
A	10e. STREET AND NUMBER			-	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
띮	Deaton Nursing Home											
FUNERAL		2. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMED			IC ORIGIN? (Specify	Yea or No - 14	. RAČE — American Indian, Black, White, stc.				
BY	1 Naver Married 2 Married 3_,Widowed 4 Olvorced	IF YES, GIVE WAR OR DATES 1 YES 2 Y NO Specify: Specify:										
	15. OECEDENT'S EDUCAT	ION I	6a. DECEDENT'S USU	AL OCCUPATION	м	485 KIND OF	BUSINESS/INDUS					
COMPLETED	(Specify only highest grade con	npleted)	(Give kind of work life. Do NOT use ret	done during mos								
ا ۳	Elamentary/Secondary (0-12) Collega (1-4 or 5+) IIII. Do NOT use retired.) College Manor											
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maid						
Ö	Fred Marriott					Perry	,					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street an		Route Number, City or	Town, State, Zip Co	ode)				
2	McKinley King		753 Hu	ntina	St./Na	wark,	V.J. 70	717				
	20a. METHOD OF DISPOSITION	20b. F	LAUE OF DISPOSITIO	N /Name of com	eleny oremetony or		LOCATION - CIT					
	1 N Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	B 8	altimore	Cemt	tery	{	Baltimo	ore, MD				
	21. SIGNATURE OF FUNERAL MENVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Xim ot	To 15. 1	mes	WM C.	MARCH	F H /11	101 F	NORTH AVE	-			
	23. PART I. Enter the diseases, or con	nplications that saused t	ha death. Do not									
	shock, or heart fallure. Lia IMMEDIATE CAUSE (Finei	t only Dna Ceuaa on aac	h Ilna.					Interval Bet				
		BORAST	(Ann K	en				2 4KA	10			
	resulting in daeth) s. BULAST CANCED DUE TO (OR AS A CONSEQUENCE OF):											
z	Sequentially list conditions b.											
윤	Sequentielly list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
5	CAUSE (Disagre or Injury											
	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					İ				
CERTIFICATION	d							+				
AL (PART ii. Other significent conditions of	contributing to deeth but	not recuiting in ti	he underlying	ceuse given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINE AVAILABLE PRIOR TO				
읽							2 NO	COMPLETION OF CAL OF DEATH?				
WE								1 TYES 2 NO)			
ä												
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF OEATH (Ch	eck only one)						
YS	1 PES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpet	ient 3 🗆 DOA 4 j	HER: Nursing Home	5 🗆 Residence	8 Other (Specify)						
F	27. MANNEW OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU WOI	JRY AT RK?	28d. DESCRIBE HO	W INJURY OCCU	RED				
B	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO							
COMPLETED	3 Suicide a Could not be 4 Homicide datarmined	28a. PLACE OF INJURY - building, atc. (Specif)	- At home, farm, stree ()	t, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.											
ž	(Orach Only	On the beals of examination							ted.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			SIGNED (Mpnth, Day, Year)				
BE	James 1. 1.	Land le	- aus	[0273		> 7	1/19/92				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEAT	"H (ITEM 27) (Type, Prin	MO MO	2123	,	(1001-				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	- 0 0 -	1	8100							
		His Javidan 10										



	-
	1
	ı.
	1
~	44
0	
-	1
œ	1
٥	
	i
	-
ر	
2	1
	y
7	1
_	i
١.	4
-	-
n	7
2	4
F	-
=	1
ب	
ر	-
ш	-
۳	1
_	:
_	1
Į.	9
_	F
=	4
-	4
_	3
5	- 3
_	2
Z	
5	18.4
=	6
n	1
-	F
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	AN ATTENDED MANUFACTURE THE INC. THE ANALYSIS AND AND AND AND AND AND AND AND AND AND
-	2
-5	
	- 2

HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours arrer ceam. Page 5 stroug to stream or use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPARIANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA									2 2	1189)	
	1. DECEDENT'S NAME (First, Middle, Last)		U	EKITE	CALE	OF DEA	IH		REG. NO					
								2. DATE OF MONTH		AY	YEAR	3. TIME OF DEA	TH	
		ARKE 1	KENT,	Sr.				July	25	. 19	92		М	
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 Y				R 24 HRS.	7. DATE OF BIRTH		6, BIRTH		IPLACE (State or F	foreign	
- 9	220-18-6330	1 X M 2 □ F	65	YRS.	MONTHS	DAYS HOURS	MIN.	Jul 20	5 19	226	Count	w arvlanc	3	
)	Sa. FACILITY NAME (If not institution, give s	street and number)	- 00	17	9b. CITY.	TOWN OR LOCAT	ION OF D		J 1.	_	NTY OF D			
DIRECTOR	604 Linnard St					altimo				Sc. 000	MIT OF DEATH			
S	10a. STATE 10b. COUNT	Y		10c. CITY	TOWN OF	RLOCATION						10d. INSIDE CIT		
E	Marriand											LIMITS?		
	Maryland 10e. STREET AND NUMBER	В	alt:	imore						1 X YES 2	NO NO			
₹						101. ZIP COD	_			10g. CIT	IZEN OF V	WHAT COUNTRY?		
FUNERAL	604 Linnard St	reet				212	29			1	USA	A		
5	11. MARITAL STATUS 12. WAS DECEDENT_EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. 1 Never Married 2 Married 5 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 2 Married 2 Married 1 Never Married 2 Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 2 Married 1 Never Married 2 Married 2 Married 1 Never Married 2 Married 2 Married 1 Never Married 2 Married 2 Married 1 Never Married 2 Married 2 Married 1 Never Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 2 Married 3 Married 2 Married 3 Married 2 Married 3										14. RACI	E American Ind	len,	
	1 Never Married 2 Married	FORCES? 1.A.	YES 2 1	МО	lf.	yes, specify Cubi	en, Mexica	n, Puerto Rica	n, atc.)	0.0	Blac	k, White, etc.		
BY	Widowed 4 K Divorced										"Mack			
8	15. DECEDENT'S EDU		16a. DE	CEDENT'S U	SUAL OC	CUPATION	-	16b. KIN	D OF BU	SINESS/IN	DUSTRY	DIACK		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life.) (Give kind of work done during most of working life.) (Fig. December (1998)) 16b. KIND OF BUSINESS/INDUSTRY														
Elementary/Secondary (0-12) College (1-4 or 5+)														
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Lest) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Custodian 18. MOTHER'S NAME (First, Middle, Melden Surname)												1001 Sy	ste	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middl	e, Maiden	Surname)				
BE														
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILINO /	ADDRESS	(Street and Numbe	r or Rural I	Route Number, (City or Tow	n, State, Zie	Code)			
2	Phyllis Husen											21220		
						ard St	•	OATE	LINGI	e, .	MD	21229	_	
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Rem	oval from State	cometent ore	matons or oth	er plane!									
- 1	4 Donation 5 Other (Specify)		MD Ve	terai	n Cer	m/Garr	isor	n7/25	Owj	ngs	Mil	lls, MI)	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE 2			22. N	AME AND ADORE	SS OF FA	CILITNUT	ter	Fune	eral	Homes	Inc	
	►V.R. 9	2	11		2.5	501 Gw altimo	ynns	s Fal:	ls E	ark	way			
	23. PART I. Enter the diseases, or o				Ba	altimo	re,	MD	2121	6				
	ahock, or heart fallure.	List only one cause	caused the da	iath. Do no	ot antar t	ha moda of dy	ing, suc	h as cardiac	or resp	ratory an	rest,	Approxim		
1	IMMEDIATE CALIGE (Final											Onset an		
	disease or condition resulting in death)	a. Metas	Calie.	Ca	CON	10m a	bar	V 10	1	10 0 00	0			
i	resulting in death)	DUE TO (O	R AS A CONSE	DUENCE OF)	:	4	0.0	-				_		
-										j				
CERTIFICATION	Sequentially list conditions,	b. DUE TO (O	R AS A CONSE	DUENCE OF								<u> </u>		
A	if any, laading to immediate cause, Enter UNDERLYING				•							i		
일	CAUSE (Disease or injury	C								_				
E I	that initiated events resulting in death) LAST	DOE 10 (0	R AS A CONSEC	DUENCE OF):	•									
	readiting in death) CAST	d												
· 1	PART II Oshoo olgodioona oo dialo													
PHYSICIAN: MEDICAL	PART II. Other significant condition	0	0 0	esulting in	tha und	lariying cause	givan in	Part I. 24	PERFOR	AUTOPSY MED?	24b	. WERE AUTOPSY F AVAILABLE PRIOR		
용	Cereborrase	ular au	went	10	year	is aft	, ~		YES 2			COMPLETION OF		
Ä	(RH) Le	mpenen	na	no	ento	enne	,		3	P		OF OEATH?		
2	-1.		3		- 10/1							1 - YES 2 7	NO	
¥	25. WAS CASE REFERRED TO MEDICAL	ina												
O	EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF D	EATH (Chi	eck only one)						
YS	1 TES 2 NO	1 Inpatient 2 E	R/Outpatient 3	□ DOA	l 🗆 Nursir	ng Home 5 Ø Re	esidence	5 Other (Sp	ectly)					
표	27. MANNER OF OEATH	26a. OATE OF IN (Month, Day,		28b. TIME INJU		Mc. INJURY AT WORK?		28d. DESCRI	BE HOW I	NJURY OC	CURED			
BY	1 Naturel 5 Pending				М	1 YES 2	□ NO							
m 2 Accident investigation										nd Number	or Rural F	Route Number.		
E I	4 Homicide determined	building, at	c. (Specify)						wn, State)					
m.	29a. CERTIFIER		-	_										
		CIAM: To the heat of an	v knowledge, de	ath occurred	at the tim	e, date and place	, and dua	to the cause(a	and mar	ner as atal	ted.			
릴	(Check only M CERTIFYING PHYSI				one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
OMPL	(Check only M CERTIFYING PHYSI						red at the		place, an	d due to th) and manner as a	rtated.	
COMPLETED	(Check only M CERTIFYING PHYSI	R: On the beals of exer				Inlon, death occu		time, data and	place, an		ne cause(s		rtated.	
BE COMPL	(Check only one) 1	R: On the beals of exer				Inlon, death occu	red at the	time, data and	place, an		ne cause(s	(Mpnth, Day, Year)	nated.	

ST

Twin Davidson Pendelle

MD

AGNES HOSP

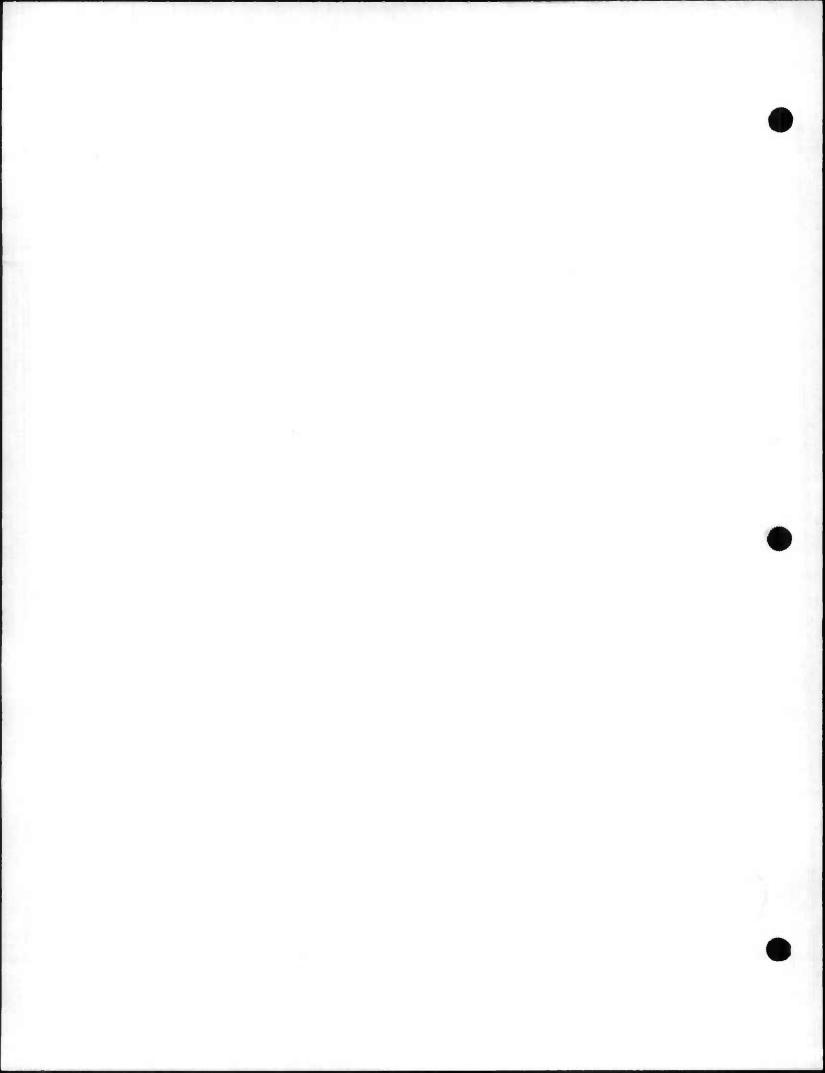
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CLARENCE SARICODEE - ADD M

31. DATE FILEO (Month, Day, Year) 7/29/92

32. REGISTRAR'S SIONATURE
JUL 3 1 1992

BALTMIRE

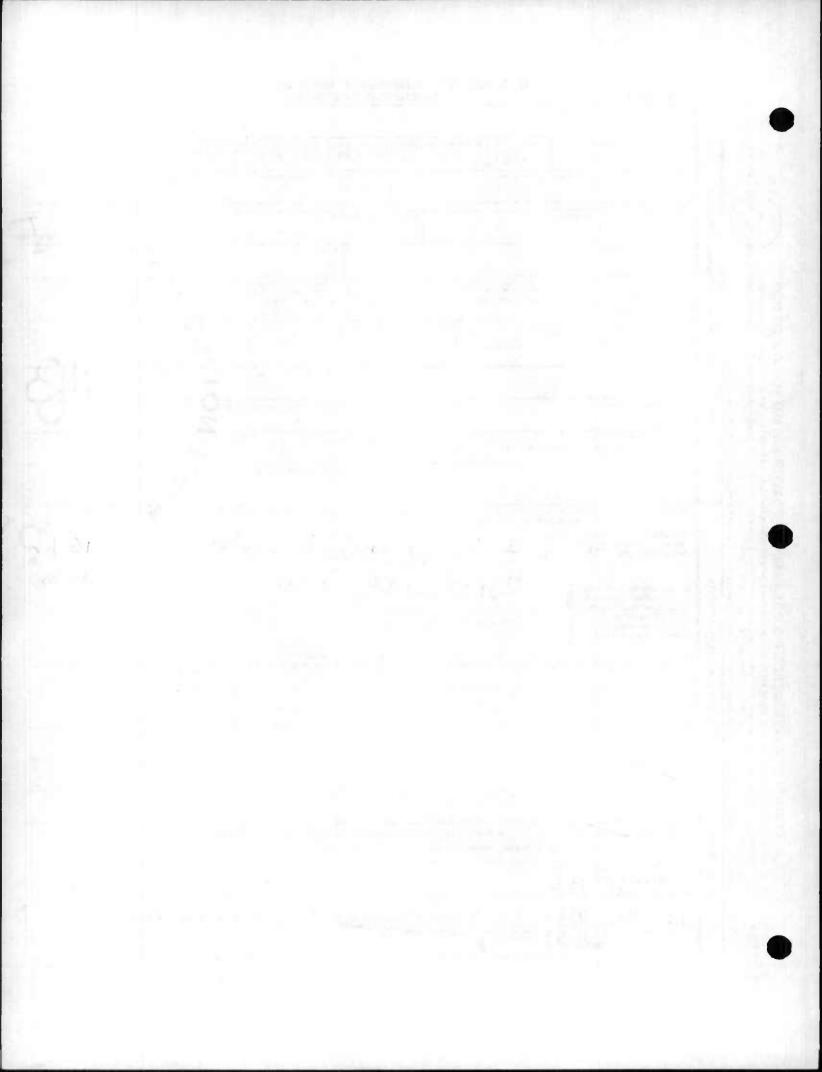


0
INCOM
70 00
COMPLE
TO DE
20
SEPTIEICATIV
JICAL (

STATE	OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		ERTIFICATE	OF DEAT	ГН		REG. NO.

	STATE OF MARYL	AND / DEPARTMENT CERTIFICATION		MENTAL HYGIEN							
1. DECEDENT'S NAME (First, Middle, Las	SUNGSU			2. DATE OF DEATH		3. TIME OF DEATH 5:30 P:1					
4. SOCIAL SECURITY NUMBER NONE	1 □ M 2 🂢 F	(In yrs. last birthday) IF UNDER MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-25-		BIRTHPLACE (State or Foreign Country) KOREA					
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH											
RESIDENCE OF DECEDENT 10a, STATE 10b, COU	NTY	10c. CITY, TOWN (DR LOCATION L , SOUTH	KOREA	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
10e. STREET AND NUMBER			101. ZIP CODE	NOTE I		OF WHAT COUNTRY? KOREA					
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	WAS DECENDENT OF HISP If yes, specify Cuben, Mexic 1 _ YES 2 X NO Spec	can, Puerto Rican, atc.)	RACE — American Indian, Black, White, atc. Specify:						
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use relied.)	during most of working	16b. KIND OF BU	SINESS/INDUST						
17. FATHER'S NAME (First, Middle, Last) SANG TH	4+ HIL KIM	HOUSEWI	16. MOTHER'S N	IAME (First, Middle, Meiden KNOWN)		YE.					
190. INFORMANT'S NAME (Type/Print) YOUNG KIN			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 29 BORDER LANE, LEBITTOWN, NEW YORK 11756								
20b. PLACE AND DATE OF DISPOSITION 1 SQ Removal from State 4 Donastion 5 Other (Specify) S C C S C C C C C C C C C C C C C C C											
22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS 4905 YORK ROAD, BALTO.MD. 2.2 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest,											
23. PART I. Enter the diseases, a shock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one ceuse on e	sch line.			iratory srrest	Approximate interval Betwee Onset and Dec					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Last Cause (Final disease or Consequence of the consequence of the cause of the cau											
DARKE II. OH	ions contributing to deeth b	out not resulting in the u	nderlying cause given i	PERFO	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO					
PART II. Other significent condition				1 TYES 2	(I) NO	OMPLETION OF CAUSE DF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	28. PLACE OF DEATH (C		. IV no	DF DEATH?					
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Propertient 2 ER/Outs 26a. DATE OF INJURY	28b. TIME OF	R: sing Home 5 - Residence 28c, INJURY AT	theck only one)		DF DEATH? 1 ☐ YES 2 ☑ NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation investigation 3 Suicide s Could not be	HOSPITAL: 1 Impetient 2 ER/Outs 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Special contents)	28b. TIME OF INJURY M	R: sing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	heck only one) 6 Other (Specify)	NJURY OCCUR	DF DEATH? 1 VES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide s Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Phoefient 2 ER/Outs 26a. DATE OF INJURY (Month, Dey, Year) 26a. PLACE OF INJURY building, etc. (Spot	28b. TIME OF INJURY M 2-Al home, farm, street, faculty ledge, death occurred at the telephone and the telephone and the telephone and the telephone and the telephone and the telephone and the telephone and the telephone and the telephone and telephone a	R: sing Home 5 Residence 28c. INJURY AT WORK? 1 VES 2 NO tory, office	theck only one) 6 Other (Specify) 28d. DESCRIBE HOW to City or Town, State) a to the cause(s) and ma	NJURY OCCURI	DF DEATH? 1 YES 2 NO ED					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide s Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Competient 2 EN/Outs 26a. DATE OF INJURY (Month, Dey, 'ber') 26a. PLACE OF INJURY building, etc. (Special Special Speci	28b. TIME OF INJURY M — Al home, farm, street, factify) ledge, death occurred at the in and/or investigation, in my of	R: sing Home 5 Residence 28c. INJURY AT WORK? 1 VES 2 NO tory, office	theck only one) 6 Other (Specify) 28d. DESCRIBE HOW (Street City or Town, State) 18 to the cause(a) and mae time, data and place, ar	NJURY OCCURI	1 TYES 2 PNO ED tural Route Number,					

0



9:354 M

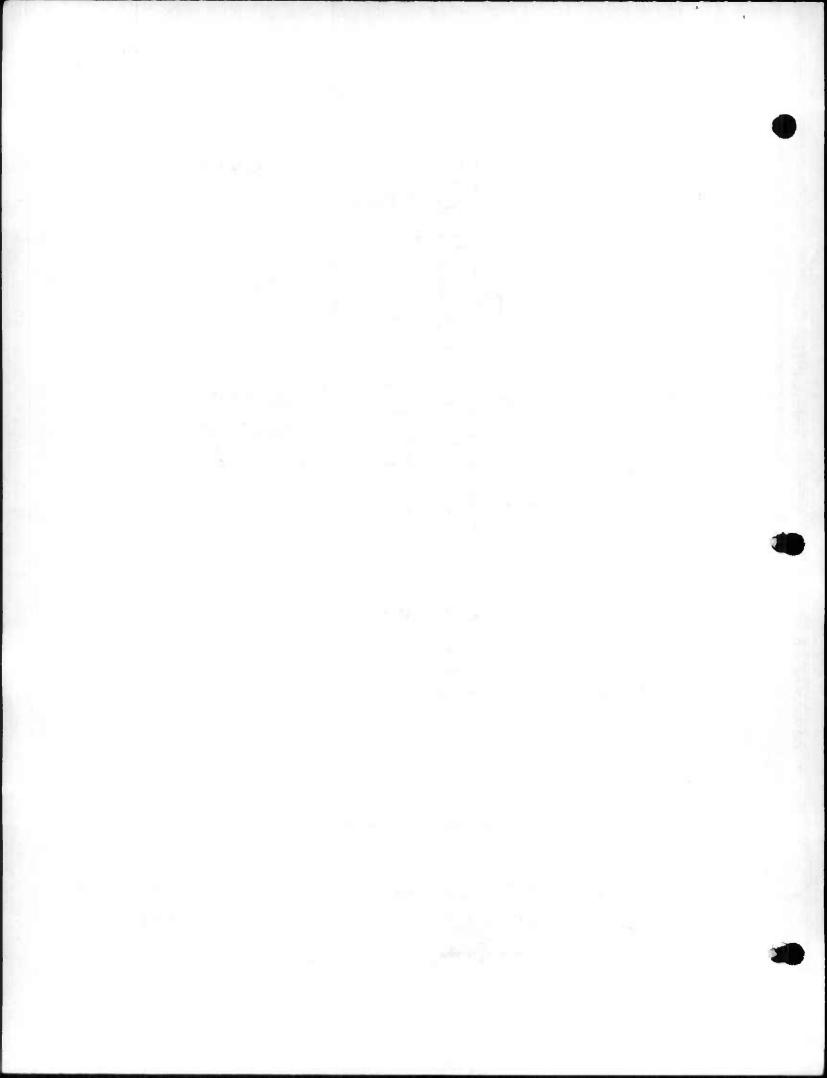
DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

	6.0
	100
	- 3
_	+
n n	3
+	20
=	5
2	9
	8
5	sources that the death certificate be executed with
2	afe
	fice
	문
)	2
Ľ	te
-	9
0	9
	1
	=
)	60
)	i
Ц	00
	3
1	70
1	ě
-	
>	A
	Sic
	5
-	à
ISION OF VITAL RECORDS, P.O. BOA 13149,	ITTENDING PHYSICIAN: The law red
)	C
-	E
10	E

	7100-01-01-0						PLAT		HEG. N			
	1. DECEDENT'S NAME (First, Middle, Last)	W. Moo	RE	Jr					200	26 G	VEAR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-42-2191	5. SEX 6. AGE	(In yrs. lesi	birthday) YRS.	IF UNDER	YEAR DAYS	IF UNDER :	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	-	1	(State or Foreign
стоя	90. FACILITY NAME (If not institution, give a Hercy Hospia	itreet and number)			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8c. COUNTY OF DEATH						V.(1.	
DIRECT	10a. STATE 10b. COUNT	Y			Y, TOWN O		TION 1.OKE	\$				INSIDE CITY
	10. STREET AND NUMBER HEAR	ietta St	ret		101	_	. ZIP CODE		^	10g. CITIZ	EN OF WHAT O	OUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	IN U.S. ARR	AED	11	yee, sp	CENDENT OF	F HISPANIC	C ORIGIN? (Specify Ye Puerto Ricen, etc.)	pe or No — 1	No- 14. RACE - American Indian, Black, White, etc. Specify: Black	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		(Gh	CEDENT'S ve kind of v Do NOT us	USUAL OC work done di se retired.)	CUPATIO uring mo	ON oat of working	9	16b. KIND OF BU	JSINESS/INDU		
COMPL	17. FATHER'S NAME (First, Middle, Last)	loore, Sr			16. MOTHER'S NAME (First, Middle, Melden Surname)							
TO BE	190, INFORMANT'S NAME (Type/Print)	MAILING	ILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						-			
	Dorothy Moore 127 W. Henrietta St Batto, rd 21230 200. METHOD OF DISPOSITION (Name of commency or 20c., LOCATION - City or Town, State)											1230
	1 Burtel 2 Cremation 3 Rem	lovel from State	other pla	⁽⁰⁾ 1/ ₁	1 21	on	Cer	met	ery L	ahsa	own,	Md
	21. SIGNATURE OF FUNERAL SERVICE LI	Ebron			22. 1	111	sch F		est Avenue			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. CTUULIT'S DUE TO (OR AS A CONSEQUENCE OF): LN HOUVE NOUS CAUSE DUE TO (OR AS A CONSEQUENCE OF): d.											
EDICAL C	PART II. Other algnificant condition	ne contributing to death	but not re	suiting	in the un	derlyin	g cause g	iven in P	PERFO	RMED?	AVAIL	E AUTOPSY FINDING ABLE PRIOR TO PLETION DF CAUSE
ME	1 VES 2 0 NO OF DEATH? 1 YES 2 NO											
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	:	LACE OF DE					
D BY PHYS	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 6 Pending Investigation	26e. OATE OF INJURY (Month, Day, Year)		28b. TIM		28c. IN. WC	JURY AT ORK? YES 2		Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED	
	2/ Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	IY — At hor ecify)	ne, ferm,	street, facto	ery, offic	ie .		28t. LOCATION (Street City or Town, State	t and Number (or Rural Route h	Number,
MP	onel	ICIAN: To the best of my kno ER: On the basis of examinat										menner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Sobel	N	nì	>		29c. LICE	NSE NUME	BER	29d. DATE	SIGNEO (Mont	
TO	12 Maya 5	Sobel 2	25	1 27) (Type	Print)	5	+ 4	Bal	+ mo	21	201	
	JUL 3 1 1992	32. REGISTRAR'S SIG										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



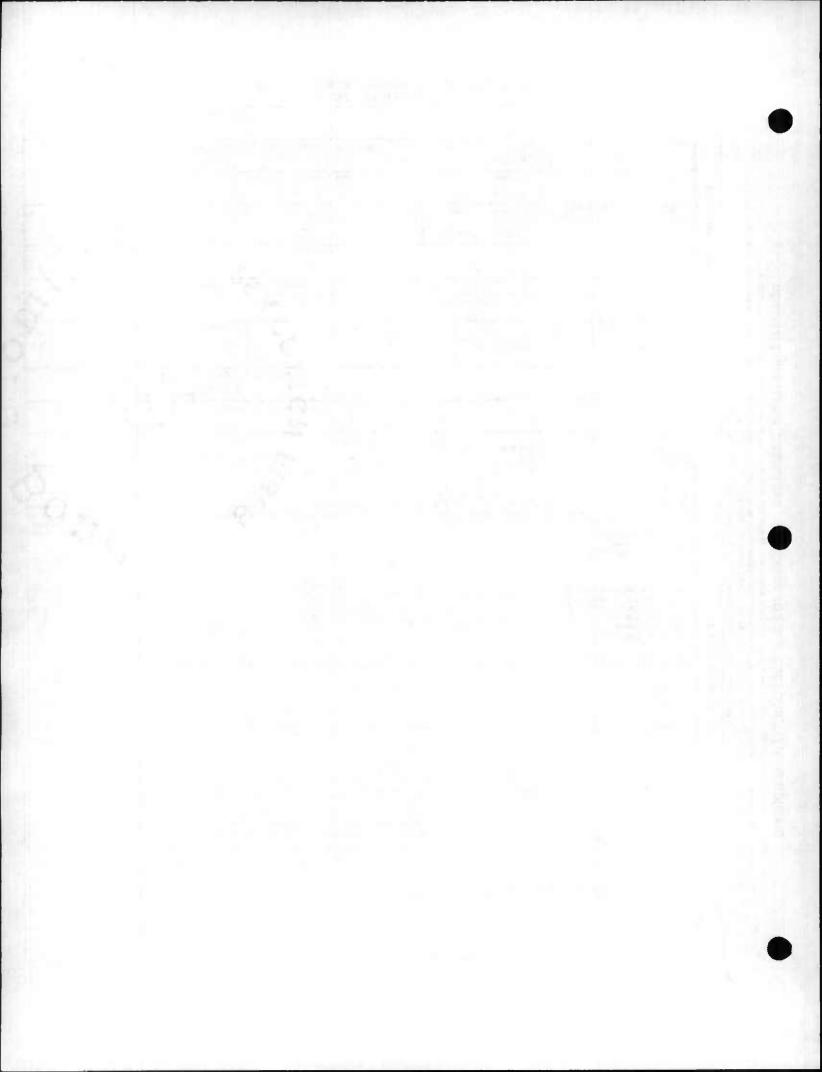
1 -

	A STIBILLY	8		
	obed for	Di Dain	e 5	
	by the T	200	at onc	
	phonic	2000	otified	
	may be	naño.	rt be n	
Daniel B	director of		nu Je	
dansk	funera	l,	examir	
and other	in he th	г гетом	edical	
10 Oc no	aly filled	ation. o	, the m	
dend with	nomolet	tal, crem	event	
ha grade	Man and	or to bu	anmati	
the second of the second section of the second bound of the second bound in the second	no obsel	giene pri	other tr	
dansh o	attendi	ental Hy	10 'AI	
three stra	of hy th	h and M	any Inju	
confeed	admics of	of Healt	Shows :	
The last	a hac h	te Dept.	m 23	
PICIAM.	certificat	the Sta	, or Ite	
NO DUN	flar this	eath with	татке	
ATTEND	ALIENDA A	s after de	28 is	
Tat OB	THE FINESTILL OF ALTERNATION OF TRIBUNGATION OF THE PROPERTY O	filed within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal,	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
in noon	E FINER	d within	RTANT	
THE TA	1	1	2	

FOR	S	TATE OF I	MARYLAND /	DEPAR	TMENT	OF I	IEALTH	AND	MENTAL HYGIEN	9	2	2119	32
REGISTRAR			CE	RTIF	ICATE	OF	DEA	ГН	REG. NO				
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	/A	YEAR	3. TIME OF D	EATN
Aı	nna M.	Mattl	iews M	atho	MIC				July 29, 1	992	HAST	2102	P
4. SOCIAL SECURITY NUMBER 232-26-7309	SER 5. :	SEX M 2 K F	6. AGE (In yrs. les 7 O	t birthday)		1 YEAR DAYS	IF UNDER		7. DATE OF BIRTH (Month, Day, Year) July 11,		8. BIRTI Count	Ohio	
90. FACILITY NAME (# not # Peninsula			al Cent	er			ry,		EATN		NTY OF C		2.8
RESIDENCE OF DE	CEDENT												
Md .	10b. COUNTY	Word	cester	10c. CIT	Y, TOWN O	127	n Ci	ity				10d. INSIDE (LIMITS? 1 YES 2	
10e. STREET AND NUMBER	t. Loui	s Ave	e .			10	. ZIP COD	E 2184	12	10g. CIT	US	WHAT COUNTRY	n
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				MED						E — American I k, White, atc.			

			M. Matt	news M	lathe	WS				July	29, 1	992	2	102 P M
	4. SOCIAL SECURITY NUMBER 232-26-7309)	5. SEX	6. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN,	7. DATE O (Month, July	F BIRTH Day, Year) 7 11,		Country)	Ohio
OR	90. FACILITY NAME (# not in Peninsula	Region		cal Cent	er	9b. CITY, TOWN OR LOCATION OF DEATH Salisbury, MD 9c. COUNTY OF DEATH Wicomico						Н		
2	RESIDENCE OF DEC	10b, COUNT	v .		T son CITY	TOWAL (OR LOCATI	ION.					1 40	d. INSIDE CITY
DIR	Md.	7.5		cester	100.011	. 155.4	cea		ty					LIMITS?
1	10a. STREET AND NUMBER)					101.	ZIP CODE	=			10e, CITIZE		T COUNTRY?
ER/	8 S	t. Lo	uis Ave	е.				2	184	12			USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARIK FORCES? 1 YES 2 No. IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 No Specify: Whit							American Indian, hite, atc.	
COMPLETED	15. DEC (Specify oni Elementary/Secondary (i 12th	USUAL OCCUPATION Work done during most of working se retired.) Martins												
BE CON	17. FATNER'S NAME (First, N		degraf	Ē				18. MOTE			ddle, Meiden McD	Surneme) onald	A	
TO B	190. INFORMANT'S NAME (ews	19								21842		
	20a. METHOD OF DISPOSIT 1 ☑ Burlel 2 ☐ Crematic 4 ☐ Donation 6 ☐ Other	on 3 🗆 Rem	oval from State	20b. PLACE	AND DATE O	F DISPOS	SITION /Nar	ne ol		DATE	20c. LO	CATION — CH	v or Town.	State M.d.
	21. SIGNATURE OF FUNERA		CENSEE	l Ho	ne)	22.	NAME AN	D ADDRES	SS OF FA	CILITY				Ve/21221
	23. PART I. Enter tha d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eert-fellure. nai	Respir	use on each line	ilure	2	tha mod	se or dyi	ng, suci	h as cardi	ac or respi	ratory arrea	it,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diate ING	DUE TO	C Obstru	OUENCE OF):	ng D	isea	se					
ERTIF	that initiated events resulting in death) LAS	т	d.	(OR AS A CONSE	OUENCE OF):								
AN: MEDICAL C	PART II. Other signification of the part o	right		deeth but not							24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ä														
	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	200 - 12		OTHER		ACE OF D	EATH (Che	eck only one				
PHYSICI	1 YES 2 NO		26e. DATE OF	ER/Outpatient 3	_		sing Home		sidence	6 Other				
		Pending	(Month, I	Pay, Year)	28b. TIME	JRY	WOF	RK?				JURY OCCU	RED	
2 Accident Investigation 192 A. FeII at Home									Alumbas					
E		Could not be determined	building	- 8 St.						City or	Town, State)	2 500	HUIST HOUSE	Number,
COMPLETED			CIAN: To the best of a											d menner ee stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIER	1			_		29c. LICE	NSE NUN	#BER		29d. DATE S	IGNED (Mo	nth, Day, Year)
10 B	36 NAME AND ADDRESS OF	וצלעוני	Dep	uty M.D.		D. d. et		D	0359	9				1992
	John T. B						Road	, Sa	lisb	ury,	MD 2	1801		

31. Date Filed (Month, Day, Year) 3 1 1992 32. REGISTRAR'S SIGNATURE



other traumatic event, the medical examiner must be notified at once.

	24	file.	ď,	Pe
	Ni.	tely	mati	t,
9	Wit	mple	Cre	Ven
87	95	00	ria.	9 3
9	2000	and	3	nati
×	e e	ian	or to	une
ĕ	ate	ySic	b	T
0	rtific	0 0	iene	鲁
Š	93	ngin	F	37 0
-	eath	atte	Tal	7
C	ale C	the	Me	큳
2	lat t	3	and	N 3
9	th Se	Jued	alth	3
Щ	quin	Sign	He	OW
Œ	5	peel	0	4
7	100	185	Ded	23
-	Ē	ate	ate	E
5	AN	life	S	===
L	SICI	Cer	5	1, 0
0	¥.	this	T.	te
Z	NG	fter	ath	Ē
0	2	A.	ir de	66
2	3	B	ŧ	28
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	JR /	E S	Sunc	E
0	AL (70	2	H
	PIT	JER.	in 7	E
	Ö	ā	E.	Ě
	HE OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 if	IN THE UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the
	3	P	4	E

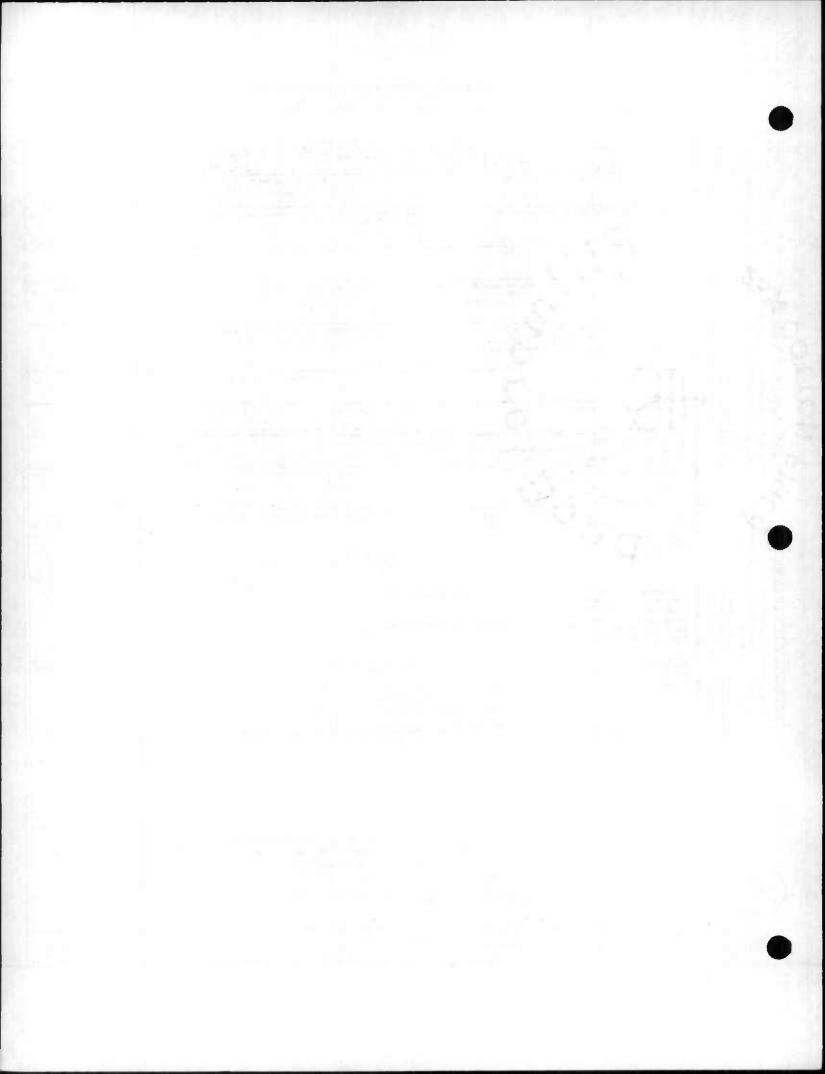
	FOR	CTATE OF MARKUA	ND / DED4 DY14			92 2	1193
	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH
		LAND	MAI	RCUS	07 30	5 92"	05:45 AM M
		6. AGE (III	MON	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-30-26	Count	PLACE (State or Foreign y) LAND
~	Se. FACILITY NAME (If not institution, give street			CITY, TOWN OR LOCATION OF	DEATH	EATH	
DIRECTOR	NORTH ARUNDEL HOS	SPITAL ASSOC	GLEN BURNIE		A.A.	. COUNTY	
JEC.	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
	MD ANNE A	RUNDEL	GLEN	BURNIE			LIMITS?
IAL	10e. STREET AND NUMBER			10f. ZIP COD€		10g. CITIZEN OF V	WHAT COUNTRY?
NEH	631 GAYLE DRIVE			21090		U.S.A.	
FUNERAL	11. MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 7 YES	2 NO	13. WAS DECENDENT OF HISP If yea, specify Cuban, Maxi	ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.)	or No- 14. RACE Black	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	WWII	1 TYES 2 NO Spec	offy:	Speci	
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S USU	AL OCCUPATION	16b, KIND OF BUS		WHITE
E	(Specify only highest grade co	mpleted) Coflege (1-4 or 5+)	(Give kind of work of the Do NOT use ret	done during most of working			
MPL	12 NO	NE	SELF EMPLO	YED	NURSER	Y	
COMPLETED	17. FATHER'S NAME (First, Middle, Leet)	1-4			NAME (First, Middle, Maiden S	Surname)	
BE	JOHN MARC	US		MARJOR		IRMAN	
2	19a. INFORMANT'S NAME (Type/Print)	TW		RESS (Street and Number or Rura			10
	RUSSELL A. TWILL		PLACE AND DATE OF DE	DLEAF CT., MI			
	1X Burial 2 Cremation 3 Remova	I from State ceme	tery, crematory or other p	face)		ATION - City or To	
	21. SIGNATURE OF THERAL SERVICE LICEN	SEE TOLD	EN HAVEN P	EMORIAL PARK 22. NAME AND ADDRESS OF I		BURNIE,	MD
	1) 4654	2		SINGLETON FUN			
	23. PART I. Enter the diseases, or con	nolications that caused	the death Do not a	1 SECOND AVE.	S.W., GLEN	BURNIE,	
	ahock, or heert fellure. Lis	it only one cause on ee	ch line.	mer the mode of dying, so	ich es cardiec or respir	atory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	/ ,		Cancer			Onset and Death
	resulting in death) a		CONSEQUENCE OF):				
z							
TIFICATION	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury						
	thet initiated events	OUE TO (OR AS A	CONSEQUENCE OF):				
GE	d						
	PART II. Other significant conditions of				n Part I. 24a. WAS AN A		WERE AUTOPSY FINDINGS
DIC	Chronic O	STrucT	ive Mul	monary 4:	sease 1 VES 2		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							1 TES 2 NO
PHYSICIAN: MEDICAL							
20	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	OT	26, PLACE OF DEATH (C	Check only one)		
IYS	1 TYES 2 NO 1	Inpatient 2 - ER/Outpa	tient 3 DOA 4 D	Nursing Home 5 - Residence			
	1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation	28e. PLACE OF INJURY -		T TES 2 NO	201 LOCATION (Street or	and Alicenhau as Disort C	and Market
8	4 Homicide 6 Could not be determined	building, etc. (Specif	y)	, wettery, office	281. LOCATION (Street ar City or Town, State)	Number of Hural H	оиле митоег,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of our knowle	day double comment of	the time, data and place, and du			
MP	(Check only one) 2 MEOICAL EXAMINER:	On the basis of examination	and/or investigation, in	the time, data and place, and do my opinion, death occured at th	us to the cause(s) and menr te time, date end place, and	ner as atated.	and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIED			29c, LICENSE NO		29d. DATE SIGNED	
BE	March St	orbil.	and	1	7938		(Month, Day, Year)
2	TO MAKE AND ADDRESS OF SERVICE OF	- uny	1 40		1	111	-//

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE QE-SEATH (ITEM 27) (Type, Print)
MAYER GORBATY, M.D./795 AQUAHART ROAD, SUITE 203/GLEN BURNIE, MARYLAND 21061

31. DATE FILED (Month, Day, Year)

JUL 3 1 1992 32. REDISTRAR'S SIGNATURE

DHMH-18 Rev 1/89



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

P.O. BOX 68760,

permit. Pages 1, 2, 3 should DIRECTOR 1 W.CONWAY STREET APARTMENT 602 10a. STATE 10b. COUNTY Maryland 10e. STREET AND NUMBER FUNERAL 1 West Conway St. burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS **MARYLAND 21215-0020** Never Married 2 Married

3 Widowed 4 Divorced BY use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) funeral director, page 5 should be detached for 9th.Grade Tailor once. 17. FATHER'S NAME (First, Middle, Lest) Joseph Ti Matthews notified 19a. INFORMANT'S NAME (Type/Print) 2 Andrew Starkey hours after death. Page 6 may be BALTIMORE, must be 20a. METHOD OF DISPOSITION
1 General Properties of Removal from State
4 General Order (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner n by the fi filled in by the shock, or hasrt fallure. List only one cause 8 IMMEDIATE CAUSE (Final been signed by the attending physician and completely filled r. of Health and Mental Hygiene prior to burial, cremation, i shows any Injury, or other traumatic event, the i disesse or condition resulting in death) DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated event resulting in daeth) LAST DIVISION OF VITAL RECORDS, MEDICAL r this certificate has been havith the State Dept. of arked, or Item 23 sh PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1X YES 2 NO HOSPITAL: ent 2 - ER/Outpetlent 3 - DOA 27. MANNER OF DEATH marked, 28a, DATE OF INJURY (Month, Dwy, Year) Natural 2 Accident 5 Pending BY After 3 🔲 Suicide 28 ls 6 Could not be determined COMPLETED DIRECTOR: / 4 [] Homicide Hem THE 以に = 296, SIGNATURE AND TITLE OF CERTS BE 2 O COMPLETED CADSE OF DEATH (ITEM 27) (Type, Print)

9	2	2	94

3. TIME OF DEATH

REG. NO.

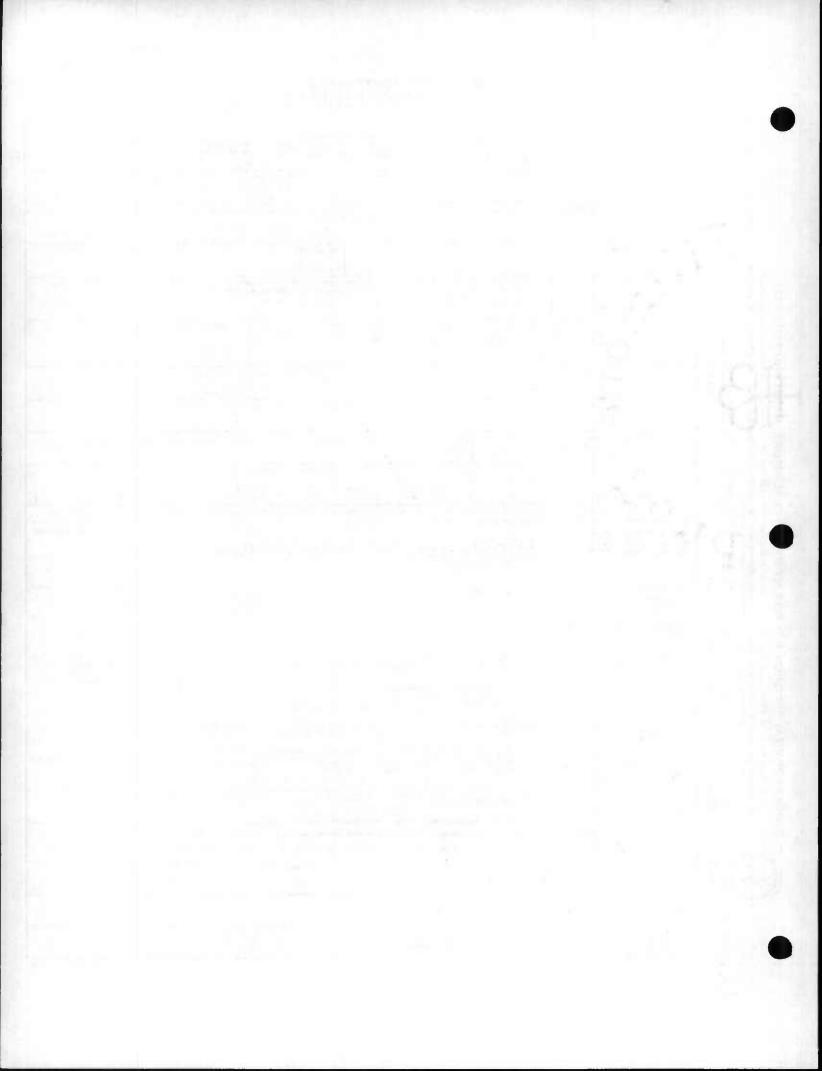
2. DATE OF DEATH

JOSEPH C. 07 MATTHEWS 3:55 29 92 PM A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 17 M 2 | F 215-10-6087 Aug/8/1908 Maryland Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH City BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto.City, Md, 1 XYES 2 ND 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21201 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2X NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Own Business 18. MOTHER'S NAME (First, Middle, Maiden Surname) Nellie Kurtz 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 600 Light St. Balto. Md Apt. 929 21230 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cometery, crematory or other place)
Metro Crematory, Inc 7/30 Catonsville, Md. 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCully Funeral Home. 130 E. Fort Ave. 23. PART I. Enter the diseases, or complications that cadsed the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate Interval Between Onaet and Death APPRIOSCUBROTIC CARDIOVASCULAR PUSCASE PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE T WES 2 NO OF DEATH? I TYES 2 THO 26. PLACE OF DEATH (Check only me) ng Home 5 X Residence 6 (1 Other (Specify) 4 - Nursi 28c. INJUNY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 YES 2 MO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 381. LOCATION (Street and Number or Rural Route Number. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Clay, World O.C.M.E. 07/30/92 111 PENN STREET, BALTIMORE, MARYLAND 21201 his Davidson-Randale 1 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



YEAR

3. TIME OF DEATH

Α.

3:45

MILLER

DOROTHY

Ε.

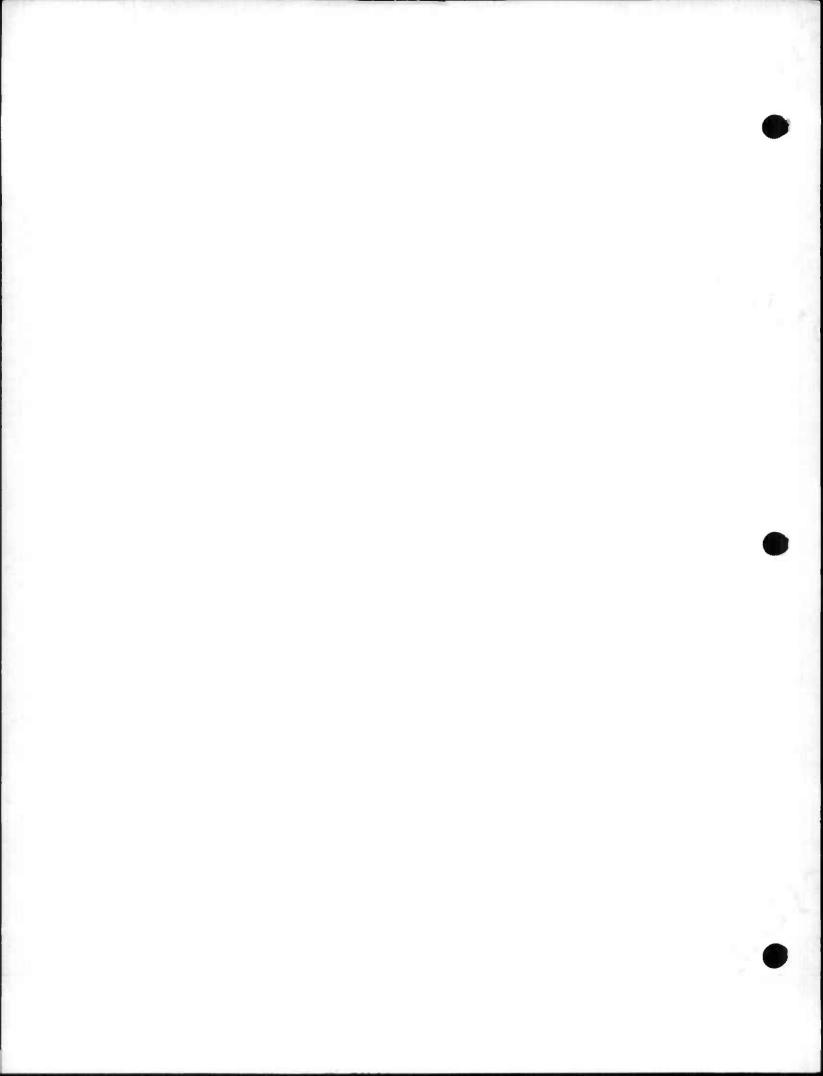
S	i.	
N	٦	k
-		١
500	뉉	ŗ
G	r	
TE A		
burial-transit		
e E		
38		
use		
ğ		
detached		A ad anna
8		1
Should		P. C. Dian
2		1
8		4
irector,		January -
9		3
Numera		Imen
ë	Wal.	7
6	emo	dia
Ξ	7	Post
100	on.	1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

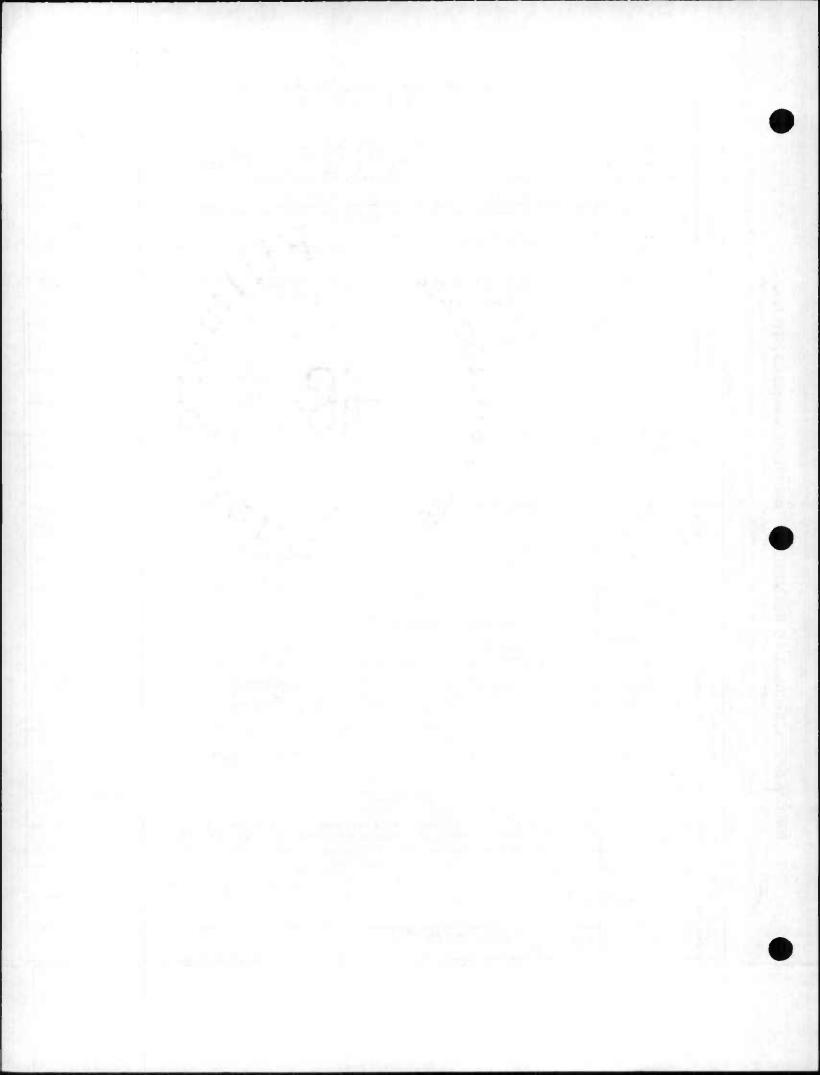
	215-14-87	75	5. SEX 1 M 2 F	8. AGE (In)	yrs. lest birthday 3 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	of Birth h, Day, Year) -6-18		BIRTHPLACE (State or Foreign Country) IARYLAND
DIRECTOR	The state of the s	ARE	RUXTON			9b. CIT	-	XTON	ON OF DE	HTA			ALTIMORE
Ē	RESIDENCE OF DEC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						ION		-			10d. INSIDE CITY
	MARYLAND	BA1	LTIMORE					RUX	TON				1 YES 2 NO
FUNERAL	10e, STREET AND NUMBER	. 1 0		o.m.n	DEED		101	ZIP COD		,			N OF WHAT COUNTRY?
N.	7001 Nor	th C		STR					2120				.S.A.
B	1 Never Married 2 3 Widowed 4 X Divo	R IN U.S. ARMED ES 2 NO R DATES 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify if yee, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:						I? (Specify Yes Rican, etc.)	ffy Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE				
9	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	10	Ba. DECEDENT	S USUAL O	CCUPATIO	ON st of working	na	16b.	. KIND OF BUS	INESS/INDUS	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 T7. FATHER'S NAME (First, Middle, Last) DOD DED TO LETT AND COLUMN (CARE)									ARUNI	DEL C	CORP.		
17. FATHER'S NAME (First, Middle, Lest) ROBERT W. MILLER SR. SADIE GOETZE 18. MOTHER'S NAME (First, Middle, Meiden Surname) SADIE GOETZE													
TO B	198. INFORMANT'S NAME (Type/Print) 199b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 805 BOMONT ROAD, TIMONIUM, MARYLAND 21093												
3	20a. METHOD OF DISPOSITION 1 Burlet 2 XI Cremation 3 Removal from State 4 Donation 5 Other (Specify) CREMATORY 7-3 -92 BALTIMORE, MD.												
8	21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE	-		22.	HEN!	RY	SS OF FAC	JEI	NKINS	& S	
	23. PART I. Enter the d	seases, or o	complications the	t caused ti	he death. Do								it, Approximata
	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)		a. AV	510	D S A		01	M,	4.				interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme- cause. Enter UNDERLY, CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry	c		ONSEDUENCE								
CIAN: MEDICAL C	PART II. Other significa	nt condition	6 contributing to	death but	not resulting	In the u	nderiying	cause (given in I	Part I.	24a. WAS AN A PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Y: ME									_	_	2		1 WES 2 NO
CIAI	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			I em		ACE OF D	EATH (Che	ick only on	10)		
	1 TES 2 NO		1 Inpatient 2		ent 3 🗆 DOA	4 X Nu	R: rsing Hom	• 5 □ R	sidence	5 🗆 Other	r (Specify)		
BY PHYSI		Pending Investigation	26a. DATE OF (Month, D	INJURY ay, Year)	26b. Ti	ME OF JURY M		URY AT RK? YES 2] NO	28d. DES	CRIBE HOW IN	JURY OCCU	RED
		Could not be	28e. PLACE C building,	F INJURY — atc. (Specify)	At home, farm	street, fac	tory, office			26f. LOC. City	ATION (Street a. or Town, State)	nd Number or	Rural Route Number,
7 1													
OMP			CIAN: To the best of										cause(s) and menner as stated,
D BE COMPLETED	(Check only 1 X) CERT	OF CONTIFIES	n og the books of e	xamination a	nd/or investigat	lon, in my	opinion, d	29c. LICI	ense NUM	BER	and place, and	29d. DATE S	SIGNED (Month, Day, Year)
	(Check only 1 X) CERT	OF CONTIFIES	n og the books of e	xamination a	nd/or investigat	lon, in my	opinion, d	29c. LICI	ense NUM	BER	and place, and	29d. DATE S	SIGNED (Month, Day, Year)
BE	(Check only 1 X CEHT	PERSON WH	O COMPLETED CAU DI M. D. 32. REGISTRA	se of Death	H (ITEM 27) (Typ	ion, in my o	opinion, d	29c. LICI	ense NUM	BER	and place, and	29d. DATE S	SIGNED (Month, Day, Year)



Ž	e hos	etache	nce.
Ĺ	the A	8	10
BALLIMORE, MARYLANI	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	THE FLIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dect. of Health and Mental Modere orior to burial, comparison, or removal.	PORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	2	96 5	-
Z	Пау	2	5
2	8	octo	Ē
Σ	Page	din	5
3	6	Dera	Ē
₹	dea	- F	ex a
D	after	th th	Ca
	2	in b	ipe
	2	Dell o	E
	In 2	atio	=
Š	ATT.	plet Far	ent
2	Per	EO I	Ş
B	Doe	Pag	atic
×	8	an a	E
2	te b	Sici	E
	tifica	To se	her
2	00	ding	0
1	eath	atte	y, 0
2	he d	\$ £	ā
Ē	at t	3 4	Į.
Ś	th Se	al de	9
ı,	quin	H He	NO.
r	W 70	D 0	5
7	8 13	Pas Pe	1 23
Ē	E	tate	ten
>	SIAN	Tree of	ŏ
5	NS(is ce	pq,
-	F	中本	ark
5	ONIC	Afte	E
2	EN	Par.	-
5	A	ECT A	T 2
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	NO.	Die	2
	THE STREET	至四	=
	989	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the interest after death with the State Detri, of Heath and Mental Hotiere brior to burial, creation, or removal	AM
	中	帝 5	PR.
	H	产資	2

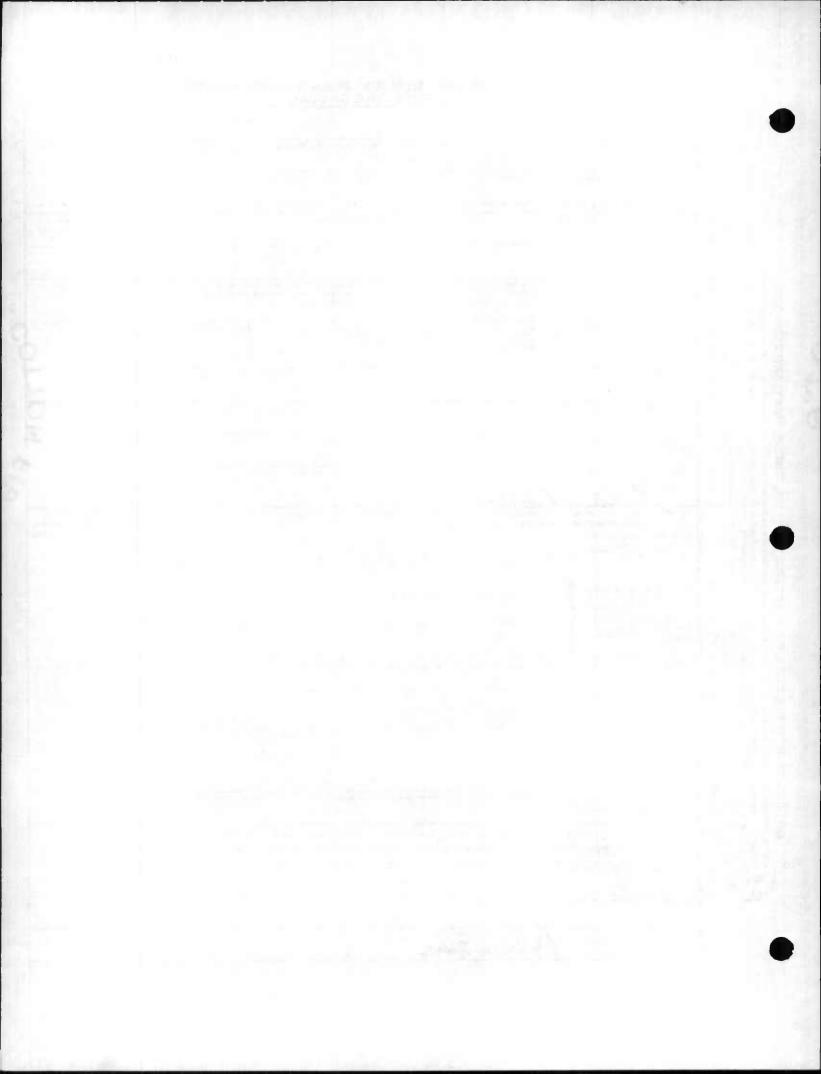
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY					EALTH AN			IYGIENE IEG. NO.			
- 8	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH DAY	WF.4.0	3. TIME OF DEATH	
-3	Ruby	Lee	NOR	WAS					7/	28 /	92	4 :20 A M	
1	4. SOCIAL SECURITY NUMBER 230-28-5495	1 🗆 M 2 🗒 🛊	GE (In yrs. Ia	ost birthday) O YRS.	IF UNDE	DAYS	IF UNDER 24 H	ms.	7. DATE OF BIRTH Dec. 3, 1921 8. BIRTHPLACE (State or Foreign Country) Virginia				
TOR	9a. FACILITY NAME (If not institution, give street end number) Franklin Square Hospital Residence of Decement 9b. CITY, TOWN OR LOCATION OF DEATH ROSSVille Baltimore C												
DIRECTOR	Md.	BAltimore		10c. CI	TY, TOWN	OR LOCAT	Essex					10d. INSIDE CITY LIMITS? 1 PES 2 NO	
FUNERAL	609 Easte	609 Eastern Ave.						21	221	10	g. CITIZEN OF	WHAT COUNTRY? US A	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IE VER CIVE WAR OR DATES				If yes, sp	ecify Cuben, M			pecify Yes or h	Blac	E - American Indian, ck, White, etc. city: White	
	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)		ECEDENT'S			ON st of working		16b. KIN	ID OF BUSINES	SS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)		a. Do NOT u	ise retired.)	Line						
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	'S NAME	E (First, Middl	le, Malden Surni	eme)		
BE	Charles Ro						M	att	ie F	reema	n		
2	19a. INFORMANT'S NAME (Type/Print) Peter Norwa	ıs	11							City or Town, Sta		1223	
	20e. METHOD OF DISPOSITION							. в		more		1221	
1	1 Departed 2 Cremation 3 Ren	novel from State	20b. PLACE cometery, cr G a Y	rematory or or	of DISPO	a i t		31/	DATE		on - chy or t		
	21 SIGNATURE OF FUNERAL SERVICE LI		Ш	1 A	22	NAME AP	D ADDRESS C	OF FACIL	LITY			Ave. 21221	
ATION	23. PART I. Enter the diseases, prehock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	List only one cause or	S A CONSE	O VAL	sci fi		da of dying,				ry srrest,	Approximate interval Between Onset and Desth	
CERTIFICATION	CAUSE (Disesse Dr injury that initiated events resulting in death) LAST	cOUE TO (OR A)	S A CONSE	EQUENCE O	PF):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition — Severe — Chronic	Reciples Obstruce	tere	resulting	in the u	nderlying	cause gly	n in Pa	ar.	PERFORMED YES 2 1	?	2. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
A A	25. WAS CASE REFERRED TO MEDICAL			-	_	26. PL	ACE OF DEATH	H (Check	(only one)				
3	1 YES 2 NO	HOSPITAL:	outpatient :	3 🗆 DOA	OTHE		e 5 🗆 Reside	ince S	Other (So	ecify)			
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year		28b. TIN		28c. INJ WO		2		BE HOW INJUR	Y OCCURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	JRY — At he Specify)	ome, ferm,	street, fac	tory, office		2		N (Street and N wn, State)	umber or Rural	Route Number,	
COMPLETED		ICIAN: Yo the pest of my kn										s) and manner se stated,	
IO BE C	296, SIGNATURE AND TITLE OF CERTIFIE	Yanhon	/ (an			29c. LICENSE		326	290	DATE SIGNED	28 92	
	30. NAME AND ADDRESS OF PERSON WI	COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type	, Print)						- 1		
	31. DATE FILED (Month, Day, Year)	SZ REGISTRAR SISI	GNATHAT	rotalis-									



ž	hosp	ache	Ce.
7	the	e der	t on
RY	d by	d bit	e pe
BALTIMORE, MARYLAND	APPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	HE THE INFRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the complete from after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	2	96 2	9
X	шау	or, pa	st b
0	9 90	recto	Ē
	S.	100	lner
4	death	fune	Xan
n	after	y the	cal
	SIN	in b	ledi
	24 hg	filled on, o	he m
,	this this	etely	11, 1
9	M De	ompl II, cr	eve
Q	acut	and c	atic
X	8	an a	E DE
ŋ	cate	hysic price	or tr
ċ	ertifi	ing p	othe
1	ath c	al Hy	10 ·
ń	e de	he at	juny
¥	at th	by	n In
5	th se	gned	\$ 3
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ednie	en si	how
	aw	as be	23 8
4	The state of	ate D	E
>	IAN:	rtific:	or 12
7	17SIC	is ce	ed.
Z	1G P	ter th	nark
2	NON	R: Af	100
2	ATTE	ECTO S afte	1 28
5	8	Pio	Her
	PITAL	ERAL 7 72	1 1
1	2	THE INSERT DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the financial cremation, or removal.	M
1	此	E)	B
1	6	23	悪

	1 - STATE REGISTRAR	TE STATE OF MANY LAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE					
1	1. DECEDENT'S NAME (First, Middle, Last) Monzell	a Teresa			2. DATE OF DEATH MONTH DAY	1992	3. TIME OF DEATH 9:30 A. M
DIRECTOR	4. SOCIAL SECURITY NUMBER 218-80-3703 98. FACILITY NAME (If not institution, give	5. SEX 6. AGE (In yrs. last birthday) # MO	UNDER 1 YEAR F UNDER 24	7. DATE OF BIRTH (Month, Day, Year) 8-6-1968	s. BIRTH Countr	PLACE (State or Foreign y) Md
	I 83 north of Pa	donia Road	10c. CITY, T	Timonium DWN OR LOCATION	TOP DEATH	Baltimo	ore County
	Md 100. STRESTAND NUMBER 3905 Wabash Av	Md Balt 3905 Wabash Avenue		imore		LIMITS? 1 ☐ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?	
TO BE COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 TYES 2 TYNO	HISPANIC ORIGIN? (Specify Yes Mexican, Puerto Rican, etc.)	or No- 14. RACE Black Speci	E — American Indian, k, White, etc.
	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12th	JCATION le completed) Collège (1-4 or 5 +)	16e, DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUS	I INESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) Dovie S. Phillips			Mo	OTHER'S NAME (First, Middle, Melden Sumeme) Monzella Williams		
	196. MAILING ADDRESS (Street and Number of Flurish Route Name, State, Zip Code) Monzella Cook 196. MAILING ADDRESS (Street and Number of Flurish Route Name, State, Zip Code) 3905 Wabash Avenue Bartimore, Md 21215						
	200, METHOD OF DISPOSITION Surfact 2 Cremation 3 Removal from State						
	March F/H West 4300 Wabash Avenue 23. Whit I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate						
TED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ach iine.	njuries	g atom at cardiac or respin	atory arrest,	interval Between Onset and Daath
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):						
	PART II. Other significant condition	ne contributing to death b	ut not resulting in t	ha underlying cause giv	on in Part i. 24a. WAS AN A PERFORM 1 M YES 2	AED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:						
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation 3 Suicide 6 Could not be determined	1 Impatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence			28d. DESCRIBE HOW IN. Passenger 281. Location (Street an City or Town, State)	Passenger in Auto/Auto Impact 281. LOCATION (Street and Number or Rural Route Number	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Chute up 0.C.M.E. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0.C.M.E.						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year)						
	JUL 3 1 1992	Fulia Davidson 178	ndelle				



BALTIMORE, MARYLAND 21215-0020

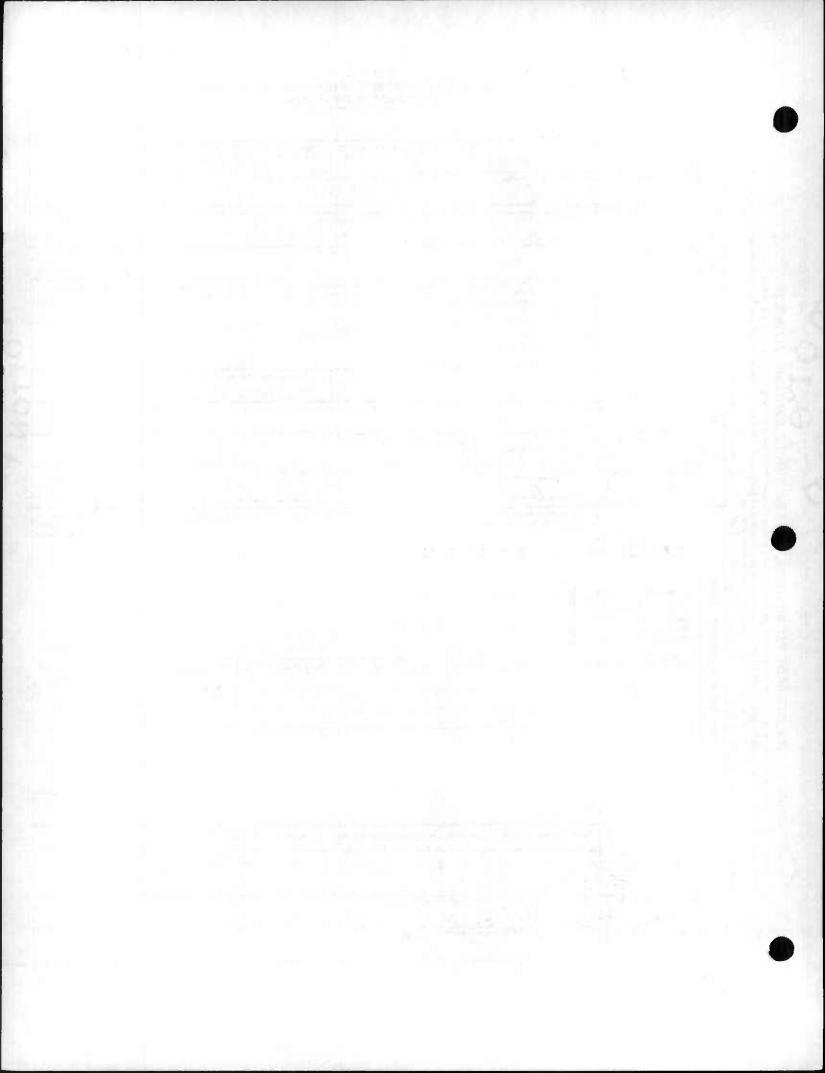
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE HUMBAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IN PORTANT, II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Itoms: 23 nant I 27 28a h c d a f non MEA C 600 0/14/02

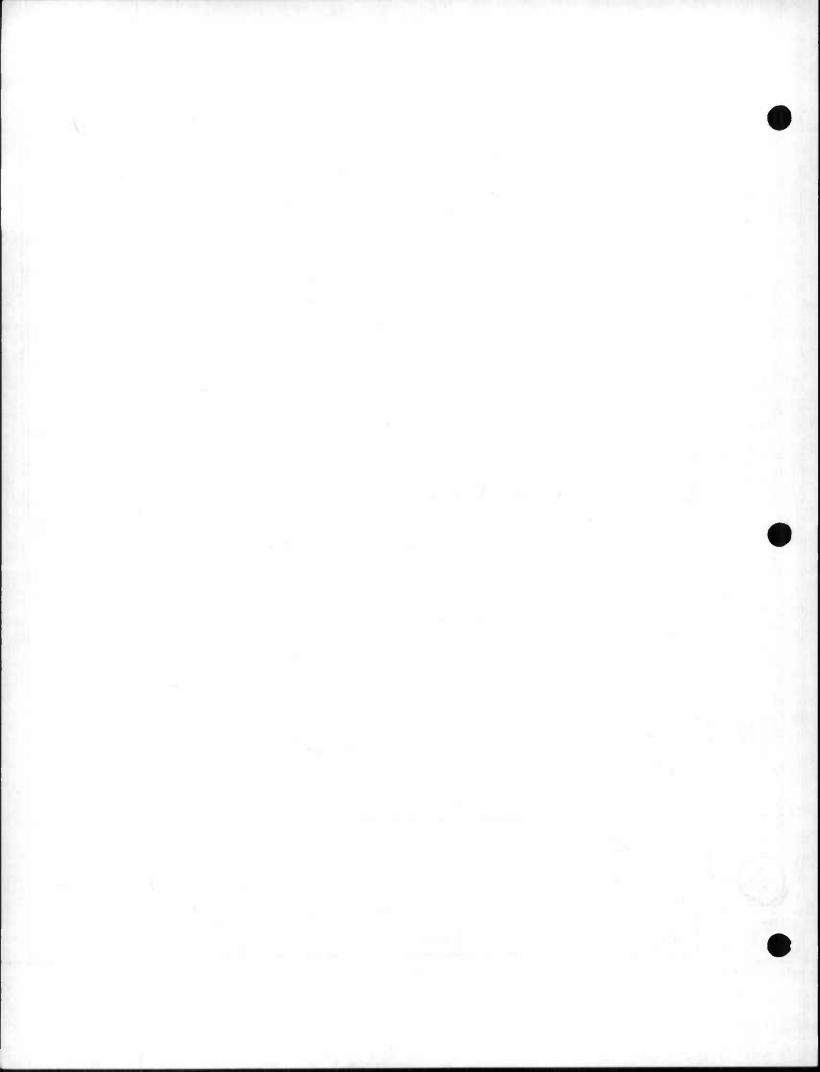
- STATE REGISTRAR	STATE OF MA		ICATE O			REG. NO).	
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE MONT	OF DEATH	DAY 1	3. TIME OF DEATH
NICHELLE NICO			PRESTON		07	30	1992	2 1:44 A
210-04-3013	1 🗆 M 2 😾 F	AGE (In yrs. last birthday)	MONTHS DAYE	HOURS MIN.	08-3	OF BIRTH h, Day, Year) 3-75		BIRTHPLACE (State or Foreig Country) ARYLAND
9a. FACILITY NAME (If not inatitution, give airs HARBOR HOSPITAL	eet and number)		BALTIM	ORE	DEATH		9c. COUNTY	Y OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOC	ATION				10d. INSIDE CITY
MD ANNE A	RUNDEL		N BURNI	Е				LIMITS?
1801 SAUNDERS WAY				21061			U.S.	A .
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	an, Puerto i			Black, Whita, etc. Specify: WHTTE
15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during i		16b.	KIND OF BU	ISINESS/INDUS	
11 N	ONE (1-4 or 5+)	STUDEN						IGH SCHOOL
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N				
BURL E. PRESTON 19a. INFORMANT'S NAME (Type/Print)		10h MARIAN	ADDRESS /C-	PATRIC				
BURL E. PRESTON				S WAY, GL				
20s. METHOD OF DISPOSITION 1 To Burlal 2 Cremation 3 Remon	val from State	20b. PLACE AND DATE cemetery, crematory or CLOUDON PA	OF DISPOSITION (DATE 8/3	E 20c. LC		y or Town, Stata
21. SIGNATURE OF PURE HAL SERVICE LICE	the second		SING	AND ADDRESS OF F LETON FUN OND AVE.	ACIUTY VERAL	HOME		IE, MD 21061
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		NTOXICATION R AS A CONSEQUENCE O						Onset and D
that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEQUENCE O	F):					
PART II. Other algnificant conditions	contributing to de	eth but not resulting	In the underly	ng ceuse given in	Part I.	24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only on	e)		
	1 Inpatient 2 E	R/Outpetient 3 N DOA	OTHER:	me 5 - Residence	8 🗆 Other	(Specify)	55	
	28a. DATE OF IN. (Month, Day,	Year) IN.	JURY V	YES 2) NO	Unkno		INJURY OCCUP	NED
27. MANNER OF DEATH 1 Netural 5 Pending	Unknown	Ukn						
27. MANNER OF DEATH 1 Netural 5 Pending	Unknown	JURY — At home, farm,	street, factory, of	Ica	Unkno	or Town, State	and Number or	Rural Route Number,
27. MANNER OF DEATH 1	Unknown 28a. PLACE OF III building, etc Unknown IAN: To the best of my	NJURY — At home, farm, . (Specify) knowledge, death occurr	ed at the time, de	ta and place, and du	Unkno	or Town, State	nner sa steted.	
27. MANNER OF DEATH 1	Unknown 28a. PLACE OF III building, etc Unknown IAN: To the best of my	NJURY — At home, farm, . (Specify) knowledge, death occurr	ed at the time, de	ts and place, and du	Unkno	or Town, State	nner sa steted, nd due to the c	ause(a) and manner as state
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI	Unknown 28a. PLACE OF III building, etc Unknown IAN: To the best of my	NJURY — At home, farm, . (Specify) knowledge, death occurr ination and/or investigation	ed at the time, da	ta and place, and du	Unkno	or Town, State	nner sa stated, nd dua to the c 29d, DATE S	



	2000
	1
	c
500	withle
200	he executed within 24 hours
•	2
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cartificate
5	death
1	4
5	that
2001	antina
	town o
	P
	DUVCICIAN.
	OP ATTENDING BRYSICIAN
	9

	. 3 should		
	es 1, 2		
	if. Pao		
	it perm		
sician.	al-trans		
and buy	he buri		
affendir	se as t		
tal or	for us		
e nosp	etached		900
9	p aq p		d at o
hours after death. Mage to may be retained by the hospital or attending I	Shoul		offfler
lay De	page		t be n
De o u	irector,		r mus
am. ra	uneral d		amine
arter De	y the fu	noval.	cel ex
DOUTS	d III be	or rer	medi
711 C4	tely fill	mation,	t. the
IN DOI	сотріе	ial, cre	GVen
execu	n and	to bur	amatic
lat the beath certificate be executed within 24 no	physicia	and Mental Hygiene prior to burial, cremati	or trac
Certifie	d guipu	Hygien	or other
npan a	he atte	Mental	UN.
Ulal D	ed by	th and	any in
ne law requires in	en sign	of Heat	hows
API 2	has be	Dept.	1 23 \$
INN.	tificate	e State	or iten
DISIG.	this cer	with th	ked. c
DING	After 1	death	s man
ALIEN	ECTOR:	's after	1 28
N 2	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	72 hour	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi

	for 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Alma M.	Pritt					TE OF DEATH	1992	YEAR	3. TIME OF PEATH
		1 M 2 XF	1 M 2 KF 66 YRS. MONTHS DAYS HOURS MIN.						8. BIRTHP	LACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give sin 726 N. Esse	DEATH Ore		9c. COUN	BA	ath ltimore				
DIRECTOR	10a. STATE Md. 10b. COUNTY	Baltimore	10c. CI	TY, TOWH OR LOCA	Essex					10d. fINSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL		7 26 N. Essex Ave. 212						10g. CITIZ	US.	HAT COUNTRY? A
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISP ecify Cuben, Mex 2 ZNO Spe	can, Puerto	ilN? (Specify Yee o Rican, etc.)	or No—	Black,	American Indien, White, etc.
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12th	ATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		est of working	16	Sb. KIND OF BUS	INESS/IND		
	17. FATHER'S NAME (First, Middle, Last) Houston M	artin	но	usewife			, Middle, Maiden			
BE	190. INFORMANT'S NAME (Type/Print)	ar cin	19h MAII ING	ADDRESS (Street a	and Mumber or Shir		cy Cog	_		
2	Samuel Prit	t		.Essex						1
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of complete or other place) 20c. LOCATION - Complete or other place)							CATION — C	City or Town	
	22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300 Mace Ave. 21221									
	23. PART I. Enter the disease, or or shock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Chronic	_ Stac	mic n		A				Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
7	PART II. Other eignificent conditions	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in						In Part I. 24a. WAS AN AUTOPSY PERFORMED? COM		
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL			24.64	105 05 05 1711				1	YES 2 NO
SICI	EXAMINER?	HOSPITAL:	atient 3 DOA	OTHER:	ACE OF OEATH (
ву РНУ	27. MANNER OF DEATH 1. Neturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIN	E OF 26c. INJ		7	ESCRIBE HOW IN	JURY OCC	URED	
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								ute Number,	
COMPLETED		IAN: To the best of my knowl : On the basis of examination								and manner se stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER J.C. Denovow,	A.D.			29c. LICENSE N	37_	-	29d. DATE	SIGNED (A	North, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	N 2112	. Dund	Print) HLK H	VE.	B	ALTO	· M	D.	21222
31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										

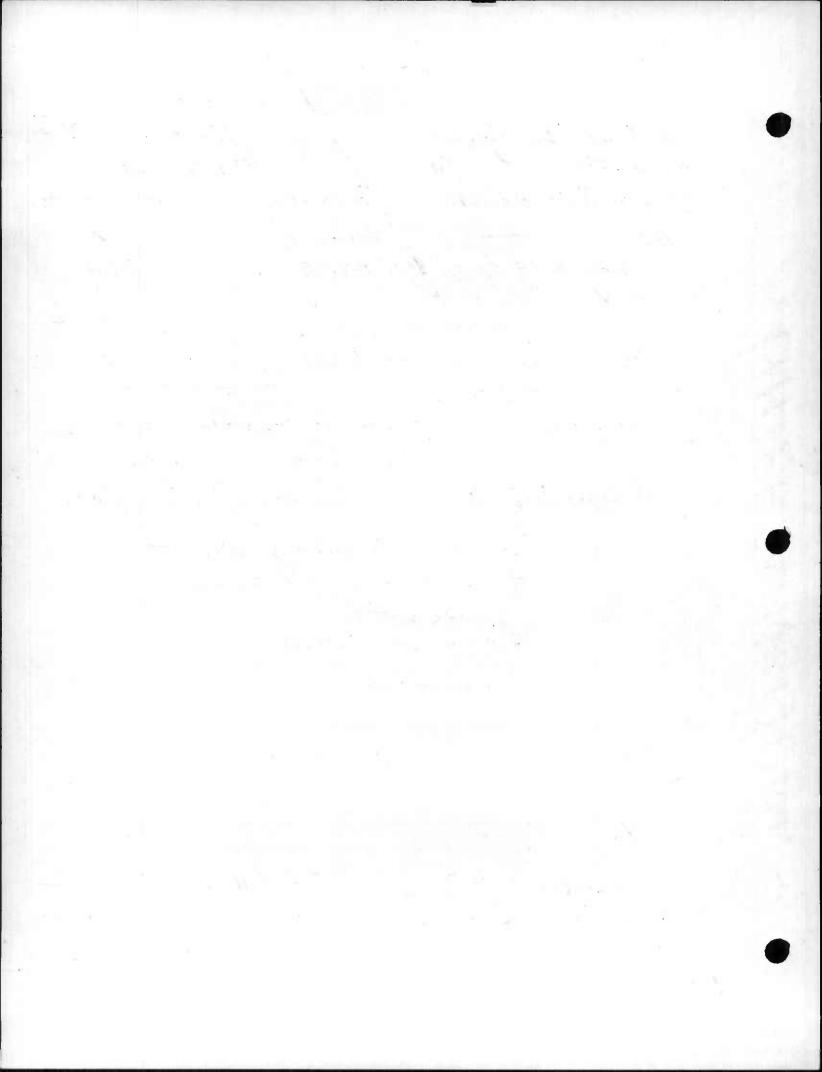


e hos	letach	nce.
by th	pe q	at
NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within account after death. Page 6 may be retained by the hos	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INNT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
eg.	96	9
тау	F. Da	12
9 9	recto	Ē
Pag	al di	iner
death.	e funer	ехаш
after	H th	Cal
SULCE	in t	De le
	y filled	the
withir	mpletel crema	yent,
curter	d co	2
exe	n an	E
te be	slcta	12
tifica	g phy	ther
e Ce	Hypi	0 10
death	atte	2
the	d Me	를
that	of by	À
res	signe	\$
redu	De l	5
AMP.	as b	23
: The	cate h	tem
CIAN	the S	6
PHYS	this c	rked,
NG	ther	E
END	DR: A	50
ATT ATT	RECTI ITS at	m 2
LOR	DIF.	Iter
PITA	ERAI n 72	=
8	38	N.

	505						21200
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) MALCAPET	RINKER			2. DATE OF DEATH MONTH	5/93	SAR 2 05 PM
	4. 4	S. SEX 6. AGE (In yrs. last	t birthday) IF UNDE YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) TLL, NOIS
OR	98. FACILITY NAME (II not institution, give stree MELI di AM Mult	n'-MEdical		TWSON, MD		9c. COUNTY	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION ACH - ACH			10d. INSIDE CITY LIMITS? 1 TYES 2 NO
	100. STREET AND NUMBER	OCH RAVEN.		101. ZIP CODE	(21220)	10g. CITIZEN	OF WNAT COUNTRY?
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. ARI	MRO 13.	WAS DECENDENT OF NISPA	AIC URIGINY (Specify Ye	a or No — 14.	RACE — American Indian,
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 14 A	lo	It yes, specify Cuban, Maxic 1 YES 2 NO Specify NO Specify			Black, White, atc. Specify: WHI-15
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (Gi	CEDENT'S USUAL (ive kind of work done Do NOT use retired.)	during most of working	16b. KIND OF BU	SINESS/INDUST	TRY
MPL	12th		SALES	PERSON	C1	othing	industry
BE CO	17. FATNER'S NAME (First, Middle, Lest) Alf	fred Bateman			AME (First, Middle, Melden Llen Amanda		son
TO B	19a. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rural			
	Parker Rinker 20. METHOD OF DISPOSITION ***CRBurlel 2 □ Cremation 3 □ Ramova			Raven Blvc	7		or Town, State
	*XXBuriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		nce)	Cemeterv		to. Md	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			A. Alan Sei	ACILITY		
	23. PART I. Enter the diseases, or con	policetions the forward the de	eth Do not ente	3818 Rolar	nd Avenue,	Balto,	Md 21211
	ahock, or heert failure. Lie IMMEDIATE CAUSE (Fine) disease or condition	et only one ceuse on each line	- Pu	Imonay		en H	Approximate Interval Setween Onset end Daath
	resulting in death) a	DIPE TO (OR AS A CONSEC	DUENCE (5):	1	11011	2	
NO	Sequentially list conditions, b.	DUE TO OF AS A CONSEC	CUM	m /0	HOVE		
CATI	If any, leading to immediate cause. Enter UNDERLYING	1 ASC	NA				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUL TO (OR AS A CONSEC	DUENCE OF):	1 elina			
CEF	d	voising	seg	rescon			
CAL	PART II. Other significent conditions of	contribution to death but not n	A COLUMN TO SERVICE STATE OF THE PERSON STATE	inderlying ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL		yem	weig		1 TES	NO ON	OF DEATH?
N.:							1 120 2 100
ICIA		OSPITAL:	QTHE	26. PLACE OF DEATH (C	heck only one)		
HYS	1 TYES 2 NO 1	Inpatient 2 ER/Outpatient 3 28s. DATE OF INJURY	28b. TIME/OF	raing Nome 5 - Residence 28c. INJURY AT	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUF	RED
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY M	1 YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY — At ho building, atc. (Specify)	eme, farm, street, fa	ctory, offica	28f. LOCATION (Street City or Town, State	and Number or :	Rural Route Number,
COMPLETED	onel	AN: To the best of my knowledge, de On the basis of examination and/or i					number and manner to the
	29b. SIGNATURE AND TITLE O CERTIFIER	A I A	garigarion, in my	29c. LICENSE NU			IGNED (Month, Dev. Year)
TO BE	Man	140		D 25	391	> 7	13/192
-	30 NAME AND ADDRESS OF PERSON WHO (COMPLETED PRICE OF DEATH STEE	as the Arma Driett			7	

30. NAME AND ADS RESS OF PERSON WHO COMPLETED CRUSE OF DEATH (ITEM TO Appe

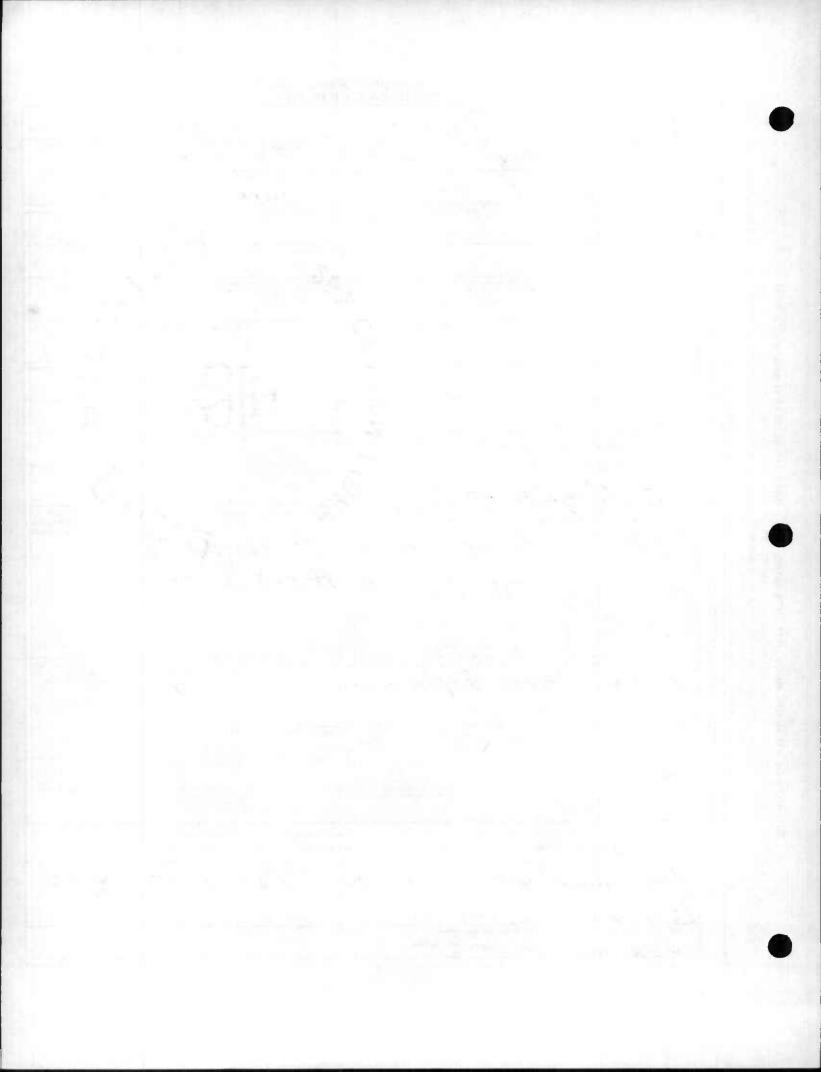
22. REDISTRAR'S SIGNATURE 31. DATE FILED (Month)



m	affec
	Pourse
	200
60,	withi
687	month of the
Š.	2
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAI OR ATTENDING DUVERIAN: The law consider that the death partificate he executed within 24 hours offer
ď.	death /
RDS	of the
8	drae th
2	CACTO
M	The law
5	AM-
OF	DLVCIC
0	SMICH
2	
5	ä
_	Tai

> w =	DORTHAT If Nam 28 is marked or them 22 shows any injury or other traumatic event the medical eventual must be available at seven
-------	--

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND DEATH		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 1. 3 4. SOCIAL SECURITY NUMBER	R. PCh	Reportes	RHOD	ES	2. DATE OF E	Ø 8 C	719923. TIME OF DEATH YEAR 72 1079 M		
	297-16-4669 90. FACILITY NAME (If not institution, give	5. SEX 1 M 2 TF 66 YRS. lest birthdey) IF UNDER 1 YEAR MONTHS DAYS			IF UNDER 24 HRS. HOURS MIN.	02-25-	8. BIRTHPLACE (State or Foreign Country) OHIO			
CTOR		NORTH ARUNDEL HOSPITAL				EATH /		E ARUNDEL		
DIRECTOR		ERLAND		RTLAND	ION		23.5	10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	128 CAPISIC STRE			101	04102		100	S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 K NO		ENDENT OF HISPA Incity Cubart, Mexic 2 NO Speci	en, Puerto Rican		14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2 th .	S EDUCATION It grade completed) Cotlege (1-4 or 5+) NONE 16e. DECEDENT'S US (Give kind of word iffe. Do NOT use in HOMEMA			DN st of working		OWN HOME			
OM	17. FATHER'S NAME (First, Middle, Last)	NONE	HOHIDH		18. MOTHER'S N		, Meiden Surname)			
BE C	BERNARD]	BLUMENA		ANN		McN	EELEY		
5	MR. CLARENCE E.	RHODES	19b. MAJLING AG	CAPISIC	STREET,	PORTLA	AND, MAI	NE 04102		
	20e. METHOD OF DISPOSITION 1 Removal from State 2 Cremetion 3 Removal from State 2 Cremetion 3 Removal from State 2 Cremetion 5 Other (Specify) BROOKLAWN MEMORIAL PARK 1992 PORTLAND, MAINE									
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W., GLEN BURNIE, MD 21061									
CERTIFICATION	23. PART I. Enter tha disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Due to (or as a condition of the cond	CAYOUS LOUIS CONSEQUENCE OF):				Lmi, 15e4s	intarval Between Onset and Death		
PHYSICIAN: MEDICAL CE	PART II. Other significant condition Aprilic Vi	na contributing to death but Alve Re	not resulting in	mew	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 XNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LICONITAL A			ACE OF DEATH (C	neck only one)				
YSI	1 VES 2 NO		lent 3 DOA 4		5 🗆 Residence	8 Other (Spi	ecity)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	Y WO	JRY AT RK? ES 2 NO	20d. DESCRIB	E HOW INJURY OC	COURED		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED		SICIAN: To the best of my knowled ER: On the basis of axamination of						ated. the cause(e) end manner se stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIE		Dep	why	29c. LICENSE NU			TE SIGNED (Month, Day, Year)		
2	30, NAME AND ADDRESS OF PERSON WE	U -	H (ITEM 27) (Type, Pr	(ne) Pr	Bor	1,99	21	721		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT		V 0				•		



1 -

۲	sou a	stach	ace.
į	N th	De de	340
7	peu	pno	Ted
Ξ	reta	5 sh	noti
ű	ly be	page	2
ב	E 9	ctor.	nust
Ξ	306	dire	er n
DALLIMORE, MARTLAN	ath.	neral	F
20	er de	the fu	ex2
	s aft	remo	dica
	7000	led in	E
	in 24	ation	Ħ,
DISCONDING ALL MECONDS, F.O. BOX 08/00,	IN THE RESPONDE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	THE BUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to be seen after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IN PORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
100	cute	od co	the o
<	96 600	r to	DUTTE BUTTE
٥	ate !	hysic prio	F T
j	ertific	ing p	ŧ
Ė	ath c	ttend tal Hy	, 0
5	he de	The a	nja
-	hai t	d by	my la
5	res	signe	A 20
	regu	of F	shor
ļ	WE! a	has t	23
-	Ë	State	Нет
-	SICIAL	the	10
5	PHYS	this	rked
5	DING	After	ша
5	TEN	TOR:	28 1
	A A	IPEC	E
1	ME	에 보다 기가	=
	100	P. E.	INT
1	*	出る	DRIT
1	Till a	PX	1
	- 100		

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

			-			ned.	110.		
	1. DECEDENT'S NAME (First, Middle, Last) A NN A L & R O R L				2. DATE OF DEATH			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I	last birthday)	irthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8. BIRTHPLACE (S			LACE (State or Foreign
	212-09-7181 1 N 2 WF 84	YRS.	MONTHS DA	DAYS HOURS MM. (Morth, Day, Year) Country, April 30, 1908					Md •
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
e e	3408 Albantowne Way.							ARFO	000
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	T.40. 0/7/	TOWN OR LO						
DIRECTOR	Md •	10c, C114							0d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		B	altime			10.00		YES 2 NO
FUNERAL	3126 Fait Ave.	4	,		AT COUNTRY?				
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	ARMED	13, WAS			C ORIGIN? (Specif		U. S.	- American Indian.
F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ЙNO	If yes	, specify Cubs	n, Mexican,	Puerto Rican, atc.)	Black, \	White, etc.
ВУ	3 Wildowed 4 Divorced				aprony.			Specify: Whi	ite
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S U	SUAL OCCUP	ATION most of working	707	16b, KIND OF	BUSINESS/IN	DUSTRY	
,E	Conege (1-4 or 5+)								
Ř	6TH 17. FATHER'S NAME (First, Middle, Last)	House	Wlie						
ö		Sr.				E (First, Middle, Me	-		
B			ADDRESS /Sw		ary	E • M:	iller	- Codo'	
2		2207				d. Bal			222
	20a. METHOD OF DISPOSITION 20b. PLACE	EANDDATEO	FDISPOSITIO		nua		LOCATION -		
	1 Burlet 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	rematory or oth	er place)	eterv		1 .	Balto		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20000112		E AND ADDRES	SS OF FACI		Jan 10	· Ma.	
	· Lott Connelly		Comr	nelly 0 Sol	Fun	eral Hes Poin	me o	f Dur	ndalk
	23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	IMMEDIATE CAUSE (Final	ne.	-						Interval Between Onset and Daath
	disease or condition resulting in deeth)	Lus	Con	ano	-0.				3 MO.
	DUE TO (OR AS A CONS	EQUENCE OF	lt.						
NO.	Sequentially list conditions,								
F	If any, leading to immediate cause. Enter UNDERLYING	EQUENCE OF)	1						
CERTIFICATION	CAUSE (Disease or injury								
E	that initiated events resulting in death) LAST								
									+
MEDICAL	PART II. Other aignificant conditions contributing to death but not	resulting in	eulting in the underlying cause given in Part				AN AUTOPSY FORMED?		ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă							1 _ YES 2 _ NO		OMPLETION OF CAUSE F DEATH?
						_		1	YES 2 NO
PHYSICIAN:	OF WAS CASE DESCRIPTION TO MEDICAL								
ig	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
ΤXS	1 ☐ YES 2 ☐ NO	28b. TIME		INJURY AT		Other (Specify)			
	Month, Day, Year)	INJU	RY	WORK?		28d. DESCRIBE HO	W INJURY OC	CUREO	
à	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At h	nome, farm, st			10	281. LOCATION (Str	set and Numbe	r or Rusel Brus	te Number
삗	4 Homicide determined building, etc. (Specify)					City or Town, S	ate)	an Thanas Trous	io moneos,
삗	29a. CERTIFIER (Check only (Check only Indiana) (Check only Indiana) (Check only Indiana) (Check only Indiana) (Check only Indiana)	leath occurred	at the time	into and place	and due to	***************************************			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or								nd manner se stated
	29b. SIGNATURE AND TITLE OF CERTIFIER								
8		MT		ZHC. LICE	NSE NUMB	1.7	29d. DAT	7 7	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type /	Print)	יעו	08	44.		1100	0110
	780 HADU DO F	34	~ ×	7 17	~ 4				
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE.	24	10	-16				····	
	JUL 3 1 7992 This Davidson Pard	LUC							
		_		-					



0-513

48 # 1017-60-513

.ess anwormedia the

dogwagas

STOTETERS

.ava #181 352

wa Connelly

0.2111

· I the I the I the

Yousewife,

William John Gravilor Sr. Mary E. Miller

Harry V. Brauling Sr. 2207 Searles Road. Balto. ... 21512

Oak Lawn Lenetery 2/31 Ballo. . . .

Cownelly Tuneral Home of uperla

SPIELS &

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

W. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Leet)

Milton

1. DECEDENT'S NAME (First, Middle, Leet)

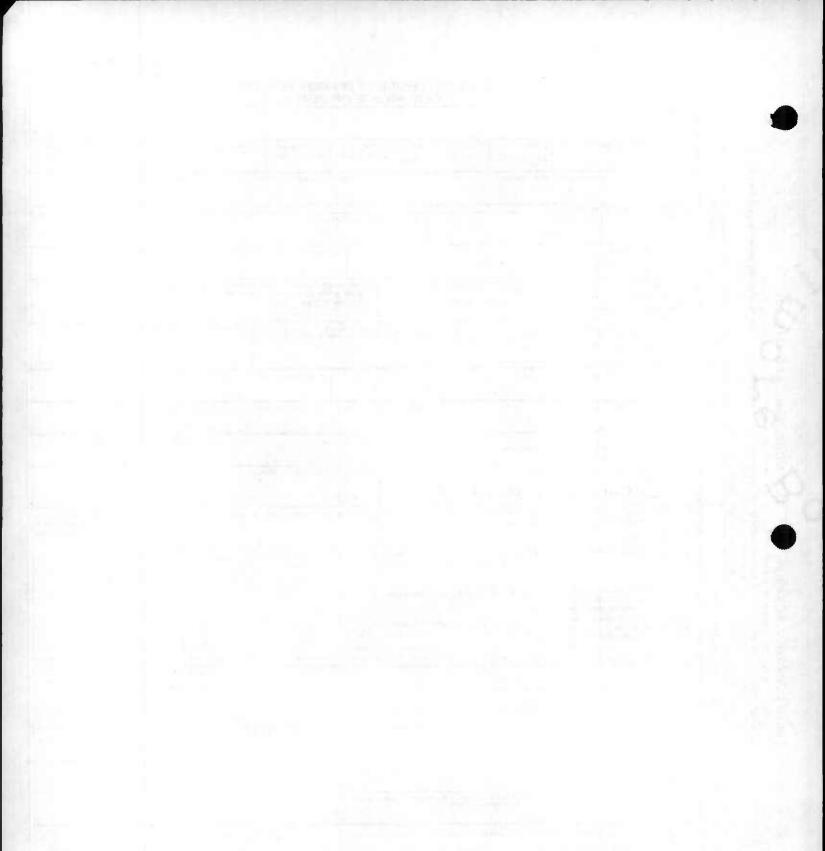
Milton

1. Ruddent

1.

	Milton		Τ.		Dur	pert		MONTH 07	DEATH D	199	YEAR	1:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)		N 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH		8. BIRTHP	LACE (State or Foreign
	218-22-2836	1 M 2 F	65	YRS.	MONTHS	DAYS	HOURS MIN.		24/1		Country)	yland
		e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH								926 T		
OR	1268 Battery Ave. Baltimore City											
ក្ត	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	Υ		I soe CIT	Y, TOWN							
DIRECTOR	Maryland -						cy,Md.					IOd. INSIDE CITY LIMITS? TYSTYES 2 NO
AL	10e. STREET AND NUMBER					_	. ZIP CODE			10g. CITIZ		IAT COUNTRY?
ER	1268 Battery	Ave.				2:	1230			US	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1- IF YES, GIVE W	YES 2	□ NO	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE NO If yes, specify Cuben, Mexican, Puerto Rican, stc.)						4. RACE	American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a	DECEDENT'S	USUAL O	CCUPATIO	ON et of working	16b.	KIND OF BU	SINESS/INDU	STRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT u	se retired.)	during mo	st or working					
M M	12th.Grade			Cler	k				Da	irv		
٥ ا	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S N	AME (First, M				
BE (Joh	n W.	Ru	ppert			Hele	n –		Sc	hmi	đt
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number or Rura		er, City or Tow			
2	William L.Rupp	ert		17	30 T	Wehe	ter St	Bal	to.Me	1. 21	230	
	20a. METHOD OF DISPOSITION		20b. PLA	CEANDDATE	OF DISPO	SITION (Na		DATE		CATION — C		n, 6tela
	Comparison 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 6 ☐ Other (Specify)	ioval from State	Cenetery	dar H	ther place)	Cen	etery	7/30		A.Co		
	21. SIGNATURE OF FUNERAL SERVICE LI					ID ADDRESS OF						
	Man. Jauas				Balto.Md.21230							
	23. PART I. Enter the diseases, Dr		0		1	MCCU	lly Fu	nera.	1 Hor	ne.13	0 E	Fort Ave.
CERTIFICATION	MMEDIATE CAUSE (Final disease or condition) a. Atheroscleratic Cardiovascular Disease Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):											
: MEDICAL	PERFORMED? 1 — YES 2 () NO OF D								VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL					26 84	ACE OF DEATH (C	back anti-				
<u> </u>	EXAMINER?	HOSPITAL:	ED/O		OTHE	R:					_	
<u>₹</u>	27. MANNER OF DEATH	1 Inpatient 2 I		28b, TIM			e 5∕ Rasidence	_				
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, De		200. III	JURY		RK? ES 2 NO	28d. DESC	CRIBE HOW	INJURY OCCU	RED	44
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — A rtc. (Specify)	t home, lerm,	street, fac	tory, office		281. LOCA City o	TION (Street or Town, State)	and Number o	r Rural Rol	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated, one) 2 MEDICAL EXAMINER: Dn the basic of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end menner as stated.								and menner as stated,			
Ŭ W	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NU					Honth, Day, Year)
TO BE	Dennie	Ja Chut	(HH)	_				.M.E.				1992
	30. NAME AND ADDRESS OF PERSON AND	O COMPLETED CAUSI	E OF DEATH (ITEM 27) (Type	, Print)							
				111 P∈	enn S	Stree	et, Balt	imore	, Mar	yland	212	201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATUR	E								
	JUI 3 1 1992 \$	futa Davidson	v-Nava	مالل								

1071



20	ysician.
00	0
215-	attendin
7	6
S	hospital
4	the
Z	3
BALTIMORE, MARYLAND 21215-0020	retained
	2
ä	6 may be
0	9
₹	Page
17	leath.
B	after c

_	afte
	hours
	24
60,	within
(687	executed
6	2
.O. B(law requires that the death certificate be executed within 24 hours after
G,	death
ä	100
S.	that
ZEC(requires
_	WE
IA	N: The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN:
VISION	AL DR ATTENDING PHYSICIAN:
7	R
_	HOSPITAL

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 7 2 3. TIME OF DEATH SYDNEY ROLENFELD 29 3:55 A M 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 183-01-1876 1 M 2 - F (Month, Day, Year) DAYS HOURS MIN. PENNSYLVANIA use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not Institution, give street and nut 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH It ospita Sinai 1391 timore DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD timore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? W. Belvedere ave, APT 2500 USA 41321215 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) detached for lege (1-4 or 5+) 5+ PHARMACIST **DRUGS** once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 7 BE LOUIS ROSENFELD ROSE MILESTONE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. NATALIE F. ROSENFELD 2500 W.BELVEDERE AVE., APT. 413 BALTO., MD 21215 2 204. METHOD OF DISPOSITION
1∑ Burial 2 ☐ Cremation 3 ∑ Removal from 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must cemetery, crematory or other place) 4 Donation 5 Other (Specify) HAR ZION 7/30/92 COLLINGDALE, PA medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Ulua 6010 REISTERSTOWN RD. and completely filled in by the burial, cremation, or removal. 21215 BALTO MD 23. BART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. interval Betwee IMMEDIATE CAUSE (Finel Onset and Death the disease or condition SUB DURAL HEMATOMA 7 DAYS event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION and Sequentially list conditions, the attending physician a sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) or other DUE TO (OR AS A CONSEQUENCE OF)resulting in death) LAST Inluny, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO been signed by the of Health and M 24a, WAS AN AUTOPSY shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE CORON ARY PUEASE ARTERY 1 - YES 2 NO OF DEATH? 1 TES 2 NO certificate has been the State Dept. o PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem. HOSPITAL: 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 50 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED with 1 marked, 1 Natural 5 Pending investigation OR AT I...
AL DIRECTOR: After 72 hours after death w 1 YES 2 NO ΒY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide ETED. 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER
(Chack note)

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL ITO THE FUNERAL DE FIED WITHIN 72 h 2 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Klesident

32. REGISTRAR'S SIGNATURE

his Davidson-Randell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WOLFE

/ Sugern

BACTMORE

29c. LICENSE NUMBER

MD 21205

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BE

2

600

296 SIGNATURE AND TITLE OF CERTIFIER

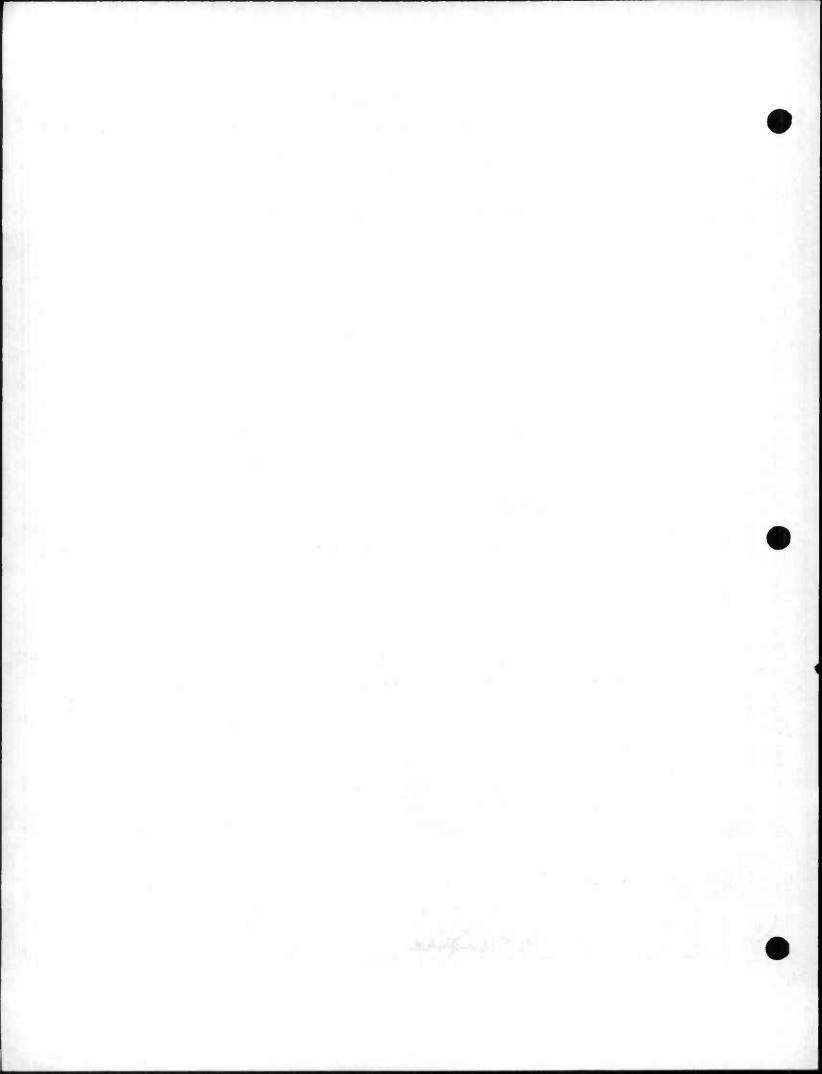
31. DATE FILED (Month, Day, Year)

beleschounger MD

1992

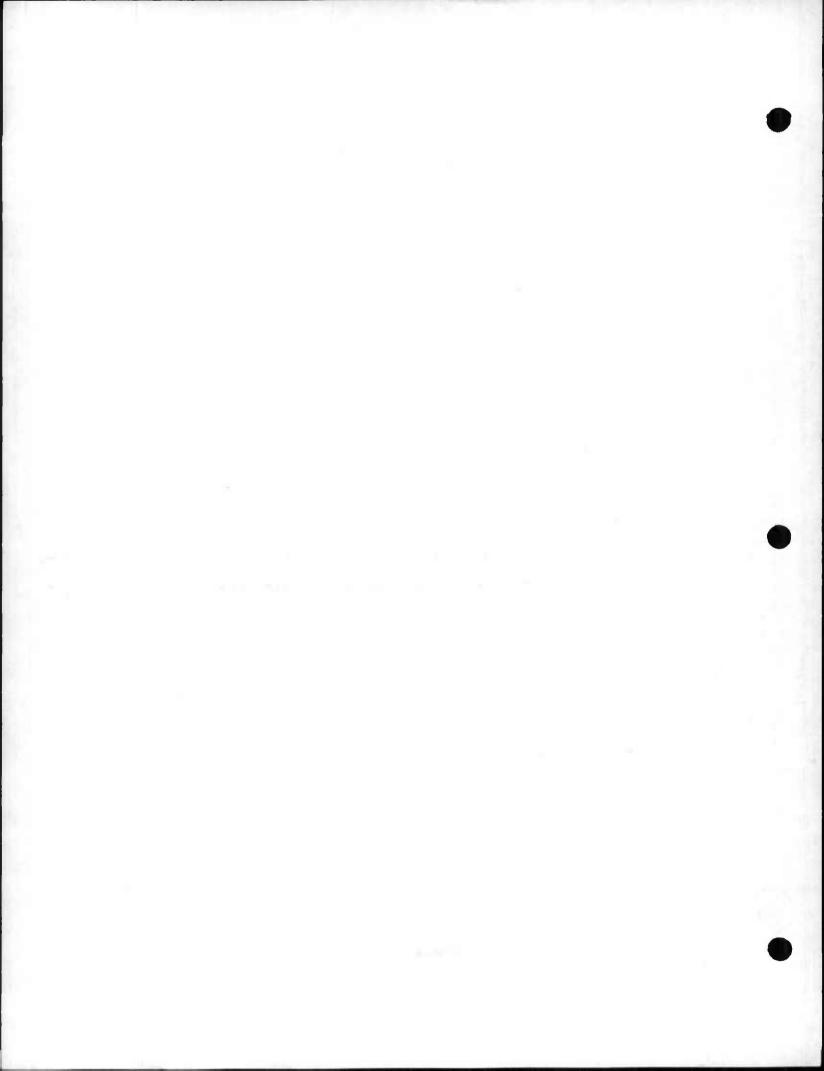
29d. DATE SIONED (Month, Day, Year)

7.29-92



HE MOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE	the fled	IMPOR

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	IENT OF H	IEALTH AND	MENTAL HYGI		21200
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF GEATH	1	3. TIME OF OEATH
	JANICE ROBERTS					07 ^{NTH} 2	9 ^{DAY} 199	2 12:53 A M
	4. SOCIAL SECURITY NUMBER 219-62-4706	5. SEX 1 \(\text{M} \) 2 \(\text{F} \) \(\text{36} \)		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) C	OIRTHPLACE (State or Foreign ountry)
_	9a. FACILITY NAME (If not institution, give s	street and number)	96	CITY, TOWN	OR LOCATION OF D	EATH	Sc. COUNTY	
CTOR	THE JOHNS HOPKI	NS HOSPITAL		BALTI	MORE		BALTI	MORE CITY
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY TO	Altin				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	MARIE SE		101	ZIP CODE	2)	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	AMEO NO	II yea, sp	ENGENT OF HISPA	NIC ORIGIN? (Specify an, Puarto Rican, stc.)		RACE — American Indian, Black, Whita, etc.
ED	15. OECEOENT'S EOU		DECEOENT'S USL	IAL OCCUPATION	ON .	16h KINO OF	BUSINESS/INOUSTI	
COMPLET	(Specify only highest grade	completed) ((Give kind of work ite. Do NOT use re	done during mo	st of working	No. INTO OT		11
E CON	17. FATHER'S NAME (First, Middle, Last)	Daniels			18. MOTHER'S N	AME (First, Middle, Mail	Series .	nont
00	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING AO	ORESS (Street a	nd Number or Rural	Route Number, City or		
2	20a. METHOD OF DISPOSITION	DANIEG 0	23/7 1	Laure	Ha a	VE BI	9140, m	21223
	1 Donation 5 Other (Specify)	oval from Statu	LERA	SIA	e	9/1/2 1	LOCATION - CHY	de md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSUE	2	22. NAME AI	O ADORESS OF FA	COLITY CITAL	Care F	cereme Seve
	Many m. E	lucare		BA	to me	1 212a	82	
	23. PART I. Enter the diseases, problem of heart fellure. IMMEDIATE CAUSE (Finel disease or condition	Liet Dniy one cause on each lin	ne.	enter the mo	de of dying, suc	th as cardled or re	spiratory arrest,	Approximate interval Between Onset and Death
	resulting in deeth)	a. Phermo CL 3+	EOUENCE DF):	inci	pheum	me		3 neeks
ERTIFICATION	Sequentielly list conditione, if any, leeding to immediate	b. Acquired im	EOUENCE OF):	diver	cecy 511	Idrome		10415
5	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	EOUENCE OF):					
		d						
MEDICAL	PART II. Other significant condition	s contributing to death but not	resulting in th	ne underlying	ceuse given in	PERI	AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					····			1 - YES 2 -NO
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only one)		
2	EXAMINER? 1 YES 2 HO	HOSPITAL: 1 Impatient 2 ER/Outpatient		HER:		8 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJ			W INJURY OCCURE	0
5	1 Natural 5 Pending 2 Accident Investigation	(11111)	, intern		ES 2 NO			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							ral Route Number,
COMPLE		CIAN: To the best of my knowledge, d						~
5	2 MEDICAL EXAMINE	R: On the baels of exemination and/or	r Investigation, In	my opinion, d	asth occured at the	time, data and placa,	and due to the cau	se(a) and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	JHH Medica			796 WOENSE NUI		29d. DATE SIGN	NED (Morith, Day, Year)
-	30. HAME AND ADDRESS OF PERSON WH		EM 27) (Type, Prin			7	1 (2)	
	31. DATE FILED (Month, Day, Year) JUL 3 1 1992	32. REGISTRAR'S SIGNATURE		THE WAY	بحرا الروا			
	00F 0 T 100F	1 - warmason-North	We					



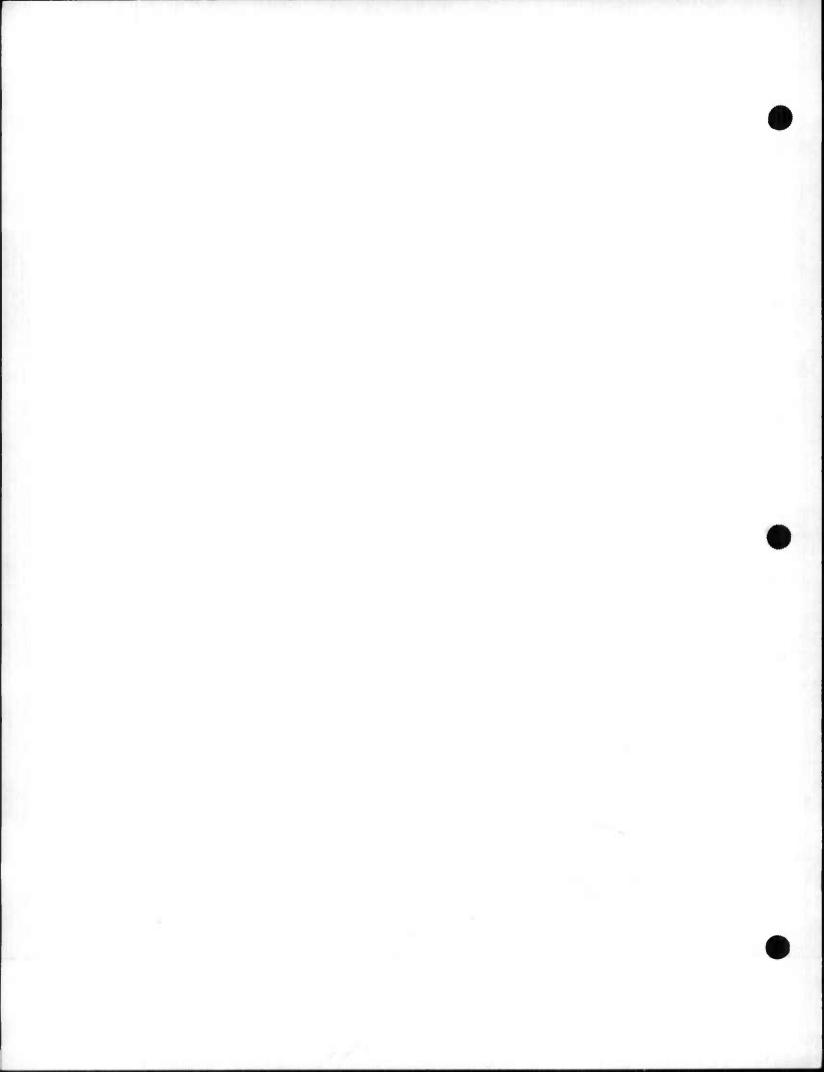
	1 - FOR REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTA	L HÝGÍÉNE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	pull III	200	*	DEATH	2. DATE	OF DEATH		3. TIME OF DEATN
	NATHANIEL	SYKES	8	20		MONT		992 YEAR	9:05 P M
	4. SOCIAL SECURITY NUMBER	Children Chi		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		HPLACE (State or Foreign
	210 00 0113	1 X M.2 - F	34 YRS.		HOURS MIN.	1-	26-58	Cour	MD
œ	9e. FACILITY NAME (If not institution, give st THE JOHNS HOPK)				R LOCATION OF D	EATH	90	COUNTY OF E	
DIRECTOR	RESIDENCE OF DECEDENT	INS HUSPITAL		BALT	IMORE			BALTI	MORE CITY
REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
	MD		BAI	TIMORI	€				LIMITS?
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		101	. CITIZEN OF	WHAT COUNTRY?
NE	718 MURA STRE				21202			U.S.	Α
	11. MARITAL STATUS 1 V Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yea, spe	city Cuben, Mexic	en, Puerto I	I? (Specify Yee or N Rican, etc.)		E — Americen Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	res	1 TYES	2 NO Speci	ity:		Spec	,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPATIO	N	16b	KIND OF BUSINES	S/INDUSTRY	BLACK
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	,	at or working				
MP	8th		UNEMP	LOYED					
	17. FATNER'S NAME (First, Middle, Last)				ALMA I		Middle, Maiden Surne	eme)	
96	THOMAS SYKES 190. INFORMANT'S NAME (Typo/Print)		105 MAILING A	DDDESS (David			ber, City or Town, Ste		
2	ALMA MACK				./BALT			21202	
	20a METNOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remo	20b.	PLACE AND DATE OF			DAT		DN — City or To	war State
	1 N Burlai 2 Cremation 3 Remo	oval from State ceme	SHELL	er place)				ALK,	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			D ADDRESS OF F		20112	777	
	Vinett	U 15- 40	res				•		RTH AVE.
	23. PART I. Entar the diseases, or canock, or heart fallure. I	omplications that caused list only one ceuse on as	tha daath. Op no	t antar the mod	de of dying, au	ch aa card	llac Dr reapireto	y arreat,	Approximate
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Intrace	rebral	bleea	ling				Interval Between Onset and Death
_		Cocaiko	CONSEQUENCE OF):						
ō l	Sequentially list conditions, if any, lasting to immediate	1	CONSEQUENCE OF):	1					
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury								
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION									
A P	PART II. Other aignificant conditions	contributing to death bu	t not reaulting in	the undarlying	ceusa givan in	Part I.	24a. WAS AN AUTO PERFORMED		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC							1 YES 2 1	10	COMPLETION OF CAUSE OF DEATH?
Σ									1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			00.04	OF OF BEATH (O				
SIC	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATN (C				
H	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME	OF 28c. INJU		_	(Specify)	Y OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? ES 2 NO				
	3 Suicide 8 Could not be	26e. PLACE OF INJURY - building, etc. (Specif	At home, ferm, atro	eet, factory, office			ATION (Street end Nor Town, State)	umber or Rural I	Route Number,
COMPLETED	4 Nomicide determined					J.,	ar iowii, oldidy		
PP.	29e. CERTIFIER (Check only one)	CIAN: To the best of my knowle	dge, death occurred	at the time, date	and place, and due	to the cau	se(e) and menner a	s stated.	
00	2 MEDICAL EXAMINER	: On the beele of exemination	end/or investigation,	In my opinion, de	ath occured at the	lime, date	end place, end due	to the ceuse(s	e) end manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	1- Stores	MO		29c. LICENSE NU	MBER Vel	alet 200	7/29	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	FONL M.D	H (ITEM 27) (Type, P	hns How	okins H	porta	1	1	
	JUL 3 1 1992 July Davidson Fonders								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made at the complete of the control o

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
1	Bessie Lee Simms				July	D/	1992	YEAR	2450 7770				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER	D 24 HD0	-	DF BIRTH	レフブム		11:45pm M PLACE (State or Foreign
		1 🗆 M 2 💢 F	, ,	1,1,275	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)	110	Country	7)
	220-22-7380	73	8		AL A	700171	00165:-	1		20 19	10		rginia
96. FACILITY NAME of not institution, give street and number) Maryland General Hospital 96. COUNTY Baltimore City 96. COUNTY							INTY OF DE	EATN					
6	RESIDENCE OF DECEDENT												
ပ္က	10a. STATE 10b. COUNTY	,		10c. CITY	, TOWN O	R LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Maryland			F	Balt	imo	re						LIMITS?
	10a. STREET AND NUMBER						. ZIP COD	E			10a. CIT	IZEN OF W	THAT COUNTRY?
FUNERAL	2409 Saint Ste	phens (lourt	Apt	1 D			216			.53. 611	USA	
ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II S	ARMEO		WAS DEC			MIC OPIGIN	? (Specify Yes	or No		American Indian.
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2X	No	1	f yes, sp	ecify Cube	n, Maxica	in, Puerto F	lican, etc.)	- on no-	Black,	, White, etc.
BÝ	3 Wildowed 4 Divorced	IT TES, CHYE W	en on Males		'	□ YES	2 NO	Specify	y:			Specif	Black
입	15. DECEDENT'S EDUC			DECEDENT'S					16b.	KIND OF BUS	SINESS/INC	DUSTRY	DIACK
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of wi life. Do NOT us	ork done o e retired.)	during mo	at of world	ng					
릴	Jr High	- ,		Cat	ere	r							
Į	17. FATHER'S NAME (First, Middle, Last)						16. MOT	NER'S NA	ME (First, A	fiddle, Maiden	Surname)		
	Willie Simpki	ns								Burre	,		
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a				er, City or Town) Code)	
임	Rev. Lloyd Red	eves											MD 21223
	20a. METHOD OF DISPOSITION		20b. PLAC	EAND DATED	F DISPOS			0011	OATI			City or Tov	
	1 M Burial 2 Cremation 3 Remo	oval from State	cemetery, c	rematory or other Hill	her placa)		ter	V	8/3				el Co.
	21. SIGNATURE OF FUNERAL SERVICE LIC			- 1111	22. 1	NAME AN	ND ADDRE	SS OF FA	CILITY NT	n++or	Fire	Tulla	l Homes Inc
	▶ Kherbert E	2	***			250)1 G	wynr	ns F	alls	Par	kwav	r nomes ind
						Ba1	tim	ore,	, MD	alls 212	216	-1	
	23. PART I. Enter the disesses, or o shock, or heart failure.	omplications that List only one ceu	ceused the c se on each lir	death. Do n ne.	ot enter	the mo	de of dy	ing, suc	h ss cerd	lec or respi	ratory an	rest,	Approximate Interval Between
Ì	IMMEDIATE CAUSE (Final Onset and Death							Onset and Death					
	disesse or condition resulting in desth)	l	Sepsis										
	DUE TO (OR AS A CONSEQUENCE OF):												
2	Sequentially liet conditions,												
CERTIFICATION	If sny, lesding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EQUENCE OF):								
2	CAUSE (Disease or Injury	OUE TO	OR AS A CONS	EULENCE OF	١.								
	that initiated events resulting in death) LAST	VOL 10	(UI NO A CONSI	LAULINGE OF									
<u> </u>		l										_	+
CAL	PART II. Other significent condition	contributing to	deeth but not	resulting l	n the un	derlylng	g cause (given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
3										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	2		1	OF DEATH?
ا بَ									-				I IES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATN (Che	eck only on)			
	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient		OTHER	l:			6 Other				
	27. MANNER OF DEATN	26a. DATE OF	INJURY	28b. TIME	OF	28c. INJ	URY AT	-rounce		(Specify)	JURY OC	CURED	
	1 Natural 5 Pending	(Month, De	sy: Year)	JUNI	JRY M	WO	RK?	NO				- 31120	i
6	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF	F INJURY — At I	nome, farm, si	reet, facto				26f, LOC4	TION (Street a	nd Number	or Rivel D	oute Number
	4 Homicide 8 Could not be	building,	etc. (Specify)						City o	r Town, State)	TUTTRION	an a mar did a Till	
COMPLEIED	29a. CERTIFIER	MAN, To the C	- t										
E	(Check only one)												
3	2 MEDICAL EXAMINE	. On the Deals of ax	emination and/o	investigation	i, in my of	pinton, d	eath occur	red at the	time, data	and place, an	d due to th	ne cause(a)	and manner as stated.
	296. SIGNATURE AND TITLE OF CENTRAL	-					29c. LICE	ENSE NUM	ABER		29d. OAT	E SIGNEO	(Month, Day, Year)
5	1 1h							n/a			•	7/	29/92
-	30. NAME AND ADDRESS OF PERSON WHO			EM 27) (Type,									
		vich, M.			c/	o Ma	aryla	and	Gene	ral Ho	sptt	:al	
1	31. DATE FILED (Month, Day, Year) JUL 3 1 1992	32. REGISTRA	SE SIGNATURE	delle									
	1111 (1 199/	A	•										1



IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

A. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND F DEATH	MENTAL HYGIE		21208
	1. DECEDENT'S NAME (First, Middle, Last)	,	1: .	a c	• 4 1	2. DATE OF DEATH MONTH JULY 2		3. TIME OF DEATH
300	4'217-16-0118		rs. lest birthday	J. Sm		7. DATE OF BIRTH		921 8 42 M BIRTHPLACE (State or Foreign
1	216-05-8339	1 D-1 2 D F 6	9 YRS.	MONTHS DAY	HOURS MIN.	2-23-19		Mary Land
~	Se. FACILITY NAME (If not institution, give str				N OR LOCATION OF E			Y OF DEATH
5	Good Samaritan	HOSPETAL		Ba	Ltimore			the title title title title title
DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN OR LO				10d. INSIDE CITY LIMITS?
1	Md. Bal. 100. STREET AND NUMBER	timore	Βa	Ltimon	e 10f. ZIP CODE		100 CITIZE	1 TYES 2 NO
FUNERAL	2908 Linganore	e Ave.			2/23	4	//	S A
P.	11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	S. ARMED		ECENDENT OF HISPA	NIC ORIGIN? (Specify)	les or No 14	I. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			ES 2 NO Spec			Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	CATION 16	Se. DECEDENT'S	S USUAL OCCUPA work done during		16b, KIND OF B	USINESS/INDUS	
PLE	Elementary/Secondary (0-12) 124 RA.	Coflege (1-4 or 5+)	PLUMB	- 10 may - 10 m		C.		
MO	17. FATHER'S NAME (First, Middle, Last)		Lumo	en	18. MOTHER'S N	AME (First, Middle, Meide	<u>natruc</u> en Sumeme)	ction Co.
BE C	Lewis E. Smith	h			Man	y K. Fan	en	
9	190. INFORMANT'S NAME (Type/Print) MRA. NORMA M.	Smith		_		Route Number, City or To		
	20s. METHOD OF DISPOSITION	20b, PL	ACE AND DATE	OF DISPOSITION	Name of	e. Balto	ocation - cin	
	D Donation 5 ☐ Other (Specify)	wal from State cameter	ry, grematory or	other place) d Ceme	tery and address of f	8/1		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	T					
	Jones &	rskimm		75	27 Harf	illen Fu	Balta.	Md. 21234
	The state of the s	complications that caused the List only one cause on each	ne death, Do n line.	not enter the i	node of dying, su	ch aa cardiec or res	piratory arrest	interval Between
İ	IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Brains le Due To (OR AS A CONSEQUENCE OF):							
	resulting in death) s			- 1	10.12	- 3		
NO	Sequentially list conditions,	DUE TO (OR AS A CO	ONSEQUENCE O	Code C	accium	2 lung)
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Sept 5 DUE TO (OR AS A CO						ĺ
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE (OF):				
CER	d	I						
SAL.	PART II. Other significant conditions	s contributing to death but	not resulting	in the underly	ing cause given in	Part i. 24s. WAS A PERF	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC				-		1 TYES	2 3-NO	OF DEATH?
Z						_		1 TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF OEATH (C	heck only one)		
HAS	1 -YES 2 NO 27. MANNER OF DEATH	1 Impetient 2 ER/Outpetie	ont 3 DOA	4 🗆 Nursing H	ome 5 🗆 Residenca	8 Other (Specify) 28d. DESCRIBE HOW	C BURNEY COOK	
BY PI	1 Netural 5 Pending	(Month, Day, Year)		JURY	WORK? YES 2 NO	200. DESCRIBE NOR	INJUNY OCCUP	ieu
	2 Accident Investigation							Rural Route Number,
<u> </u>	4 Homicide determined							
COMPLETED	(Check only	CIAN: To the best of my knowledge: On the basis of examination an						
	29b. SIGNATURE AND TITLE OF CERTIFIER			on, in my opinion	29c. LICENSE NU			IGNED (Month, Day, Year)
O BE	Malba	e n.)					> 7	-123/82
٩	30. NAME AND ADDRESS OF PERSON WHO	-/	(ITEM 27) (Type	e, Print)	Har	van Tab	hom	00. # 241
ŀ	31. DATE FILED' (Moritin, 'Day, Year)		IRE	1	1-400	148		775 M OT/
	31. DATE FILED (MOTH), 1001, Year) JUL 3 1 1992 Julie Davidson-Randase							



용

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ELIZABETH STALLINGS SHIPLEY 30 07 1992 10:40 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 🗌 M 2 🖫 F HOURS YRS. 220-16-4374 12 17 1911 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 302 R. South Camp Meade Road Linthicum Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel Linthicum 1 TES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 302 R. South Camp Meade Road 21090 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White BY IF YES, GIVE WAR OR DATES 3 📝 Widowed 4 🗌 Divorced COMPLETED 16e, DECEDENT'S USUAL OCCUPATION
1724we kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 8+) 12 NONE HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ARTHUR T. STALLINGS Amanda L. Linthicum BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THOMAS SHIPLEY ROUTE1 BOX 101 Goldsboro, MD 21636 20e. METHOD OF DISPOSITION

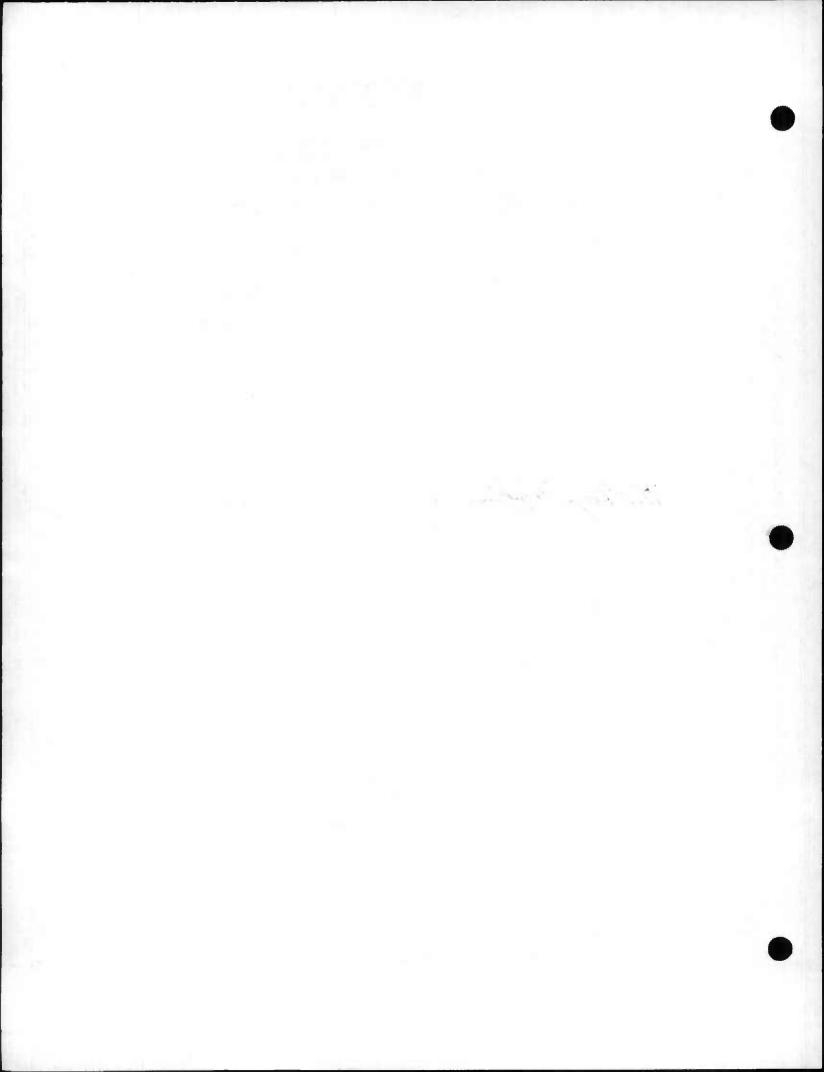
1 Surief 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State cemetery, cremetory or other place)
SHIPLEY CEMETERY 8-2 LINTHICUM, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Entar tha dispuses, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition Cancer OUCIFIAN resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 Healdence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Naturel
2 Accident 5 Pending м 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE rbale 027938 10 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print) Mayer Gorba

M.D.

795

31. DATE FILEO (Month, Day, Year)

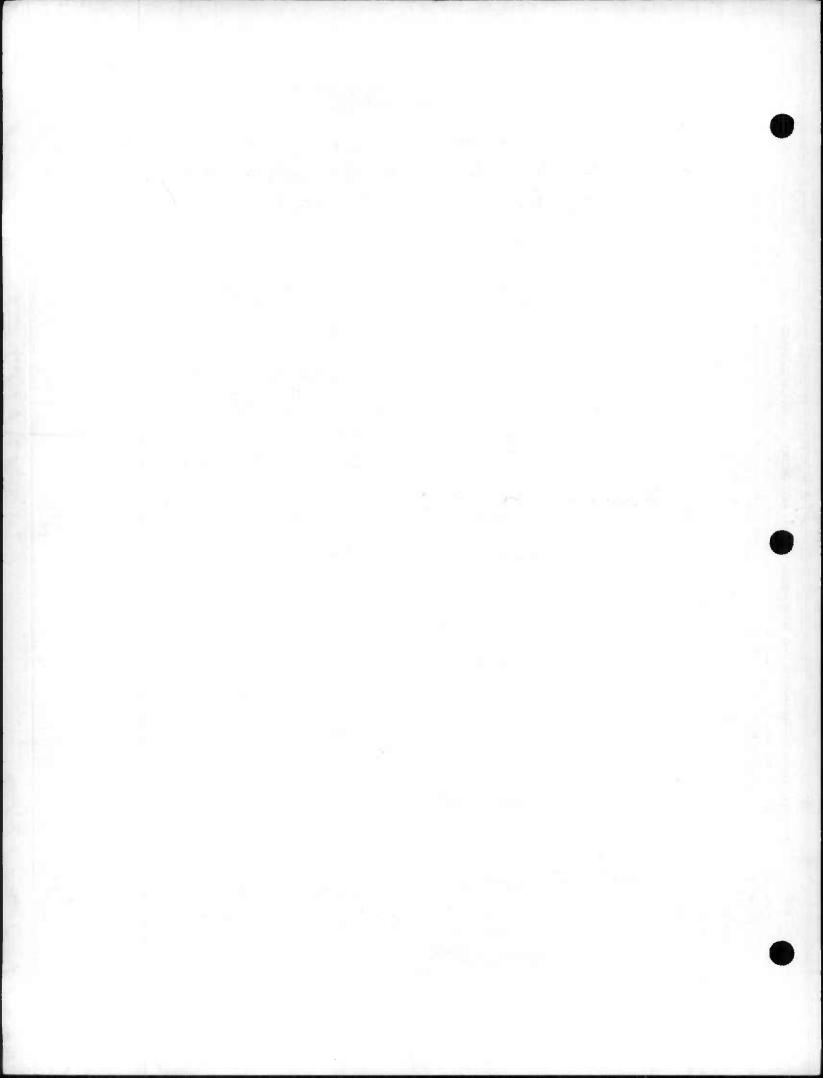
Aguahart Rd, Glen Burnie



DHMH-16 Rev 1/89

YSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician. Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. So, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
es 1, 2,
mit. Pag
in. ransit per
physicia burial-ti
attending se as the
spital or us
y the hose detach
should b
r, page 5 st be m
Page 6 al directo
the funer the funer wal.
nours aft or remo
itthin 24 letely fill emation,
nd comp burial, cr
ate be ex ysician a prior to
n certificanding phe Hygiene
the deat y the attend of Mental
YSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician. so certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 should be detached for use as the burial-trans th the State Dept. of Heath and Memai Hygiene prior to burial, cremation, or removal.
has been Dept. of 23 sho
CIAN: The State or Item
S PHYSIC or this ce th with ti
TOR: After dear after dear 28 is m
HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
HOSPIT FUNER WITHIN

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	unteheck	6			2. DATE OF DEATH	YEA S	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 2/5650683 100 M 2 F 9/7 YRS. MONTHS DAYS HOURS MIN.						01 00	Maryland
TOR	Mahor Correlation Residence OF DECEDENT	WXTG H	96.		SO H	TH	Sc. COUNTY O	imore co.
DIRECTOR							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 600	Light St.		101.	ZIP COD€ 21230		10g. CITIZEN C	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2-7 NO	If yes, spe	ENDENT OF HISPANI city Cuban, Mexican, ZANO Specify:			ACE — American Indian, lack, White, etc. pecify: White
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mod ired.)	N at of working	16b. KIND OF BUS		
OMP	Unknown 17. FATHER'S NAME (First, Middle, Last)		Seaman		18. MOTHER'S NAM	Merch Merch Merch Merch		arine
BE C	Ber	nard	Stunte	beck	Ella			anger
2	19a. INFORMANT'S NAME (Type/Print) Mary Ann Arnol	đ				no NV . 8)
	20s. METHOD OF DISPOSITION 1 Type Part of the Part of	wal from State	PLACE OF DISPOSITIO	N (Name of cerr	netery, cremetory or	20c. LOC	ATION — City o	
	4 Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		loly Cros		D ADDRESS OF FAC	/31/ A.A		Md.21230
	> Shave	Sau	age	McC	ully Fu			E.Fort Ave
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that ceused list only one cause on a	the death. Do not and line.	inter the mo	de of dying, auch	as cardiac or respir	ratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO JOR AS A	CONSEQUENCE OF):	Tron	be.	-		Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS A	CONSEQUENCE OF):					
AL CE	PART II. Other significent conditions	contributing to death b	ut not resulting in ti	na underlying	cause given in F			24b. WERE AUTOPSY FINDINGS
MEDICA						PERFORI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)		
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	entient 3 DOA 4	THER:	e 5 🗀 Residence (
	27. MANNER OF DEATH 1 Natural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURE	
TED BY	2 Accident investigation 3 Suicide 6 Could not ba 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree	t, factory, office		281, LOCATION (Street a City or Town, State)	nd Number or Ru	rrel Route Number,
COMPLET								
O BE C	29s. SIGNATURE AND TITLE OF CENTIFIES	aladin	m		D-12	349	29d. DATE SIG	NED (Morth, Day, Year) -29-92
1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	30 0	95LE	R Dr.	Ton	509 Md:
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					



ੋ	_	2
		permit.
020	death. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit. Pr
0	But	\$
5	bug	SS
7	E	98
2	ō	6
ND	hospita	tached f
4	the	de
5	3	2
ALTIMORE, MARYLAND 21215-0020	retained	5 should
-	2	2
M	ay.	E
5	E	ŏ,
ž	906	direc
	9	70
AL	death.	funer

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		
	al or	Ď		
	ospit	pedo		=
	the h	deta		Ouc
	6	20		16
	peui	houk		Bell
	B ret	5 5		not
	ay by	page		be
	E 9	ctor,		Puga
	Page	dire		101
	ath.	meral		Ē
	er de	he fu	E	- OX
	s afte	4	оша	dica
	hour	ed in	0	Ë
	n 24	ly fill	ation.	#
•	within	plete	premi	ent,
	pay	COM	rial,	200
	exect	and	nq o	mati
	8	ician	rior t	De la
	ficate	Phys	ne pi	107
	Cert	ding	tygle	8
	eath	atten	Tal	, o
	the d	the th	1 Mei	흗
	that	by by	h and	Jul.
	Seul	Signe	leaft	2
	780	need	0	Sho
	WE GW	has	Dep	23
	=	cate	State	He T
	CIA	certifi	the	6
	PHYS	this (WITH	ked
	ING	After	eath	E
	ENO	OR: /	ther o	80
	A AT	RECT	Ins at	2 E
	10	L DI	2 hou	5
	SPITA	VERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
	오	FU	WITH	MAL
	置	五	filed	2
	2	5	8	3

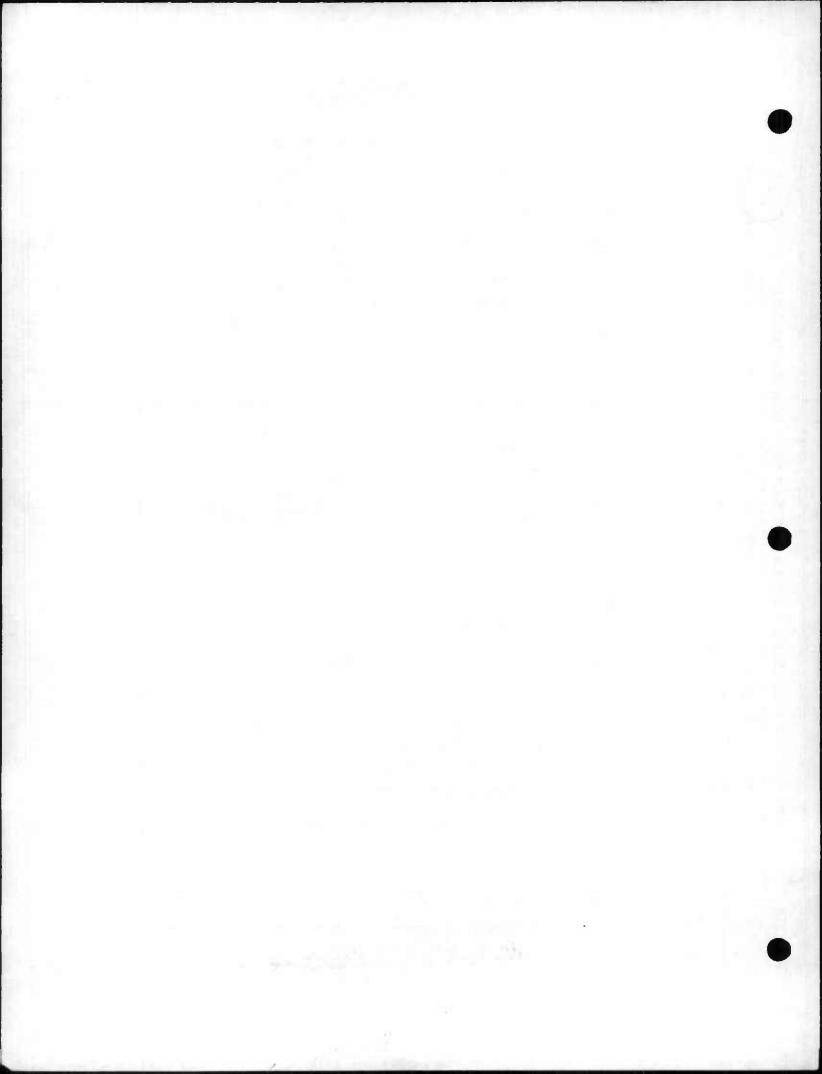
	1 - FOR STATE REGISTRAR	STATE OF MA		EPARTMEN TIFICAT			MENTAL HYGII REG. I	_	12	21211
	1. DECEDENT'S NAME (First, Middle, Last)	4.4	6	,			2. DATE OF DEATH	DAY	YEAR 3	TIME OF DEATH
	WILLIA	W C-	STOK	LES			07		72	10:50 PM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birt	MONTHE	DAYS HOU	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	, 1	6. BIRTHPL Country)	ACE (State or Foreign
	216343323 9a. FACILITY NAME (If not institution, give s	1 M 2 F	77,	YRS.			4/22	137	MARY	YLAND
OR	LIBERTY MED	ICAL CE	NIFIR	BA	Y, TOWN OR LO	CATION OF DI	, MD	9c. COUN	TY OF DEA	тн
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT				0 11.11	,,,,,,				
DIRECTOR		Ť	10	c. CITY, TOWN	70, 11111				10	0d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER			Balt	imore	2005				TYES 2 NO
RA	4026 CRANSTON	6 TAISMILLS			101. ZIP (_	10g. CITIZ		AT COUNTRY?
FUNERAL	11. MARITAL STATUS		VED IN ITS ADMED	1 12	WAS DESENDE	2122	ORIGIN? (Specify		USA	
匠	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1 I	YES 2 NO		If yes, specify (uban, Maxica	in, Puerto Rican, etc.)	Tes or No-	Black, V	- American Indian, Vhita, etc.
B≺	3 Widowed 4 Divorced	IF TES, GIVE WAR	OH DATES		1 YES 2	NO Specifi	y:		Specify:	Black
	15. DECEDENT'S EDU (Specify only highes) grade	CATION COMPleted	16a. DECED	ENT'S USUAL O	CCUPATION	and lane	16b. KIND OF	BUSINESS/INDO	JSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do i	NOT use retired.)	during most of w	orang				
<u> </u>										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. 1		ME (First, Middle, Mak	,		
BE	William Stoke	es					h C. Sto			
5	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or			
	Maggie Stokes			5 - 3		lton		altimo		
	20e. METHOD OF DISPOSITION 1 Devial 2 Cremetton 3 Rem	ovel from State	20b. PLACE AND I	DATE OF DISPOS	SITION (Name of	T2 7 7		LOCATION — C		
	4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		KING					TTTTMO	RE,	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	JENSER		1 22. L	EROY C	DRESS OF FA	ETT & S	N FIIN	FRAT	HOME
							Y HEIGH			
	23. PART I. Enter the diseases, or of shock, or heart fellure.	complications that co	eused the death.	Do not enter	the mode of	dying, suc	h es cerdlec or re	spiratory srre	est,	Approximata
	and any and and and and and	mer only one cades	OH GECH IIIIG.							
	IMMEDIATE CAUSE (Finel									Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. com P	LETE	HEAD	ZT B	LOCI	(
	disease or condition	a. Com P	LETE R AS A CONSEQUEN	MEAT	2T B	LOCI	(
NO	disease or condition resulting in death)	DUE TO (OF	AS A CONSEQUEN	NCE OF):	PATH	roce Y	(
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR	LETE R AS A CONSEQUENT R AS A CONSEQUENT	NCE OF):	PATH	7		0,-		
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. Due to (or	R AS A CONSEQUENT OF AS A CONSEQUENT	NCE OF): MYO NCE OF): RE	PATH PATH	7	ATLU	DE.		
RTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Due to (or	R AS A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF A CONSE	NCE OF): NCE OF): RCE OF):	PATH	7		2E		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	R AS A CONSEQUENT OF AS A CONSEQ	NCE OF): YM YO NCE OF): NCE OF): NCE OF):	PATH	Y - F	ALLU	DE		
S	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	R AS A CONSEQUENT OF AS A CONSEQ	NCE OF): YM YO NCE OF): NCE OF): NCE OF):	PATH	Y - F	A7LW Part 1. 24a, WAS	AN AUTOPSY		Onset and Death
CAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	R AS A CONSEQUENT OF AS A CONSEQ	NCE OF): YM YO NCE OF): NCE OF): NCE OF):	PATH	Y - F	Part I. 24a, WAS PERF		AV	Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO AMPLETION OF CAUSE
S	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	R AS A CONSEQUENT OF AS A CONSEQ	NCE OF): YM YO NCE OF): NCE OF): NCE OF):	PATH	Y - F	Part I. 24a, WAS PERF	AN AUTOPSY ORMED?	AV CC DI	Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	R AS A CONSEQUENT OF AS A CONSEQ	NCE OF): YM YO NCE OF): NCE OF): NCE OF):	PATH	Y - F	Part I. 24a, WAS PERF	AN AUTOPSY ORMED?	AV CC DI	Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OF DUE TO (R AS A CONSEQUENT OF AS A CONSEQ	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF):	PATH WAZ	Y - F	Part I. 24a, WAS PERF	AN AUTOPSY ORMED?	AV CC DI	Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OF DUE TO (OF DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. D. D. D. D. D. D. D. D. D. D. D. D.	RAS A CONSEQUENT OF AS A CONSEQU	NCE OF): NCE OF	PATH WAR anderlying course	Be given in	Part I. 24a, WAS PERF	AN AUTOPSY ORMED?	AV CC DI	Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH?
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	b. DUE TO (OR DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	A AS A CONSEQUENT OF THE CONSE	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF):	PATH NA nderlying course 26. PLACE C R: sling Home 5 C 28c. INJURY A WORK?	Be given in OF DEATH (Cha	Part I. 24a, WAS PERF 1 YES	AN AUTOPSY ORMED? 2 NO	AV CC DI	Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH?
CAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending trivestigation	DUE TO (OF DUE TO	R AS A CONSEQUENT OF AS A CONSEQ	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NC	PATH NA 26. PLACE C R: sling Home 5 28c. INJURY A WORK? 1 YES	Be given in OF DEATH (Cha	Part I. 24a, WAS PERF 1 YES eck only one) 8 Other (Specify) 26d, DESCRIBE HOT	AN AUTOPSY ORMED? 2 NO VINJURY OCCU	AV CC DE	Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION OF CAUSE FOEATH? YES 2 NO
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OF DUE TO	RAS A CONSEQUENT OF AS A CONSEQU	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NC	PATH NA 26. PLACE C R: sling Home 5 28c. INJURY A WORK? 1 YES	Be given in OF DEATH (Cha	Part I. 24a, WAS PERR 1 YES	AN AUTOPSY ORMED? 2 NO W INJURY OCCU	AV CC DE	Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION OF CAUSE FOEATH? YES 2 NO
TED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	DUE TO (OF DUE TO (OF	RAS A CONSEQUENT OF AS A CONSEQU	NCE OF): NCE OF	26. PLACE CR: sing Home 5 [28c. INJURY A WORK? 1 [YES	Be given in OF DEATH (Che Residence T 2 NO	Part I. 24a, WAS PERR 1 YES BCK only one) 6 Other (Specify) 26d, DESCRIBE HOT City or Town, Ste	AN AUTOPSY ORMED? 2 NO W INJURY Occurrent of the and Number of the individual of t	AN CC DI I	Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION OF CAUSE FOEATH? YES 2 NO
TED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OF DUE TO (OF	RAS A CONSEQUENT OF AS A CONSEQU	NCE OF): NCE OF	28. PLACE CR: sling Home 5 28c. INJURY 1 YES	Be given in OF DEATH (Chi Residence T 2 NO	Part I. 24a, WSS PERR 1 YES 1 YES 26d, DESCRIBE HOT 281. LOCATION (Stree City or Town, Ste to the cause(a) and re	AN AUTOPSY ORMED? 2 NO V INJURY OCCU et and Number of	AV CCO	Onset and Death Conset and De
TED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	DUE TO (OF DUE TO (OF	RAS A CONSEQUENT OF AS A CONSEQU	NCE OF): NCE OF	28. PLACE CR: sling Home 5 28c. INJURY 1 YES	Be given in OF DEATH (Chi Residence T 2 NO	Part I. 24a, WSS PERR 1 YES 1 YES 26d, DESCRIBE HOT 281. LOCATION (Stree City or Town, Ste to the cause(a) and re	AN AUTOPSY ORMED? 2 NO V INJURY OCCU et and Number of	AV CCO	Onset and Death Conset and De
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OF DUE TO	RAS A CONSEQUENT OF AS A CONSEQU	NCE OF): NCE OF	28. PLACE CR: rsing Home 5 [28c. INJURY A WORK? 1 YES tory, office	Be given in OF DEATH (Chi Residence T 2 NO	Part I. 24a, WAS PERF 1 YES 8 Other (Specify) 26d, DESCRIBE HOT City or Town, Ste to the cause(a) and r time, deta and place,	AN AUTOPSY ORMED? 2 NO V INJURY OCCU et and Number of the)	AW COUNTY OF THE PROPERTY OF T	Onset and Death Conset and De
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OF DUE TO	RAS A CONSEQUENT OF THE PROPERTY OF THE PROPER	NCE OF): NCE OF	28. PLACE CR: rsing Home 5 [28c. INJURY A WORK? 1 YES tory, office	Be given in OF DEATH (Chi Residence T 2 NO	Part I. 24a, WAS PERF 1 YES 8 Other (Specify) 26d, DESCRIBE HOT City or Town, Ste to the cause(a) and r time, deta and place,	AN AUTOPSY ORMED? 2 NO V INJURY OCCU et and Number of the)	AW COUNTY OF THE PROPERTY OF T	Onset and Desth Conset and De

32. REGISTRAR'S SIGNATURE

3 1 1992

I ha their door- Hands

DHMH-15 Rev 1/89



DHMH-16 Rev 1/89

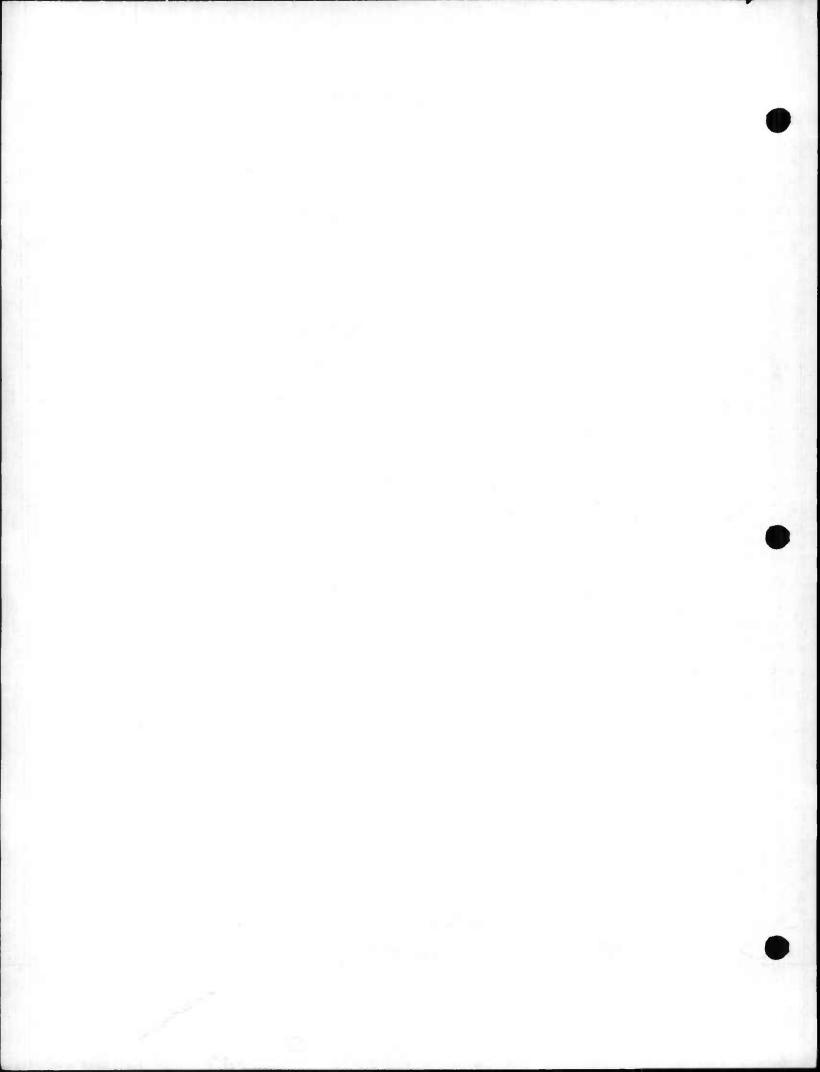
6	Y	1,2,3
4	Qă	720
		permit.
20	ysician.	y the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, 10 note.
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	as the bi
D 212	spital or al	ed for use
LAN	by the hos	be detach
MAR	retained	5 should
RE,	may be	c page
MO	Page 6	directo
ALT	death.	e funera
m	fte	# P

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	pital	of be	
	e hos	etach	nce.
i	by th	9	at o
	ained	hould	Med
	De ret	5 5	not e
	may	c pad	st b
)	9 96	Irecto	T m
	th. Pa	eral	mine
	r deat	al fun	exa
	s afte	by th	dical
	hour	led in	E I
	nin 24	nation	t, the
	d with	mple	even
	cecute	and co	atle
	De es	clan a	raum
	ificate	physical physical	her t
	h cert	Hyak	or of
	deat	Aerital	uny.
	at the	by th	y In
	res th	igned	rs an
	nbau	een s	show
	S SW	has b	23
	Ę.	State	Item
	SICIA	certif	1, 0
	3 PHY	r this	arke
	NDING	: Afte	ls m
	ATTE	S afte	1 28
	IL OR	L DIR	Item
	SPITA	NERA:	H
	무	市門	DRITA
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Deat, of Health and Mental Hyblene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

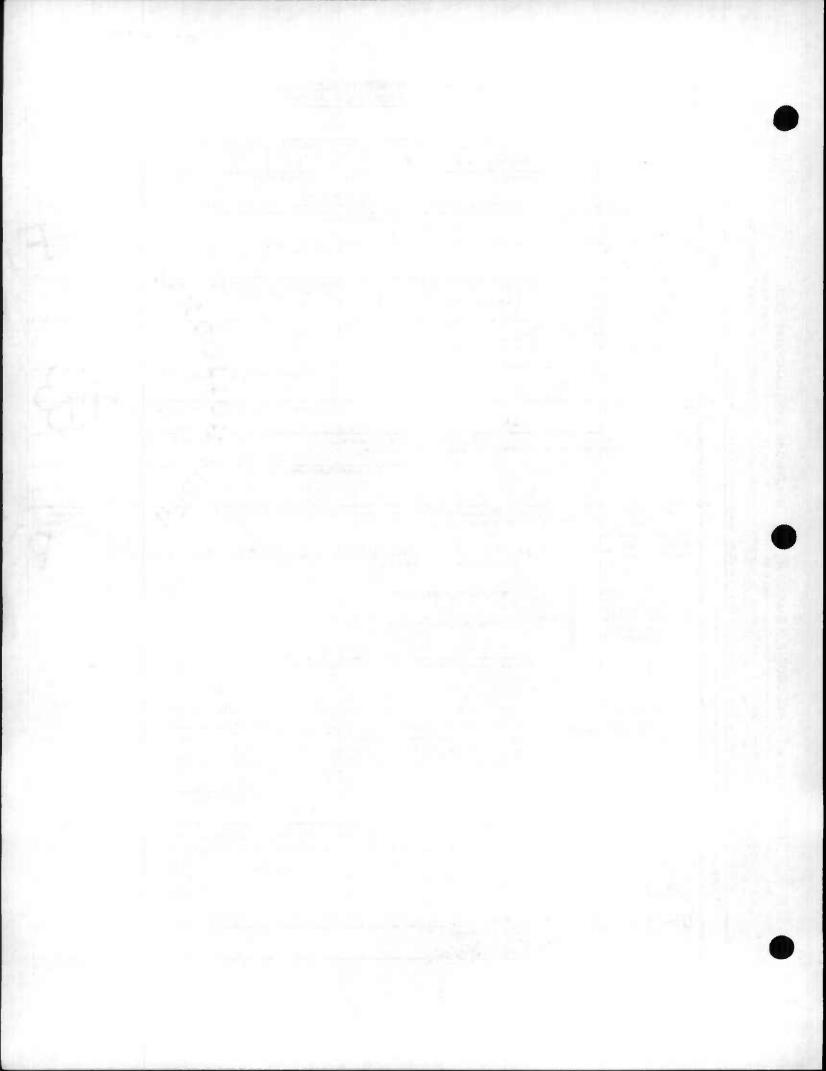
	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTE			MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	Le	o Shaw			2. DATE OF DEATH	7 2	3. TIME OF DEATH S.OO A M			
	4. SOCIAL SECURITY NUMBER 219-28-09/3	19-28-09/3 1 BM 2 0 F 59 YRS.				DER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Your) BALT					
TOR	9a. FACILITY NAME (if not institution, give st LIBERTY MEDI RESIDENCE OF DECEDENT		91	BALTI	MORE	EATH /	9c. COUNTY	Y OF DEATH			
DIRECTOR	MARYLAND 10b. COUNTY	,		LTIMOF				10d. INSIDE CITY LIMITS? 1 [XYES 2] NO			
FUNERAL	100. STREET AND NUMBER 2806 ROCKROSE	AVENUE		101.	ZIP CODE 21215		12.	N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	If yes, spe	INDENT OF HISPAL city Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No.— 14	I. RACE — American Indian, Black, White, etc. Specify:			
PLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION 10 Completed) 10 College (1-4 or 5+)	8a. DECEOENT'S US (Give kind of work life. Do NOT use n	done during mos	N t of working	16b. KIND OF BUS	INESS/INDUS	тяу			
COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden S	Surname)				
TO BE	LEO M. SHAW 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street en		TAYLOR Route Number, City or Town	, State, Zip Co	ode)			
۲	RACHEL LEWIS		2806	ROCKRO	SE AVE			MD 21215			
	1 Donation 8 Other (Specify)	ovel from State Cemete WE:	ACE AND DATE OF C ry, crematory or other STERN S		METERY			TLLE, MD			
	II NGNATURE OF FUNERAL SERVICE LIC	O. hu	ett	LEROY 4600	O. DY	ETT & SON Y HEIGHTS	SAVE	ERAL HOME NUE 21207			
		List only one cause on each	ilina.			h as cardiec or reapir	etory arrest	interval Between			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	myo .	cardid	INFai	cton			Onset and Death			
NC	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,										
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	otense of:								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):								
	PART II. Other aignificant condition	a contributing to deeth but	not resulting in t	he underlying	ceuse given in	Part I. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICA						1 TYES 2	-	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	18		CE OF DEATH (Ch	ack only one)					
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie				8 Other (Specify)	HIEW OCCUR				
ву Рі	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	K?	200. DESCRIBE NOW IN	DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined	et, factory, office	t, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)								
COMPLETED		CIAN: To the best of my knowledger. R: On the basis of exemination or						ause(s) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER LAC (Lako			29c. LICENSE NUN		29d. DATE SIGNED (Month, Day, Veer)				
5	30. NAME AND ADDRESS OF PERSON WHO	AMB Liber	/ 0.1	ded (enter	Baltimore	inc).			
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNATU 392 Julia Davi	dur Randa	82							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR 1 - STATE PEGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH				EKIIF	ICALL	= OF	DEA	IH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Marvin				Schnitzer					2. DATE OF DEATH 09 DAY 1992 7:47				3. TIME OF DEATH 7:47 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in 218–30–6647 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				yrs. last birthday) F UNDER 1 YEAR MONTHS DAYS			#F UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country) MARYLAND		1)
8	9a. FACILITY NAME (II not institution, give street and number) 2405 Forest (Green Rd.							MORE	ON OF DE	EATH	/9/193	9c. COUN		EATH
2	RESIDENCE OF DEC	-										Dal	CIIII)I.C
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMORE					Y, TOWN O		TION						10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL	10e. STREET AND NUMBER 2405 FOREST GREEN RD.						101	ZIP CODE				10g. CITIZ		THAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced				RMED NO		If yes, sp	CENDENT O	n, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)		14. RACE Black Specif	
COMPLETED		EDENT'S EDU highest grade		·)	ECEDENT'S live kind of a. Do NOT u	work done se retired.)	CCUPATION OF THE PROPERTY OF T	ON est of working	ng .		PACKAG			ITE
	17. FATHER'S NAME (First, M PAUL		NITZER					18. MOTH	ER'S NA	ME (First,	Middle, Maiden	Sumame)	SELT	ZER
TO BE	190. INFORMANT'S NAME (7) MRS. NATALE		NITZER	19							ber, City or Tow			
	26e. METHOD OF DISPOSITE	ON n 3 🗆 Rem		20b. PLACE cemetery, cre	ANODATE	OF DISPOS		r GB	REEN	RD		CATION — C		21.209 vn, State
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		CENSEE	BNAT	ISRA	22.		ND ADORES		CILITY		TIMO	RE,	MD
	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate										MD 21215			
CERTIFICATION	IMMEDIATE CADSÉ (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
EDICAL (PART II. Other algorificent conditions contributing to death but not				PERFORME 1 Des 2				MED?	D? AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
PHYSICIAN: ME						HORD OLLY 1 DIES 2 10 NO						1 NES 2 NO		
₹	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF O	EATH (Chr	ck only or	70)			
잃ᆙ	EXAMINER?		HOSPITAL: 1 Inpatient 2	EB/Outpetlant 2	□ 2004	OTHER	R:							
Ë∥	27. MANNER OF DEATH		28e. DATE OF		28b, TIM		28c. INJ		sidence		8 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED			
		Pending	(Month, D.	ny, Year)		URY	WO	RK7	7.00					
BY	a Classical	nvestigation	07/29/ 28a. PLACE 0	F INJURY Al ho	16:30	A "	1 🔲 \		X					nshot Wound
	4 Homicide Bould not be building, etc. (Specify) Residence				,		.,,			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2405 Forestgreen Rd.				
	29a. CERTIFIER	Tillion por il			28			_						ka.
COMPLETED	(Check only		CIAN: To the best of R: On the bests of as											and manner so stated.
TO BE	290 SIGNATURE AND TITLE OF CERTIFIER							29c, LICE	.M.E				**************************************	(Month, Day, Year)
	30. NAME AND ADDRESS OF	n	1. KORE	W49 11			tree	t , 1	Balt	imor	e Mary	land	2120)1
	JUL 3 1 199		32. REGISTRA	R'S SIGNATURE										
		V												DHMH-16 Rev 1/8



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

-
0
9
-
∞
68760
×
2
0
BOX
-
P.0
о.
S
or
-
RECORDS
O
ш
~
_
_
4
-
-
>
OF VITAL
=
0
7
DIVISION
0
70
97
>
-

Urner 7. DATE OF BIRTH (Month, Day, Year) 1 0 - 31 - 57 4. SOCIAL SECURITY NUMBER 5. SEX A. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS 220-64-4161 W2 F 34 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR University Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION MD Baltimore 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1324 funeral director, page 5 should be detached for use as the burial-transit Myrtle Ave 21217 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, stc.) 1 Never Married 2 Married 1 TYES 2 NO BY Specify 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Disabled once. 17. FATHER'S NAME (First Middle Leat) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ BE Ruby Turner notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1324 MYRTLE AVE./BALTIMORE, MD 21217 ERMA TURNER certificate be executed within 24 hours after death. Page 6 may be Pe 20a. METHOD OF DISPOSITION
1 Burial 2. Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must GREENMOUNT CEMETERY 4 Donation 5 Other (Specify) BALTIMORE, MD examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. nos this certificate has been signed by the attending physician and completely filled in by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the disesses, or complications that coused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the disesse or condition DUE TO (OR AS A CO resulting in death) event. CONSEQUENCE OF: traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY that shows any 1 TES 2 NO requires WE 23 The 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: Hem OTHER: DR ATTENDING PHYSICIAN: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 5 Pending investigation 1 Natural 1 YES 2 NO BY THE FUNERAL DIRECTOR: After the field within 72 hours after death important: If Item 28 is mar 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINES: On the heat of examination ender two clares of the course of THE HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day In M 2 PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 30. NAME ANO APDRESS OF 1992 32 REGISTRAR'S SIGNATURE

BARRY

N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TURNER

92 21214

8. BIRTHPLACE (State or Foreign

WES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

interval Between Onset and Death

14. RACE — American Indian, Black, White, etc.

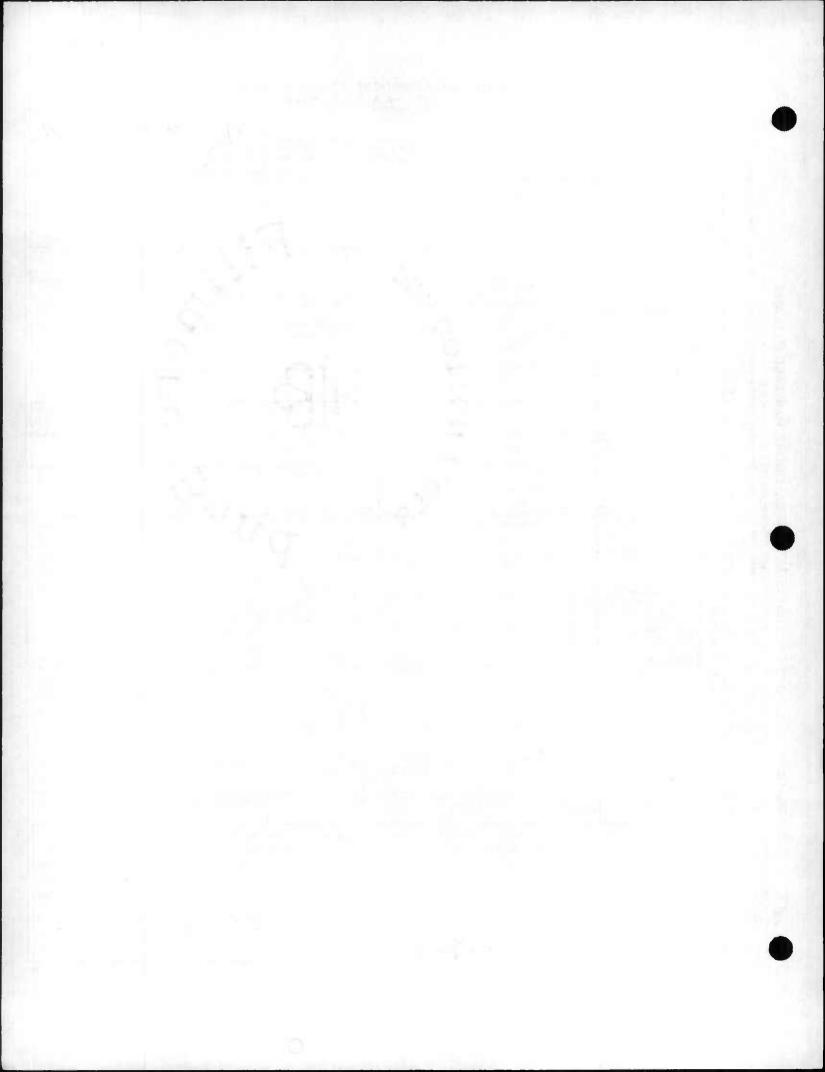
Black

MD D

REG. NO.

2. DATE OF DEATH

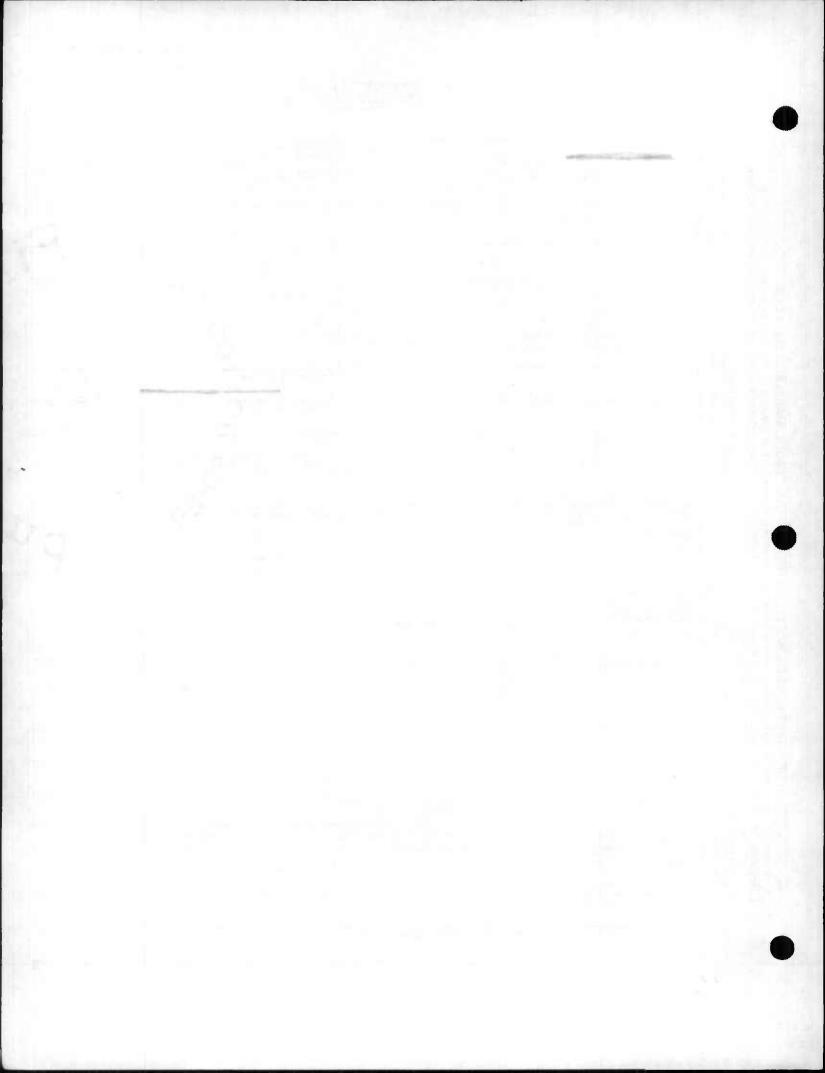
OHMH-16 Rev 1/89



permit. Pages 1, 2, 3 should

IMPORTANT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
the first marker of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
TOTHER MARKED STATE THIS CATIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	
THE HOSPILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	

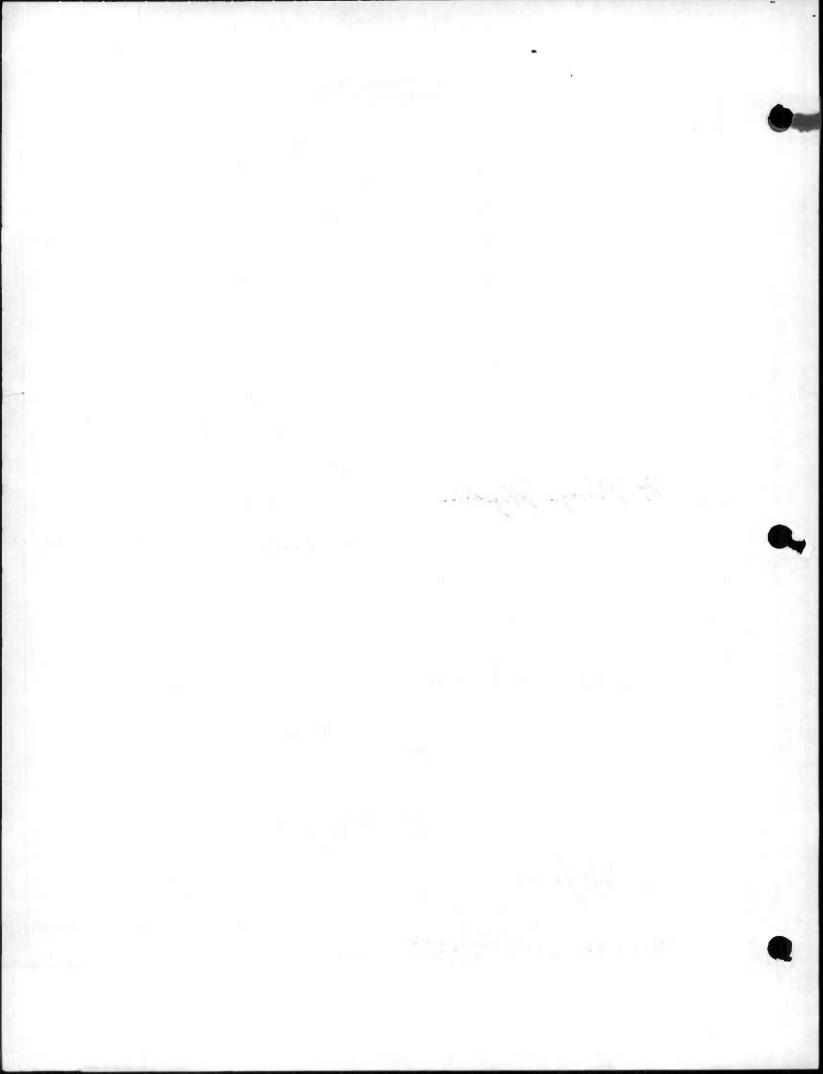
Item4,18,Film690,8/	7/92,1t				92	21213				
1 - STATE REGISTRAR	STATE OF MA		TMENT OF HEALTH AN	D MENTAL	HYGIENE REG. NO.					
1. DECEOENT'S NAME (First, Mic Juanita		VALTER		2. DATE (OF DEATH	2 SU A				
4. SOCIAL SECURITY NUMBER 2.43 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 M 2 KF	AGE (In yrs. lest birthday) 78 YRS.	IF UNDER 1 YEAR IF UNDER 24 HF MONTHS DAYS HOURS MH	7. DATE Of Month, Aug	Day 2 1, 1913	8. BIRTHPLACE (State or Foreign Country) NorthCaroli				
9a. FACILITY NAME (# not institu	Square Hosp	ital	96. CITY, TOWN OR LOCATION O ROSSV			timore County				
Franklin RESIDENCE OF DECEL 10a. STATE Md.	Baltimo		y, town or location Middle	River		10d. INSIDE CITY LIMITS? 1 YES 2 SNO				
100. STREET AND NUMBER 25 Dih 11. MARITAL STATUS	edral Dr	ive	101. ZIP CODE	1220	10g. CITI2	EN OF WHAT COUNTRY? USA				
3 Widowed 4 Divorced	IF YES GIVE WAR	YES 2 NO	13. WAS DECENOENT OF HIS II yes, specify Cuben, Me 1 YES 2 NO Sc	SPANIC ORIGIN? xican, Puerto Ri secily:	(Specify Yes or No— lcan, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White				
15. OECEDE (Specify only high Elementery/Secondary (0-12) 1 2 1 1 17. FATHER'S NAME (First, Middle)	NT'S EDUCATION hest grade completed) College (1-4 or 6+)	(Give kind of s life. Do NOT us	USUAL OCCUPATION vork done during most of working to retired.) SeWife	16b.	KINO OF BUSINESS/IND	USTRY				
17. FATHER'S NAME (First, Middle Cleve	land Lyde W	illiamson			ROY KYO	race Roykoutt				
19a. INFORMANT'S NAME (Type/ Diane Sh			ADDRESS (Street and Number or American Dress)							
20e, METHOD OF DISPOSITION 1 Buriel 2 Cremation 4 Donation 8 Other (Spi		20b. PLACE AND DATE COMPANY OF ON	of disposition (Name of the space) Tillemetery7/	E 20c. LOCATION - City or Town, State 2 BAltimore Md.						
Connell	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAVe. 21221 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate									
ahock, or heart iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Chroni	on each line. C Obstructive lung Disease								
Sequentially list conditions	DUE TO (OR AS A CONSEQUENCE OF): History Heavy Smoking OUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	R AS A CONSEQUENCE OF	, - -							
PART II. Other algnificent of	erotic Cardiov	ascular Di	in the underlying cause given SEASE	- 1	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
<u> </u>	1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
1 TYES 2 NO	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
Accident Inves	28e. PLACE OF II	IJURY — At home, ferm, a	BY			BI. LOCATION (Street and Number or Rural Route Number,				
A. OFFICIER	4 Homicide determined									
	EXAMINER: On the basis of exam		n, in my opinion, death occured at	the time, date o	and place, and due to the	cause(e) end manner ee stated.				
Jomes	Woloshin		29c. LICENSE	NUMBER	29d. OATE	SIGNEO (Month, Day, Year) $7-28-92$				
Dr James Wolos	shin MD 9000 F	ranklin Squ	are Drive Balt	imore i	Maryland 2	1237				
31. DATE FILED (Month, Day Year)	392 Fine Hars	SIGNATURENDARE								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
--	--	---	--

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT (MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Lest) MARY	MILDRED	WOLFF		JULY 27,	MV V	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 212-03-0196 9a. FACILITY NAME (# not institution, give s	1 M 2 K F	30 YRS.	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-23-191	1 MA	BIRTHPLACE (State or Foreign Country) ARYLAND				
TOR	ST. AGNES HOSPI			TIMORE CI		9c. COUNTY					
DIRECTOR	10a. STATE 10b. COUNT	Y IMORE	10c. CITY, TOWN OR I				10d. INSIDE CITY LIMITS? 1 YES 2 Y NO				
FUNERAL	100. STREET AND NUMBER 303 MAIDEN CHOICE	I.ANE		101. ZIP CODE 21228		U.S.A	N OF WHAT COUNTRY?				
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 PNO If y		ANIC ORIGIN? (Specify Versen, Puerto Rican, atc.)		BACE — American Indian, Black, White, atc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCL (Give kind of work done duri life. Do NOT use retired.)	PATION ng most of working	BALTIMO	RE MOV	TRY				
COM	17. FATHER'S NAME (First, Middle, Last)	NONE	SECRETARY	16. MOTHER'S N	& STORA AME (First, Middle, Malder						
BE (McKEWEN		ANNA		ALL					
5	194. INFORMANT'S NAME (Type/Print) THOMAS D. MCKEWEN		19b. MAILING ADDRESS (S								
	20a. METHOD OF DISPOSITION	20b	1014 VALEWO				or Town, State				
	1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	GL	etery, crematory or other place) EN HAVEN MEMO			N BURN	IE, MD				
	21. SIONATURE OF FUNERAL SERVICE LIC	a Haskin	SIN	GLETON FUN ECOND AVE.	IERAL HOME	N BURN	IE, MD 21061				
	23. PART I. Enter the diseases, or on shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Quit	one consequence of:			eiratory arrest	Approximata Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTII	that initiated events resulting in death) LAST	d	CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other aignificent condition	s contributing to death b		rlying cause given in	1 Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO				
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			86. PLACE OF DEATH (C	heck only one)						
YSIC	1 _ YES 2NO	HOSPITAL: 1 Inpatient 2 ER/Outp	etient 3 DOA 4 Nursing	Home 5 Residence	8 Other (Specify)						
	27. MANNER OF DEATH 1 Matural 5 Pending	(Month, Day, Year)	28b. TIME OF 18b. INJURY	. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	NED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY building, atc. (Speci	— At home, tarm, atreet, factory,	YES 2 NO	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,				
COMPLETED			edge, death occurred at the time, and/or investigation, in my opini				suse(a) and menner as atated.				
TO BE C	296. SIGNATURE AND TITLE OF CONTINE	wy		29c. LICENSE NU D09212	MBER	29d. DATE SI	IGNED/(Month/Day, Year)				
	101 W. Read St., S	Suite 114 Ba	ltimore, MD	21201							
	31. DATE FILEO (Month, Day, Year) JUL 3 1 1992	32. REGISTRAR'S SIGNA	ATURE CONTROL OF THE PROPERTY								



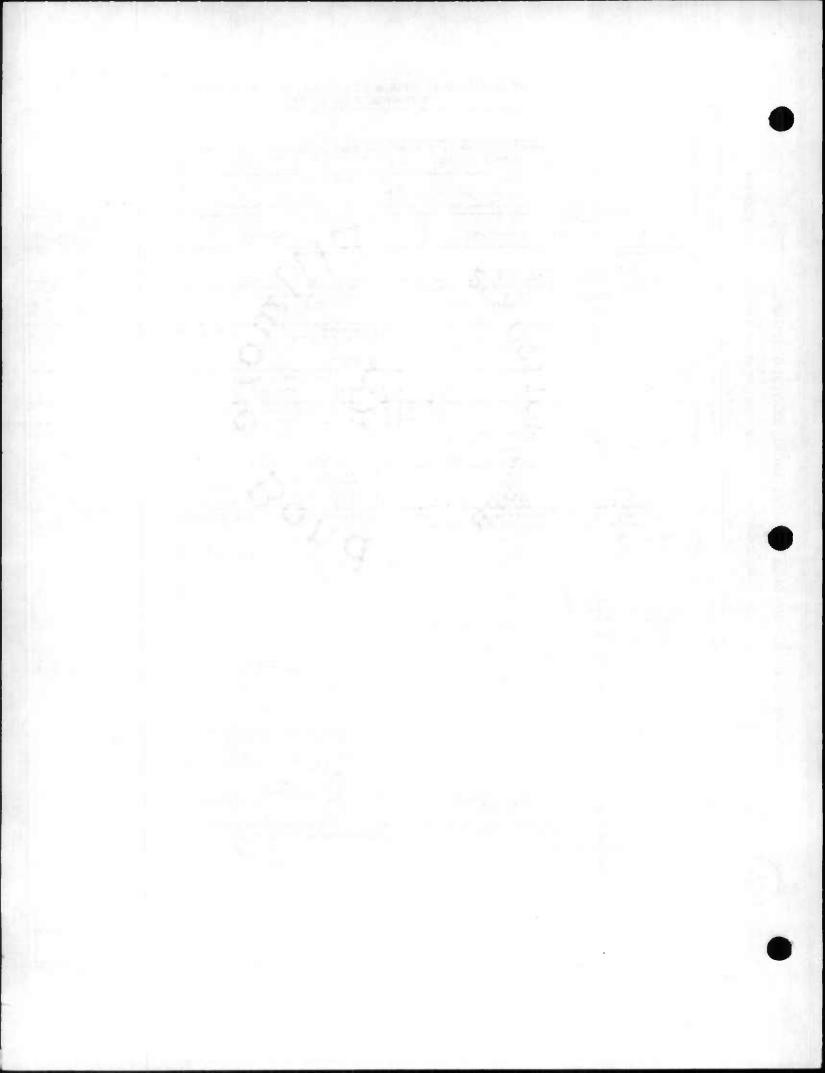
20	5		à
and ATTEMENT PRINCIPAL THE LAW requires that the death certificate be executed within 24 hours after death. Pag	DIRECTOR After this certificials has been signed by the attending physician and completely filled in by the funeral dir		them 28 is marked or them 23 shows any injury or other traumatic event, the medical examiner
after	by the	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	lical o
Pour	lled in	1, Or n	a mar
hin 24	tely fi	matio	f. the
DIA DE	omple	I, cre	even
mecute	and c	buna o	natic
9 9	sician	nior to	train
ruticat	g phy	iene p	ther
es un	tendin	al Hyg	00
e de	the at	Ment	ninn
mat t	od by	h and	inv !
luires	signe	Heat	DWG 2
N rec	beer	t. of	da l
8	Nas	Dec	E 2
8	Scate	SE	Her
ğ	Series	8	100
Ē	器	Ī	ě
DWG	Affect	ğ	E m
MIE	900	ŧ	28
Ē	DIRE	hours	Hem

31. DATE FILED (Month, Day, Year)

1992

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART	MENT OF HE	ALTH AND MENT	AL HYGIEN	E 92	21217	
	1. DECEDENT'S NAME (First, Middle, Last)			07112 01 2		TE OF DEATH		3. TIME OF DEATH	
	JOAN	K		WHITE			27	92 10:00 AM M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)			TE OF BIRTH		BIRTHPLACE (State or Foreign	
	215 50 5793 90. FACILITY NAME (If not institution, give	1 🗆 M 2XXF	46 YRS.		Ma	y 10, 1	946	Kentucky	
TOR	NORTH ARUNDEL				BURNIE		9c. COUNTY	A.A. COUNTY	
DIRECTOR	10a. STATE 10b. COUNT	ne Arundel	10c. CITY,	TOWN OR LOCATIO	Severn			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	10s. STREET AND NUMBER			10f. Z	IP CODE			N OF WHAT COUNTRY?	
N N	7733 Telegraph I				21144			ted States	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YES, GIVE WAR O		If yes, speci	DENT OF HISPANIC ORI fy Cuban, Mexican, Puer NO Specify:	GIN? (Specify Yes to Rican, etc.)	or No- 14	. RACE — American Indien, Black, White, atc. Specify: White	
	15. DECEDENT'S ED (Specify only highest grad	JCATION e completed)	(Give kind of we	SUAL OCCUPATION ork done during most	of working	66. KIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	memaker	a working		Dom	estic	
O	17. FATHER'S NAME (First, Middle, Last)				8. MOTNER'S NAME (Fin	t. Middle. Maiden		CBUIC	
BE C	Charles	Е.	Blankensh	ip, Sr.	Clemen	10		Mills	
2	190. INFORMANT'S NAME (Typo/Print) George T. White		7733		Number or Rural Route No. Lo				
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rec		20b. PLACE AND DATE Of cemetery, cremetory or oth	F DISPOSITION (Name er place)	of D	ATE 20c. LO		y or Town, State	
	4 Donation 6 Other (Specify)		Metro Crem			92 Cat	tonsvi	11e, MD	
	· Stol &	Irlenn	140	McCull 3204 N	ADDRESS OF FACILITY LY Funeral Mountain Ro	l., Pasa	adena,	MD 21122	
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	sed the death. Do not neach line.					Interval Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF)						
U		d							
: MEDICAL	PART II. Other algorificant condition PeriTonec		h but not resulting in		ause given in Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	1		28 PLAC	E OF DEATN (Check only	ana)			
PHYSICIAN:	EXAMINERA 1 YES 2 NO	MOSPITAL: 1 Inputient 2 □ ER/O		OTHER:					
¥	27. MANNER OF DEATH	28e. DATE OF INJUI			5 Residence 6 O	her (Specify) ESCRIBE NOW II	NUMBY OCCUR	en .	
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Yes	ir) INJU	M 1 YES		JEGORIBE NOW I	NJOHT OCCOR	SED .	
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, str Specify)	rest, factory, office		OCATION (Street e ity or Town, State)	end Number or	Rural Route Number,	
COMPLET		IICIAN: To the best of my kr						Ruse(s) and manner se stated.	
1 75									
ш	29b. SIGNATURE AND TITLE OF CERTIFU	3-07	- //		9c. LICENSE NUMBER	-	29d. DATE S	IGNED (Month, Day, Year)	
	29b. SIGNATURE AND TITLE OF CERTIFICATION OF PERSON WINDS AND AND ADDRESS OF PERSON WINDS ADDRESS OF PERSON WINDS ADDRESS OF PERSON WINDS ADDRESS OF PERSON WINDS ADDRESS OF PERSON WINDS ADDRESS OF PERSON WINDS ADDRESS OF PERSO	Torbul	DEATH (ITEM 27) (Type, F	2.	02783		▶ 7	/27/92	

32. REGISTRAR'S SIGNATURE ha Davidson-Randelle



8. BIRTHPLACE (State Country)

Approximata interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

219-42-7688	1 M 2 □ F	6. AGE (In yrs. last		IF UNDER 1	DAYS	HOURS	24 HRS. MIN.	7. SATE OF I	17. Year) 40	8. BIRTHP	LACE (State or Foreign	
9a. FACILITY NAME (If not institution, give s Stella Maris Hosp				9b. CITY, TOWN OR LOCATION OF DEATH TOWSON				90	Baltim			
RESIDENCE OF DECEDENT												
Stella Maris Host RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MD	Υ		LIMIT						IOd. INSIDE CITY LIMITS?			
Too. STREET AND NUMBER 1241 N. CENTRA 11. MARITAL STATUS	AL AVE.				101	. ZIP CODE	202		101	U.S.A		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XX Divorced	12. WAS DECEDENT	YES 2 N	MED D	It.	yes, spi	ENDENT D	F HISPANI	C ORIOIN? (S , Puerto Rica	pecify Yaa or N n, etc.)	10- 14. RACE -	- American Indian, White, atc.	
15. DECEDENT'S EDUI (Specify only highest grade	CATION	16a. DE	CEDENT'S U	SUAL OC	CUPATIO)N		16b. KJN	ID OF BUSINES	SS/INDUSTRY	BLACK	
Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Inte.	ve kind of wo Do NOT use	retired.)								
12th 17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	E (First, Middl	e, Malden Sumi	ame)		
WILLIAM BUIE						GE	RTRU	JDE L	EACH			
19a, INFORMANT'S NAME (Type/Print)		196	MAILING A	DDRESS	(Street a	nd Number	or Rural R	oute Number, C	City or Town, Sta	ete, Zip Code)		
TYRICE BUIE							AVE	E./BA	LTIMO	RE, MD	21218	
20a METHOD OF DISPOSITION 1 Guriel 2 M Cremation 3 G Rame 4 G Donation 5 G Other (Specify)		20b. PLACE A cometery, cren GREE	netory or othe	r placel		me of ETER	ξY	OATE		IMORE,		
21. SIGNATURE DE FUNERAL SERVICE LIC	COL					MAR			1101	E. NOR	TH AVE.	
iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in deeth) LAST	b ОИЕ ТО (С	OR AS A CONSED	UENCE OF):								Onset and De	
PART II. Other algnificant conditions	PART II. Other significant conditions contributing to death but not resulting						iven in P		. WAS AN AUTO PERFORMED?	7 6	VERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 ND	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					20 54	10F OF BE	AT11 (O)					
EXAMINER? 1 YES 2 ND	HOSPITAL:	FR/Outpetient 3		THER:		ACE OF DE			**			
1 VES 2 ND 27. MANNER OF DEATH	28s. DATE DF IN	JURY	28b. TIME (OF 2	86c. INJU			X Other (Sp.		ospice		
2 Accident Investigation	(Month, Day,		INJUR	M	1 🗌 Y	RK? ES 2	ND		SCRIBE HOW INJURY OCCURED			
3 Suicide a Could not be detarmined	building, at	INJURY — At hom c. (Specify)	10, tarm, stre	et, ractor	y, offica			281. LOCATION City or Tox	N (Street and Nu vn, State)	umber or Rural Rou	ite Number,	
	CIAN: To the heat of m	y knowledge, dea	th occurred	at the tim	e, data a	end place,	and due to	the cause(a)	and manner a	e stated.		
298. CERTIFIER 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	R: Dn the basis of axas	mination and/or in	vestigation,	in my opi	inion, de	ath occure	d at the ti	me, data and	placa, and dua	to the cause(s) a	nd manner as stated.	
(Check only	A Coley	mination and/or in	extigation,	In my opi	inlo <i>n</i> , de	ath occure	d at the ti	me, data and DER	placa, and dua	DATE SIGNEO (A	fonth, Day, Year)	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

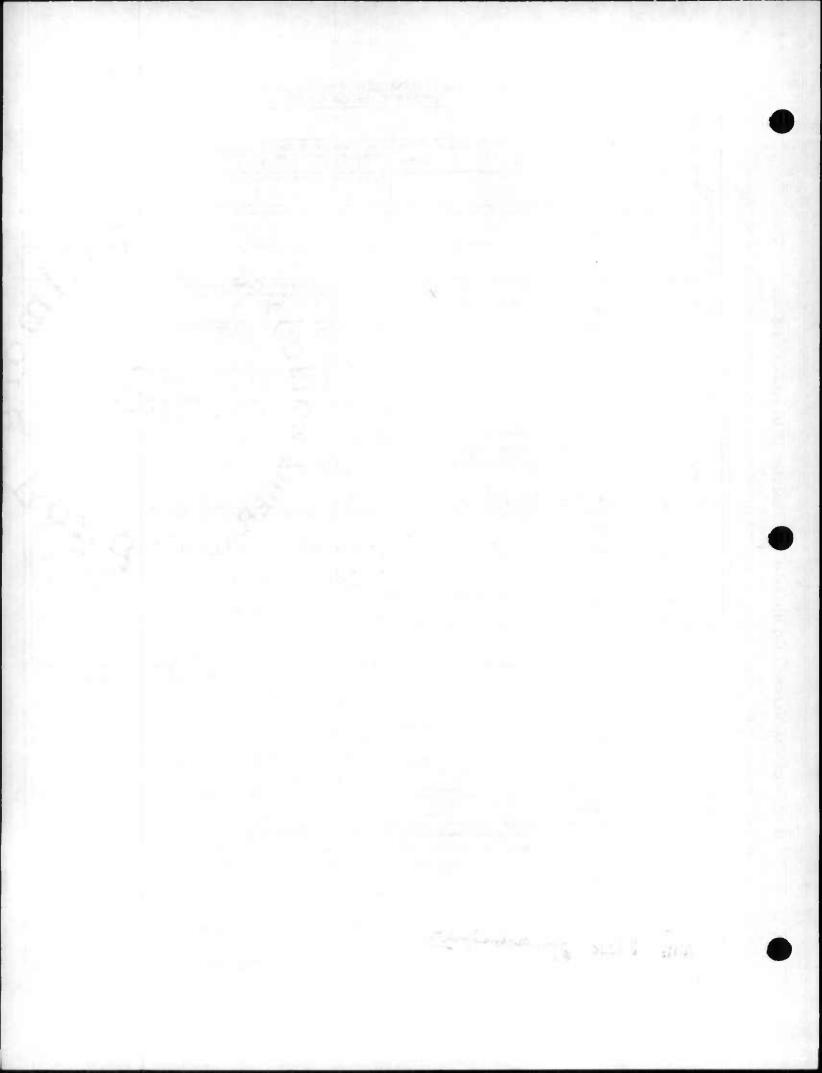
DHMH-16 Rev 1/89

A REPORT OF THE RES 8.00 10 ...

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, La	Wilson	Α.	Bald	lwin			2. DATE MONTH	D ₁	AY 10	92	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las			R 1 YEAR	IF UNDER 24 HP		July 30 1992			4:20 PM	
213-07-1073	1 💢 M 2 🗆 F	83		MONTHS	DAYS	HOURS MI	(Month	30, 19	909	Countr	PLACE (State or Foreign Vland	
96. FACILITY NAME (If not institution, gi	re alreet and number)			9b. CITY		OR LOCATION O	DEATH		Y	C. COUNTY OF DEATH		
2705 Christo		е		Baltimore City								
RESIDENCE OF DECEDENT			10c CIT	Y, TOWN	OB LOCA	TION					464 MAIRE OFF	
Maryland			100. 01			imore	City				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CIT	TIZEN OF W	VHAT COUNTRY?	
2705 Christo	oher Avenu	e					2121	4	Un	ited	States	
10e. STREET AND NUMBER 2705 Christo 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF		13.	WAS DEC	ENDENT OF HIS	PANIC ORIGIN	7 (Specify Yes	s or No—	14. RACE	— American Indian, c, White, atc.	
3 🔀 Widowed 4 🗆 Divorced		MAR OR DATES					ecity:	,		Speci		
15. DECEDENT'S (Specify only highest g Elementary(Secondary (0-12) 17. FATHER'S NAME (First, Middle, Leat)		16a. DE	CEDENT'S	USUAL O	OCCUPATION MICHAEL	ON ost of working	16b.	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)								0.1	1 0	
17. FATHER'S NAME (First, Middle, Leat)			Crar	ne Op	pera					em St	eel Corp.	
	ldwin					1	v Grau		Sumame)			
104 INFORMANT'S MAME (5 /D-)	ITOWITT	19	b. MAILING	ADDRES	S (Street)	and Number or Re	J		n State 7	in Corie)		
Wilson P. Bal	dwin					rest Dr					19810	
20a. METHOD OF DISPOSITION 1	emoval from Stata	20b. PLACE cemetery, cre HOIV	AND DATE	OF DISPOS	SITION (N	ame of	3/92 DATE	20c. LO	CATION -	City or To		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE					ND ADDRESS OF					Maryland	
1 AA	Milto	n J Knig	ght J	r	HAME A	NO ADDRESS OF	TACICITY	Baltimo	ne. Mai	rvland	21214	
23. PART I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to	cut		not enter	r the mo			Inc.	53051	Harfo	Approximate interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	a. Due to	cut	QUENCE O	not enter	r the mo	ede of dying,		Inc.	53051	Harfo	ord Road	
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO b. DUE TO C. DUE TO	(OR AS A CONSECUTION OF AS	QUENCE O	not enter	the mo	de of dying,	uch an cerd u x X X X	Inc.	5305 Iratory ar	Harfo	Approximate interval Between onset and Deat	
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. DUE TO b. DUE TO C. DUE TO	(OR AS A CONSECUTION OF AS	QUENCE O	not enter	the mo	de of dying,	uch an cerd u x X X X	Inc.	AUTOPSY MED?	Harfo	Approximate interval Between onset and Deat	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO C. DUE TO d. JOHN TO	(OR AS A CONSECUTION OF AS	QUENCE O	not enter	r the mo	de of dying,	in Part I.	Inc.	AUTOPSY MED?	Harfo	Approximate interval Between onset and Deat when the property of the property	
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. DUE TO b. DUE TO C. DUE TO	(OR AS A CONSE	QUENCE O	not enter	nderlyIn	g cause given	In Part I.	Inc. !!	AUTOPSY MED?	Harfo	Approximate interval Between onset and Deat when the property of the property	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are successful to the conditions of the conditions of the cause of the	b. DUE TO d. DUE TO d. DUE TO d. Contributing to HOSPITAL: Dispatient 2	(OR AS A CONSECTION OF AS A CONS	QUENCE O	not enter	r the mo	g cause given	In Part I.	Inc. !!	AUTOPSY	Harfo	Approximate interval Between onset and Deat when the property of the property	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are caused in the cause of the c	B. DUE TO	(OR AS A CONSECTION OF AS A CONS	QUENCE O	orthei	r the mo	g cause given ACE DF DEATH TO S Resident THRY AT THRY	In Part I. Check only once 6 Other 28d. DE\$	Inc. !! lac or reap! 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED? I D ND	Harfo	Approximate interval Betwee onset and Deat when the provided Head of the	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death) LAST PART II. Other significent conditions in death last initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MAINTER OF DEATH 1 Minural 5 Pending investigation investigation investigation determined 29e. CERTIFIER (Check only 1 CERTIFYING Procession)	B. DUE TO	deeth but not in the control of the	QUENCE O QUENCE	OTHE 4 Nur BE OF JURY M street, fac	26. Pl R: rsing Hor 28c. INJ ttory, office	g cause given ACE DF DEATH LACE DF DEATH UIRY AT YES 2 ND e	In Part I. Check only once 6 Other 28d. DES	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III ATION (Street a or Town, State)	AUTOPSY MED? Industry occurred Number as statements as statements as statements and Number as statements as state	Harfo Tost, 246.	Approximate interval Betwee onset and Deat and D	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death) LAST PART II. Other significent conditions in death last initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MOD 27. MANNER OF DEATH 1 Mitural 5 Pending investigation investigation determined 29e. CERTIFIER (Check only 1 CERTIFYING Procession)	B. DUE TO b. DUE TO c. DUE TO d. DUE TO d. 28e. DATE OF (Month, D. Due Dell's) 28e. PLACE Of building. YSICIAN: To the best of a size.	GOR AS A CONSECTION OF INJURY At home of the control of the contro	QUENCE O QUENCE	OTHE: OTHE: OTHE: OTHE: OTHE: On, in my of	26. Pl R: rsing Hor 28c. INJ ttory, office	g cause given ACE DF DEATH LACE DF DEATH UIRY AT YES 2 ND e	In Part I. Check only one 8 Other 28d. DES 28f. LOCK City of	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW III ATION (Street a or Town, State)	AUTOPSY TIMED? In Indian Note that the state of the stat	24b.	Approximate interval Between onest and Deat interval Between onest and Deat when the second of the s	



AUG 3 1992

		J
	once.	
	To	1
	notified	
	2	
	must	
	, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TI OVA	cal	
Te	5	١
9	E	l
Iation	T.	I
. Crem	event	
Dana	atic	l
2	Ĕ	ı
puod	Ē	I
the State Dept. of Health and Mental Hygiene prior to bunal, cremation, c	other	
Ī	6	
Menta	njury,	
and	*	
E	a	l
Hea	OWS	١
0 -	50	I
Cep	23	I
rate	tem	ĺ
9	10	
2		١

12/	3										
	1 - STATE REGISTRAR	STATE OF MARYLA	,e,f PER ME ND / DEPARTI CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGI REG. I	ENE	2 21220			
	1. DECEDENT'S NAME (First, Middle, Lest) ERIC	BOBO	JR.		T.	2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 213-33-7382	5. SEX 6. AGE (III		F UNDER I YEAR	IF UNDER 24 HRS. HOURS SIIN.	7. DATE OF BIRTH (Month, Day, Year 5 1 ()	, .	BRTHPLACE (State or Foreign Country) Maryland			
TOR	9a. FACILITY NAME (If not institution, give so UNIVERSITY HOSPIT RESIDENCE OF DECEDENT		9		MORE CIT			Y OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT Baltin	ore Ci	ty		10d. INSIDE CITY LIMITS? TYPES 2 \(\text{NO} \) NO			
FUNERAL	100. STREET AND NUMBER 208 Diener Pla			101.	ZIP CODE 21229		6.0	U.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 PMO	If yes, spe	ENDENT OF HISPA licity Cuban, Mexico 2 Special	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yes or No 14	Black White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done durina mos	N at of working	16b. KIND OF	BUSINESS/INDUS	TRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) Eric T. Bo	obo Sr.			18. MOTHER'S NA	oann L.	Garri	s			
TO B	190. IMFORMANT'S NAME (Type/Print) Joann L. Garris 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Ewen, State, Zip Code) 208 Diener Place Apt. 209 Balto., MD. 21229										
	20s. METHOD OF DISPOSITION 1 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Light 12 Cremation 3 Removal from State Park 8/3/92 20c. LOCATION - City or Town, State Balto., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E. L. Phillips F/H 1721-27 N. Monroe ST.										
	· Elizabeth	L. Phil	lips	1000		Ba	ltoM	D. 21217			
	IMMEDIATE CAUSE (Finel	PERFORATION OF	SUBCLAVIAN					Interval Between Onset and Death			
RTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PYES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (CH						
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 7/22/92	286. TIME O INJUR	OF 28c. INJL WOF 1 Y	IRY AT	28d. DESCRIBE HO	Other (Specify) Red. DESCRIBE HOW INJURY OCCURED IN SURGERY				
9	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specification of the Control of the Contro	SPITAL			281. LOCATION (Streetly or Town, Streetly or Tow	MD.	Rural Route Number,			
COMPLET	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowle	dge, death occurred a end/or investigation, i	at the time, date in my opinion, de	ath occured at the	time, date and place,	end due to the c				
TO BE	SHE SHEWATURE AND TITLE OF CERTIFIER	afeth)		O.C.M		The second secon	31, 1992			

111 PENN ST. BALTIMORE, MD. 21201

tradi a ne i aleman a mani a a con e a con e a con e a con e , ¥

	- ci
020	physicia
:, MARYLAND 21215-0020	I or attending physiciar
-	6
ND 2	hospita
Y	by the
=	3
MAR	6 may be retained
	2
띭	may
0	9
Ξ	Page
BALTIMORE,	after death.
00	after
	SIN

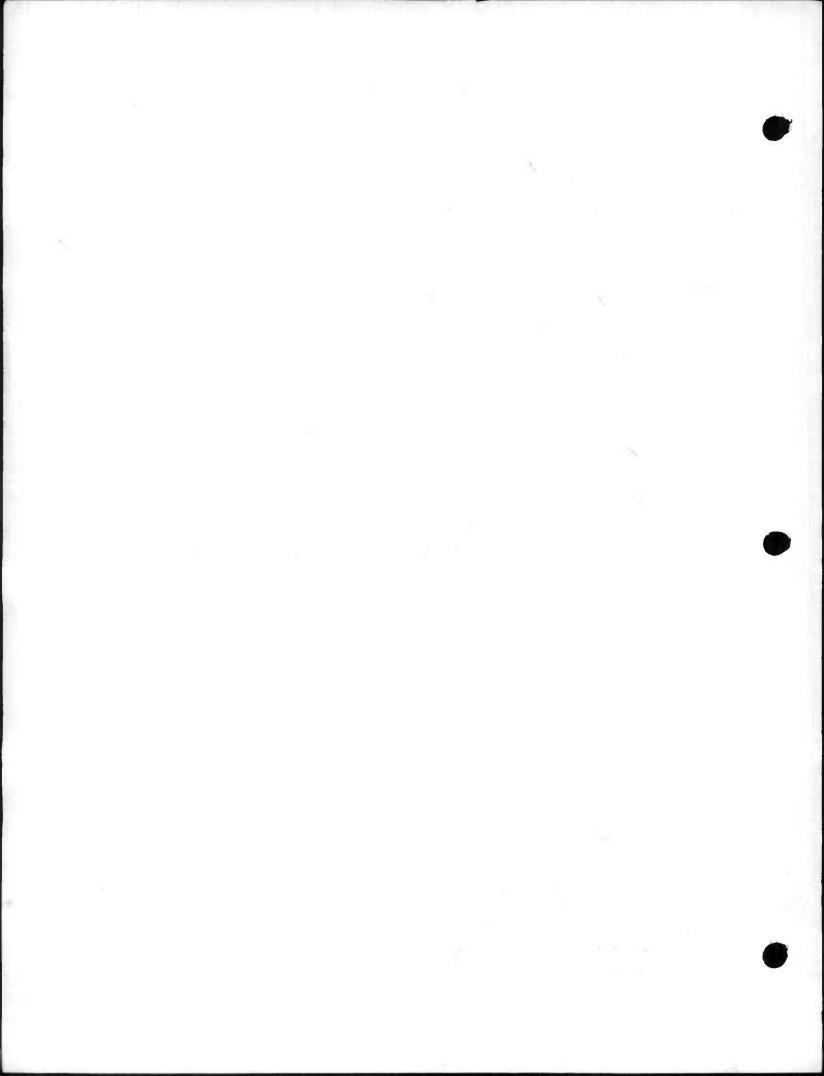
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It filem 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGIST
	1. DECEDENT
	4. SOCIAL SE
	219-2 9a. FACILITY
ECTOR	RESIDENC
E C	IOO. STATE IOO. STREET
UNEHAL	2806
BY F	11. MARITAL S 1 Never M 3 Widowed
3	
MPLE	Elementary 12
BE CON	17. FATHER'S (Willi
2	19a. INFORMA Eliza
	20s. METHOD 1
- 1	

	HEGIS I HAR				CERTI	ICAI	E UF	DEA	I H	P	EG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH	NY.	YEAR	3. TIME OF GEATH
	Will		F.		BECK					-08	01	19	92	10.28 A M
	4. SOCIAL SECURITY NUMB		5. SEX		yrs. lest birthday)	IF UNDE	DAYS	HOURS	24 HRS. MIN.	7. DATE OF E (Month, Da	SHITH y, Year)		Countr	
	219-22-8539 1 M 2 F 64 9a. FACILITY NAME (If not institution, give street end number)					41 010	NONTHE DAYS HOURS MIN. 2/17/28 BE COUNTRY MIN. 2/17/28 BE COUNTRY OF DEATH Sec. COUNTRY OF DEATH							
œ									Coun				NTY OF D	
DIRECTOR	Franklin Sq	EDENT	iospitai			D.	alli	more	Coun	Ly		раті	TIIIOI	.е
H.	10a. STATE	10b. COUNTY	,		10c. CI	TY, TOWN	OR LOCA	TION						10d, INSIDE CITY
ā	MD.	Balı	timore											1 TES 2 NO
*	10e. STREET AND NUMBER						10	f. ZIP COD				10g. CIT		VHAT COUNTRY?
FUNERAL	2806 Munste	r Rd.						21:	234			L	U.S.	A
5	11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEGEN FORCES? 1	YES	2 NO		If yes, sp	ecify Cubi	n. Mexican.	C ORIGIN? (S., Puerto Ricar	pecify Yes	or No-	Biaci	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divor		IF YES, GIVE W	AR OR DAT	ES		1 TYES	2 NO	Specify:				Speci	White
8	15. DECE	EOENT'S EQU	CATION	1	6a. DECEDENT	S USUAL C	OCCUPATION	ON		16b. KJN	D OF BUS	INESS/INI		
COMPLETED	Elementary/Secondary (0-	highest grade -12)	College (1-4 or 5 +	,	(Give kind of life. Do NOT	work done se retired.)	during mo	ost of working	ng					
MP	12		4		Super	viso	r			Fee	dera.	1 Gov	/t.	
8	17. FATHER'S NAME (First, Mi									E (First, Middl	le, Maiden	Surname)		
BE	William Bec								le Li	,				
2	19a. INFORMANT'S NAME (7) Elizabeth B									oute Number, (
				9000					Balti	more,				
	20e. METHOD OF DISPOSITION 1	n 3 🗆 Rem	ovel from State	cemete	LACE AND DATE bry, cremetory or	other place	1			DATE		CATION —		
	21. SIGNATURE OF FUNERAL		EMSEE	IGE	eenmoun				SS OF FACI	8/4 Iuny	ват	timo	ce, r	<u> </u>
- 1	1		120		1/1/	В	. Da	brow	ski &	Son .			fome	
	22 DART I Save the di	e of 1	ber	posi	CAX-	2	818	E. B	altim	ore S	t. 2	1224		
	23. PART I. Enter the dis shock, or he	art fallure.	List only one cau	se on eac	h line.	not ente	r the mo	ode of dy	ing, such	as cardiac	or respi	ratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Findisease or condition	al	0		. 0		0))		/	2		Onset and Death
	resulting in death)	→	a	rife	ONSEQUENCE (01	14	eer	mo	see !	Ly		
_		_	DOE TO	(On AS)A C	ONSEQUENCE (rrj:				0 0		/		
CERTIFICATION	Sequentially list condition if any, leading to immediate		DUE TO	OR AS A C	ONSEQUENCE (NF):								
S	cause. Enter UNDERLY!! CAUSE (Disease or injur	NG	c											
E	that initiated events resulting in death) LAST		DUE TO	OR AS A C	ONSEQUENCE (NF):								
H H	resulting in death) EASI		d		_									
	PART ii. Other significar	nt condition	s contributing to	death but	not resulting	in the u	nderiyin	g cause	given in P	Part i. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL										1.0	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
WEL										_ '				OF DEATH?
ä														
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					LACE OF C	EATH (Chec	ck only one)				
PHYSICIAN:	1 YES 2 NO		1 Inputient 2	ER/Outpati	ent 3 🗆 DOA	OTHE		10 5 🗆 Re	esidence 6	Other (Sp	ecify)			
F	27. MANNER OF DEATH 1 Netural 5 F	Pending	28a. OATE OF (Month, Di		26b. Til	ME OF		URY AT	- 1	28d. DESCRI	BE HOW I	JURY OC	CURED	
В		renaing				М		YES 2	NO					
0		Could not be	26e. PLACE Of building,	etc. (Specify,	At home, ferm,	street, fac	tory, offic		17	261. LOCATIO City or To	N (Street e wn, State)	nd Number	or Rural F	Route Number,
\mathbf{E}														
m l	20a CERTIFIED					red at the	time, date	and place	, and due to			ner ee ete	a al	
MPLE			CIAN: To the best of											
COMPLE	(Check only one) 2 MEOIC	CAL EXAMINE	R: On the besia of ex						red at the ti	me, date and	place, an) and manner ea stated.
BE COMPLET	(Check only	CAL EXAMINE	R: On the besia of ex					leath occur	ENSE NUMB		place, an	d due to ti	ne cause(a) and manner ea stated.
띪	(Check only one) 2 MEOR	OF CHAPTERS	R: On the besia of ex	amination a	ind/or investigati	M N		leath occur			place, an	d due to ti	ne cause(a	
ш	(Check only one) 2 MEOIC	OF CHAPTERS	R: On the besia of ex	amination a	ind/or investigati	M N		leath occur			place, an	d due to ti	ne cause(a	
띪	(Check only one) 2 MEOK THE SIGNATURE AND TITLE 30. NAME AND MODRESS OF PARAMETERS	PERSON WH	R: On the basia of a	E OF DEAT	H (ITEM 27) (Typ	M N		leath occur			place, an	d due to ti	ne cause(a	
띪	(Check only one) 2 MEOR	PERSON WH	R: On the besia of ex	E OF DEAT	H (ITEM 27) (Typ	M N		leath occur			place, an	d due to ti	ne cause(a	



	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		ä	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	. TIME OF DEATH
		dford				07 2	7 9	YEAR	1307 M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPL	ACE (State or Foreign
	220-32-1967 90. FACILITY NAME (If not institution, give stre	-32-1967 1 M 2 □ F 56 YRS. MONTHS DAYS HOURS						AD Country)	
Œ	,		9		R LOCATION OF DE	EATH	9c. COUNT		
DIRECTOR	Peninsula Regi	onal		Salis	bury		M	lico	mico
ä	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATE	ON			1	6d. INSIDE CITY
	MD Worces	ter	Berli	in				1	LIMITS?
FUNERAL	10e. STREET AND NUMBER				ZIP CODE	"		N OF WH	AT COUNTRY?
NE NE	2920 Ocean Pines				811		USA		
F	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2	NO	13. WAS DECE	NDENT OF HISPAN cify Cuban, Mexica	IIC ORIGIN? (Specify Yes	or No — 14	Black, V	- American Indian, White, etc.
В	3 Widowed 4 Divorced	Vietnam/Korea		1 TYES	2 KNO Specify	<i>r</i> :		Specify:	White
G	15. DECEOENT'S EQUICA	TION 160 C	DECEDENT'S US	BUAL OCCUPATION	N	16b. KIND OF BU	CINESS /INCHS	TOW	W111 0C
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted)	Give kind of worlde. Do NOT use r	k done during mos	t of working	1000 1000	31112337111003	, ini	
APL			irector	of Dis	h room	Food			
Ö	17. FATHER'S NAME (First, Middle, Last)			0. 2.3		ME (First, Middle, Meiden	Surneme)		
BE (John H. Bradford				Catheri	ne Aydelo	tte		
6	19a. INFORMANT'S NAME (Type/Print)	1	96. MAILING AS	ODRESS (Street en		Toute Number, City or Tow		ode)	
F	Janice Hastings B					lin, Md.	21811		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremellon 3 Remov	20b. PLACE	EANDDATEOF	DISPOSITION (Nan			CATION - CIT	y or Town	, State
	4 Donation 5 Other (Specify)	New	Hope	Cemete	ry 7/3	0/92 Wi	llards	Mo	1.
	21. SIGNATURE OF BUNERAL SERVICE LICE	VSEE		22. NAME AN	ADDRESS OF FAC	CILITY			2411
Ü	N. Such /	Durbag				ral Home,	108 V	Villia	ms St.
	23. PARP I. Enter the diseases, Dr co	mplications that caused the d	laath, Dp not	antar tha mod	a of dying, such	as cardiac or resoi	ratory arrea	t.	Approximate
	shock, or haart fallura. Li: iMMEDIATE CAUSE (Final	st only one causa on each lin	na.				,	**	Interval Batween Onset and Death
	disease or condition	Coronary Ar	tem	Digas					Onset and Death
	resoliting in death) , a.	DUE TO (OR AS A CONSE		DIBCar				_	
z									
월	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	EOUENCE OF):						
2	CAUSE (Disease or Injury c.								
	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	EOUENCE OF):						
CERTIFICATION	d.								
AL	PART II. Other significant conditions	contributing to death but not	resulting in t	tha undariying	cause given in i	Part I. 24a, WAS AN	AUTOPSV	24h W	ERE AUTOPSY FINDINGS
2			50 3007 33			PERFOR	MED?	AV	AILABLE PRIOR TO DMPLETION OF CAUSE
						1 TES 2	X NO	OF	DEATH?
3						-		1	YES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE DF DEATH (Che	ck only one)			
Sic		HOSPITAL: Inpatient 2 ER/Outpatient		THER:		8 Other (Specily)			
ξ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJU	RY AT	28d. DESCRIBE HOW II	JURY OCCUR	NED	
>	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		K? S 2 NO		7111		
- 11	3 Suicide 8 Could not be	280. PLACE OF INJURY - AI h	ome, Jerm, atre			261. LOCATION (Street e	nd Number or i	Rural Rout	n Number
Ε.	4 Homicide determined	building, etc. (Specify)				City or Town, State)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, d	eath consend -	t the time date	ad place and dis-	to the east of the			
N N	(Check only one) 2 MEDICAL EXAMINER:	On the beele of examination end/or	investigation. I	n my opinion des	nd piece, end due t	to the cause(e) and man	ner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER)====i						
BE	1	11. h T	lanu tu		29c. LICENSE NUM				onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DRATH OT	eputy	M.E.	D035	לכ	- 0	1-29	9-92
	John T. Bulkel	\			ee na	Coltai	013	7.0 -3	24004
ŀ	31. DATE FILED (Month, Day, Year)	3. BEGISTAR'S SIGNATURE	00 FI	HE DIG	ff Rd.	, Salis	oury,	Ma	21801
	AUG 3 1992	T. PEGIS MAR'S SIGNATIVE	MARIL						

pino

DIRECTOR

BY FUNERAL

BE COMPLETED

2

be notified at once.

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

불 물을 23 BE

0

3 1992

	3 Sh		
	2		
	Pages		
etained by the hospital or attending physician.	use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
oltalo	d for		
hosp	tache		Ce.
y the	be de		at or
ned	pino		Red
e reta	5 5		noti
nay b	page		t be
e 6 n	rector		E
2	ral of		iner
death	e fune	_:	ехап
arter	日	тома	lcai
DOURS	ed in	Or re	DeE
IN 24	aly fill	ation	the .
MICH	mpleti	Crem	vent
ecute	oo pu	burial	atic
Se es	san a	Or 10	aum
heate	physic	ne pri	er tr
Certi	guipi	Нудіе	r oth
death	atte	еща	JT, 0
it the	by the	M pu	/ inju
es tha	baud	aith a	s any
I he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	en Si	of He	how
AMP!	as be	Dept.	23 8
I De	cate h	State	item
SICIAL	certifi	the	10 ,
NOING PHYSICIA	this	E WE	arked
CING	: After	deat	S TH
ALIEN	CTOR	s after	28
5	DIR	hour	Herr
SPIIA	VERAL	27 uir	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOS	E F	d with	RTAN
O TH	E P	e file	MPO

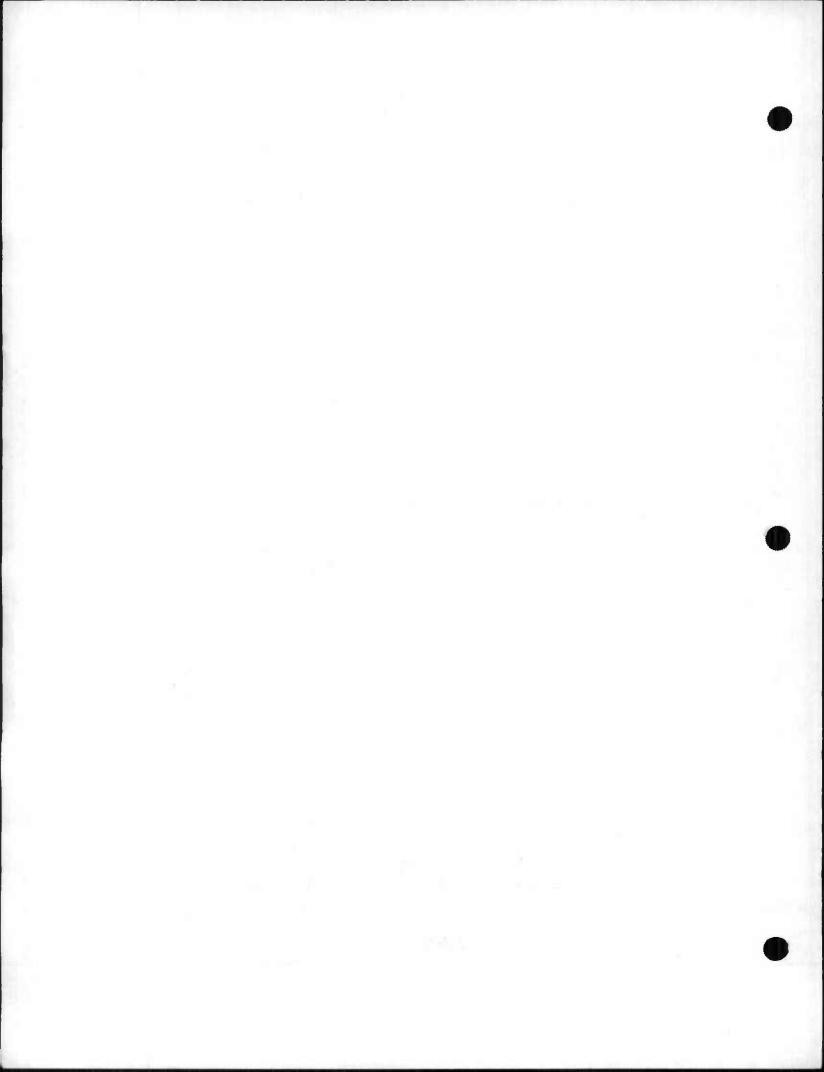
92 21223 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7:10m WWA UISE SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SE) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign - 1350 -20 DAYS HOURS VIRGINIA 1 M 2 WF 5 YRS. 06 96. CITALTOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH e cours to more RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 2701 LAURETTA AVENUE 21223 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BERTHA JOHN OWENS OWENS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BALTIMORE, MD 21223 2701 LAURETTA AVENUE BENNY B. BROWN. 20e. METHOD OF DISPOSITION
1 ☐ Burlat 2 ☐ Cremetton 3 🗶 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State GREENWOOD MEMORIAL PARK 8/7 BECKLEY, W.VIRGINIA 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEI LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART, I Enter the diseases, or complications that caushock, or heart fellure. List only one ceuse on of the death. Do not enter the mode of dying, such as cardiac or respiratory errest, each line. Approximata intervai Batwean **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reaulting in deeth) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 OF DEATH? 1 TES 2 TNO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER 1 YES 2 NO petient 2 - ER/Outpetient 3 - DOA 4 Nu ne 5 🗌 Realdence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural м 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be 4 Nomicide CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my ne, date and place, and due to the ceuse(s) and menner as stated SIGNATURE AND TITLE OF CERTIFIER 29d, DATE MIGNED /A 29c. LICENSE NUMBER

PLETED CAUSE OF DEATH (ITEM 27) (Type, Pri

9

32. REGISTRAR'S SIGNATURE



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	92 21224
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH
CATHERINE BE	ENTAMEN			MONTH SAN	Y XEAR /
	SEX 6. AGE (In yrs.	last birthday) IF UNC	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
214-224232	□ M 2 🔀 F 65	YRS. MONTH	B DAYS HOURS MIN.	(Month, Pay, Year)	South Carolina
9a. FACILITY NAME (If not institution, give stree		9h CI	TY, TOWN OR LOCATION OF I	DEATH I	
					9c. COUNTY OF DEATH
CHURCH HOSPITAT	CORPORATIO)N	BALTIMOR	E	
10a. STATE 10b. COUNTY		10c. CITY, TOWI	OR LOCATION		10d. INSIDE CITY
MD		BATTTM	ORE, MARYLAN	מי	LIMITS?
10e. STREET AND NUMBER		Dilbiti	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
2005 CDELLWAN DOAD			21225		
2905 SPELLMAN ROAD	2. WAS DECEDENT EVER IN U.S.	ABMED	3. WAS DECENDENT OF HISP	ANIC ORIGINA COIA	USA
1 Never Married 2 Married	FORCES? 1 TYES 2 5	NO	If yes, specify Cuban, Maxis	ean, Puerto Rican, etc.)	Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES X NO Spec	ity:	Specify: BLACK
15. DECEDENT'S EDUCAT	10N 16a. f	DECEDENT'S USUAL	OCCUPATION	16b, KIND OF BUSI	
(Specify only highest grade cor	mpleted)		ne during most of working	TOUR KIND OF BOSI	MESS/MOOSIRI
, (-12)	Joinege (I-4 or 5+)				
17. FATHER'S NAME (First, Middle, Last)			10 MOTHER'S N	AME (First, Middle, Maiden S	
he entreed and constitutions.					:umame)
ARTHUR BENJAMIN 19a. INFORMANT'S NAME (Type/Print)				RRIE	
			SS (Street and Number or Rura		
YOLANDA TURNER			MIT CT. BALT		
20s. METHOD OF DISPOSITION 14. Burial 2 Cremation 3 Remova		EAND DATE OF DISP	OSITION (Name of	8/6/92 20c. LOC	ATION — City or Town, Stata
4 Donation 6 Other (Specify)	CEDAR	R HILL CE	METERY	IGLEN	BURNIE, MD
21. BIGHATURE OF FURIERAL SERVICE LICEN	SEE		2. NAME AND ADDRESS OF F		
- alle	D. 1) 2107				NERAL HOME, INC
23. PART I. Enter the diseases, of com	iplications that edused the	seath. Do not ant	er the mode of dying, su	ch as cardiac or resolu	Balto Md. 21207 atory arrest, Approximats
anock, or neert isligie. Lis					Interval Between
IMMEDIATE CAUSE (Final disease or condition	Meral	Foul	eire		Onset and Daeth
resulting in dasth) s	DUE TO OR AS A COME	EQUENCE OF			a belief
200	DOE TO TOM AS A COMS	To 1	Peire Sellitus	/	1000111
Sequentially list conditions,	DUEJO (OR AS A COMS	EQUENCE OF	cuer Diff		7200
If any, leeding to immediate cause. Enter UNDERLYING	Z D	EGOENCE OF:	ines like	ease	
CAUSE (Disesse or injury	DUE TO (OR AS A COMS	7-4-			
that initiated events resulting in death) LAST	DOE TO JON AS A CORS	ECOCHOL OF			
_ d_					
PART II. Other algnificant conditions of	ontributing to deeth but not	t resulting in the	underlying cause given in	Part I. 24s. WAS AN A	UTOPSY 24b. WERE AUTOPSY FINDINGS
Seigner d	lisarder			PERFORM	AED? AMAILABLE PRIOR TO
CHA				1 □ YES 2 [OF DEATH?
Find Word	2/11/11/7	Letrane			1 WES 2 NO
25. WAS CASE REFERRED TO MEDICAL	Ga cree 3	eymen			
EXAMINER?	OSPITAL:	ОТН	26. PLACE OF DEATN (C	heck only one)	
	☐ Inpatient 2 ☐ ER/Outpatient	3 DOA 4 N	ursing Nome 5 - Residence	6 Other (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	26d. DEŞCRIBE NOW IN.	JURY OCCURED
2 Accident Investigation		M	1 YES 2 NO		
3 Suicide 6 Could not be	26a. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street, fa	ictory, office	261. LOCATION (Street an City or Town, State)	d Number or Rural Route Number,
4 Homicide determined	-3 (4 124				
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge,	death occurred at the	time, date and place, and du	e to the cause(e) and menn	er as stated.
					due to the cause(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	/=				
Warau del	Dered . Sa	deciali	T DICENSE NU	MDER	29d. DATE SIGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	OMBI EXED CAME OF A		1 1000		1/00/92
MILL AND AUTHERS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)	ry Bold	b. MD à	2/23/
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		(1		1001
AUG 0 3 1992 g	hie Devidson-Rand	elle			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

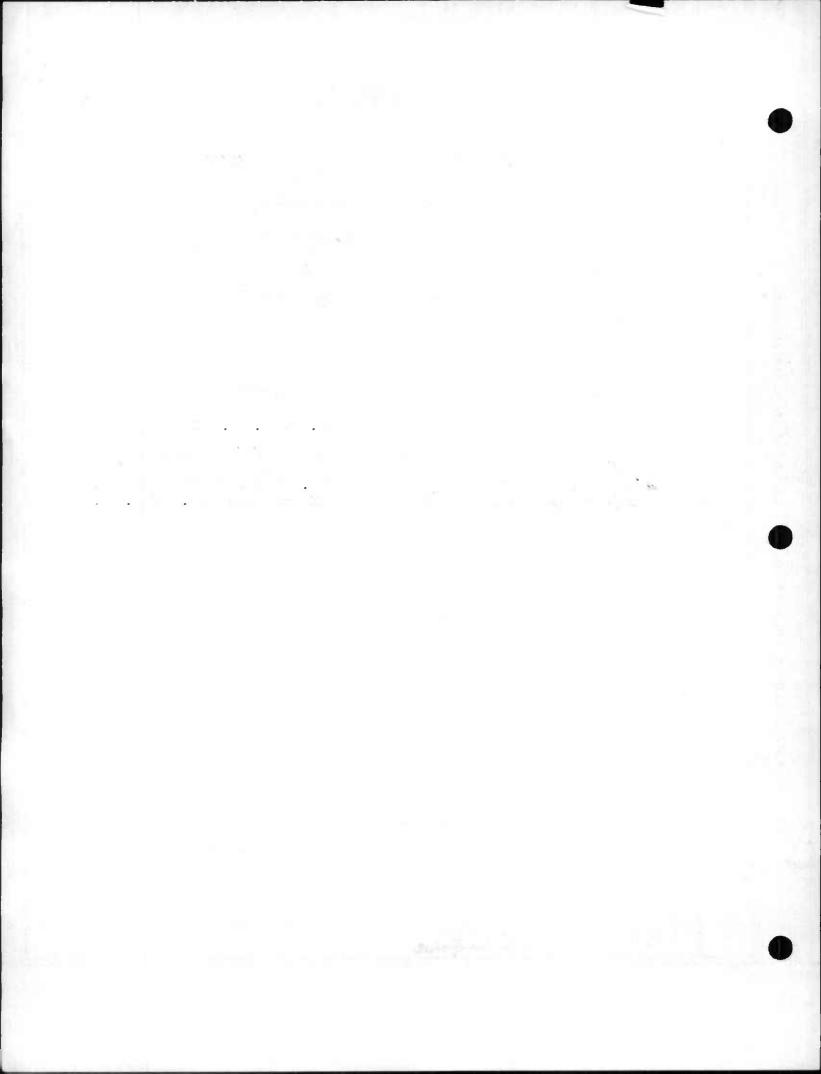
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89



ICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	ne prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
INTEREST HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other

	1. DECEDENT'S NAME (MOON, Land)	bagdon	as	, SR.			2. DATE O	REG. NO.	1 9	3. TIME OF DEATH
	96. FACILITY NAME (If not institution, gi/sq str	1X # 2 F	GE (In yrs. lest birti	RS. MONTHS	DAYS HOU		1//	Day Mar)	Sc. COUNTY	WEST Va.
	FNC Chul	ed thy	p,	Bo	lto	Cety)		Birnio Miles	DECEMBER X NOW DEXX
	100. STATE 10b. COUNTY		10	C. CITY, TOWN O	R LOCATION	CITY				10d. INSIDE CITY LIMITED 1 X X YES 2 NO
	100. STREET AND NUMBER 100 N. BROADWA	Y ST.		-	101. ZIP (300E	21231			N OF WHAT COUNTRY?
5	11. MARITAL STATUS 1 Never Merried 24 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	H	MAS DECENDED f yes, specify (Cuben, Mexica	n, Puerto Ric		or No— 14	t. RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 6th grade	ATION completed) College (1-4 or 5 +)	(Give ki	ENT'S USUAL OC ind of work done of NOT use retired.) T META	during most of w		16b. I	CIND OF BUS	INESS/INDUS	стяу
	17. FATHER'S NAME (First, Middle, Lest) JOHN BAGDONAS				16, 1	MOTHER'S NA			Surname)	KY
	196. INFORMANT'S NAME (Type/Print) PHYLLIS MONAGHA	N		AILING ADDRESS 444 RE		mber or Rural i	Route Numbe	r, City or Town	n, State, Zip Co	ode)
	20e. METHOD OF DISPOSITION 1 Burlel 2 Semantion 3 Remo 4 Donation 5 Other (Specify)	val from State	of cemetary, cres	matory or other pl	lace) Cemet	erv	8/1			O . , CITY
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. 1	NAME AND AD	DRESS OF FA	CILITY			
	23. PART I. Enter the diseases, or co	omplications that cau	Lo-	15	HARLES 01 E.	FORT A	AVENUE	E BALI	IMORE	OME, INC., MD, 21230
CALICIA	23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DUE TO (OR A	AS A CONSEQUEN	C 15 Do not enter NCE OF):	HARLES 01 E.	FORT A	AVENUE	E BAL/I	'IMORE ratory arres	, MD, 21230
	shock, or heert feilure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	DUE TO (OR A	ON each line. VG 45 7 AS A CONSEQUE	C 15 Do not enter NCE OF):	HARLES 01 E.	FORT A	AVENUE	E BAL/I	'IMORE ratory arres	, MD, 21230 it, Approximate Interval Between
Y. HELDICAL CERTIFICATION	shock, or heert feilure. L IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS A CONSEQUENT AS A CONSEQUEN	C 15 Do not enter NCE OF):	HARLES 01 E. the mode of	FORT A dying, such	AVENUE A CARRIED	E BAL/I	TIMORE ratory arrea	, MD, 21230 it, Approximate Interval Between
- 11	shock, or heert fellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions B / S / B 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR /	AS A CONSEQUENT AS A CONSEQUEN	C 15 Do not enter NCE OF): NCE OF):	HARLES O1 E. the mode of	FORT A dying, such	Part I.	E BALTI ac or reapi 24a. WAS AN PERFOR 1 U VES 2	TIMORE ratory arrea	, MD, 21230 Rt, Approximate Interval Between Onset and Deatl PONT III 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
THEORY. MEDICAL	shock, or heert fellure. L IMMEDIATE CAUSE (Final disease or condition and interest in the second state of the second state o	DUE TO (OR /	AS A CONSEQUENT AS A CONSEQUEN	C 15 Do not enter NCE OF): NCE OF):	HARLES O1 E. the mode of	FORT A dying, suc	Part I.	24a. WAS AN PERFOR	TIMORE ratory arrea	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DI LII SIGNA. INCORP.	shock, or heert fellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions B / S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR /	AS A CONSEQUENT AS A CONSEQUEN	C 15 Do not enter NCE OF): NCE OF): NCE OF): ODA OTHEF ODA OTHEF INJURY M	HARLES O1 E. the mode of	FORT A dying, suc	Part I. Part I. 28d. DESC	E BALTI ac or reapi 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DI LII SIGNA. INCORP.	shock, or heert fellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions B. Z. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PNYSIC	DUE TO (OR / DUE T	AS A CONSEQUENT AS A CONSEQUEN	C 15 Do not enter NCE OF): NCE OF): NCE OF): OTHER DOA OTHER NUMBER OF INJURY M farm, street, factor	HARLES O1 E. the mode of the m	FORT A dying, suc	Part I. Part I. 28d. DESC. 28f. LOCA City on	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED? NO NJURY OCCU	Approximate interval Between Onset and Death ADDITION OF CAUSE OF DEATH? 1 YES 2 NO
THEORY. MEDICAL	shock, or heert fellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions B. Z. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PNYSIC	DUE TO (OR / DUE T	AS A CONSEQUENT AS A CONSEQUEN	C 15 Do not enter NCE OF): NCE OF): NCE OF): OTHER DOA OTHER INJURY M farm, street, factor	HARLES O1 E. the mode of the mode of 28. PLACE 28. PLACE 31. 28. INJURY WORK? 1 YES Toppinion, death of	FORT A dying, suc	Part I. 28d. DESC. 28f. LOCA City on three, date of	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED? NO NJURY OCCU	Approximate interval Between Onset and Death ADD TIME 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1. 2. 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

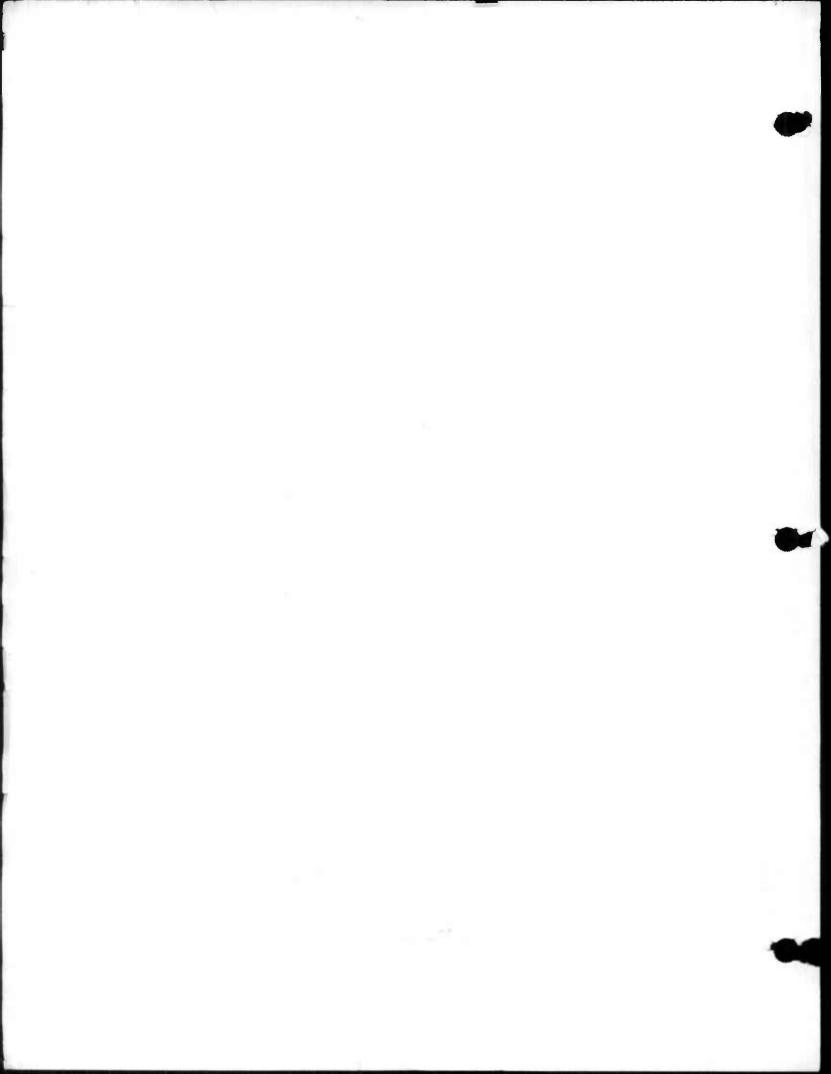
	- Olivie	OF MARYL					ALTH AND	MENTA	L HYGIE	NE	92	21226
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	_	CI	ERTIFIC	CATE	OF I	DEATH		REG. N	O		
		ALDINE	ELL	, SR				MONT	OF DEATH	DAY / 9	YEAR 3.	10:20 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthde)				F UNDER 1 YE		IF UNDER 24 HRS.	7. DATE	OF BIRTH	7.7.1	8. BIRTHPL	ACE (State or Foreign
	250-32-9487 18M21		63	YRS.	ONTHS DA	SYA	HOURS MIN.	68	173/2	-8	Country)	N.J.
~	9e. FACILITY NAME (if not institution, give street and numb		9	b. CITY, TO	WN OF	LOCATION OF D			9c. COU	TY OF DEAT	Н	
5	GOOD SAMARITAN HOS	PITAL			PAL	-1	0-, N	10				
DIRECTOR	10e. STATE 10b. COUNTY				TOWN OR L		OH				10	d. INSIDE CITY LIMITS?
	MD			BAL	TIMO	RE					1.	YES 2 NO
FUNERAL	10e. STREET AND NUMBER						ZIP CODE			-1		T COUNTRY?
NE	3600 FRANKLIN STRE				1		21229				S.A.	
	1 Never Married 2 M Married FORCES	CEDENT EVER I ? 1 _ YES GIVE WAR OR D	2 A	40	II ye	s, spec	NDENT OF HISPAI	in, Puerto	f? (Specify Y Ricen, etc.)	es or No—		American Indian, /hite, etc.
ВУ	3 Wildowed 4 Divorced	SIVE WAN ON D	MIES		''	YES 2	NO Specifi	y:			Specify:	BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(G	CEDENT'S US	k done durin			16b	KIND OF B	USINESS/IND	USTRY	
2 E	Elementary/Secondary (0-12) College (1-4	or 5+)	- Illin.	. Do NOT use r	etired.)				OOPE	RS C	OMPAN	īV
OMI	12th 17. FATHER'S NAME (First, Middle, Last)					Т	18, MOTHER'S NA				JMI AI	1 1
U U	RICHARD CALDWELL						SADIE			ii Surieme)		
0 8	19e. INFORMANT'S NAME (Type/Print)						d Number or Rural i					- 1002
F	PAUL HOWARD		3	308 E	IELI	DVI	EW RD/	BAL	TIMO	RE, M	D 21	207
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cyclomation 3 Removal from Sta			AND DATE OF		N (Nam	e of	DATE 20c. LOCATION - City or 1			City or Town,	State
	4 Donation & Other (Specify)		GREENMOUNT CEMETERY 22. NAME AND ADDRESS OF FAC				B	ALTIM	ORE,	MD		
		+1	WM.C.MARCH				/110	1 12	NODE	III A III		
\vdash	Typetle	/).,	10.	nes								H AVE.
	23. PART i. Enter the diseases, or complication shock, or heart failure. List only on	a cause on a	a tha de lach lina	ath. Do not	enter tha	mod	e of dying, auc	h aa card	Siac or rea	piratory arr	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	NABOR	the Heart Easlure								Onset and Death	
	reaulting in death) a	JE TO (OR AS	gastue Heart Failure									
z	Sequentially list conditions.	Carde any of a thy , C' oue to (or as a constouence of):										
	if any, leading to immediate cause. Enter UNDERLYING	JE TO (OR AS /	(OR AS A CONSCOUENCE OF):									
	CAUSE (Disease or injury that initiated events	ETO (OR AS	d stage Renal Disease or as a constouence op:									
CERTIFICATION	reaulting in death) LAST	typer	fens	_	Nen?		6.1					
1 - 1	DART II Other elemiticant conditions continue					-						
MEDICAL	PART II. Other algnificant conditions contributions Contri	La Clart	241	ATO	ne under	rlying	cauaa given in	Part i.	24a. WAS A PERFO	N AUTOPSY PRMEO?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
ED) of the 10 to 10 to 1	1	7	المارين	est			— i	1 TYES	2 NO	OF	MPLETION OF CAUSE DEATH?
								-			1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	a. PLA	CE OF DEATH (Ch	eck only on	•)		1	
Sic	EXAMINER? 1 YES 2 NO 1 Inpatier	L: t 2 🗆 ER/Out	patient 3		THER:	Home	5 Residence	6 Othe	r (Specify)			
E	(Mc	TE OF INJURY		28b. TIME C	0F 280	. INJUI	RY AT K?	28d. OES	CRIBE HOW	INJURY OCC	URED	
B	1 Netural 5 Pending 2 Accident Investigation						S 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	ACE OF INJURY Iding, etc. (Spe	r — At hou	me, farm, stre	et, factory,	office			ATION (Street or Town, State		or Rural Routi	Number,
Ē	29e. CERTIFIER											
COMPLETED	(Check only one) 296. CERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the base											d manner as etated
	29b. SIGNATURE AND OUT OF CERTIFIER	1000000					29c. LICENSE NUM					orith, Day, Year)
BE	#III						EIGENGE NUI	ormell		D -	1/2//	92
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED										1	
	AWIN' SANICO, MIP.	CON	D 5A	MARI	TAN	Ho	spital					
		ISTRAR'S SIGN	ATURE									
. 1	AUG 0 3 1992 Fulia	Davidson	-yand	LEL								



THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the inspiral or attending physician.

On the control of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIE		me to the top f		
	1. DECEDENT'S NAME (First, Middle, 1 sst) GUI	NAM CHO	72			2. DATE OF DEATH MONTH	7/31/92	3. TIME OF DEATH 725 PM		
	4. SOCIAL SECURITY NUMBER 218-02-5317	1 🗆 M 2 🎉	79 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		12	BIRTHPLACE (State or Foreign Country) KOREA		
TOR	9a. FACILITY NAME (II not institution, give street and number) HOWARD COUNTY GENERAL HOSPITAL RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH COLUMBIA							9c. COUNTY OF DEATH HOWARD		
DIRECTOR	MARYLAND HOWA			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 6525 PRESSED GENT			101.	21045		КО	REA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 2NO	If yes, spe		IIC ORIGIN? (Specify \ n, Puerto Rican, atc.) ?	- 1	RACE — American Indian, Black, White, atc. Specify: KOREAN		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i HOUSEWII	rk done during mos retired.)	N st of working	16b. KIND OF 8	USINESS/INDUS	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maide	en Surname)			
TO B	190. INFORMANT'S NAME (Typo/Print) HUI WON CHO	(SON)	6525 P	RESSED GI	NTIAN COL	Houte Number, City or TA		•		
	20s. METHOD OF DISPOSITION 1 IX Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State C	restlawn (Cemetery	8	/3/92 MAR		LLE, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LI	Witzke S	1.			L'C. WITZKE RD. COLUMBI				
	23. PART i. Enter the diseases, or shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	Electro		nica	diss			i, Approximate Interval Between Onset and Death		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	vre.	ST					
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition Tuber colors of Diabetes	ns contributing to death i	but not resulting in	tha underlying	g cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 Inpatient 2 I ER/Out	patient 3 DOA 4	☐ Nursing Hom		8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HON	V INJURY OCCUP	IED		
	3 Suicide 8 Could not be 4 Romicide determined	20e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, str ocily)	eet, factory, offic	•	28f. LOCATION (Stre City or Town, Sta	et and Number or te)	Rural Route Number,		
COMPLETED	one)	SICIAN: To the best of my know IER: On the besis of examination						cause(s) and manner as stated.		
88	29b. SIGNATURE AND TITLE OF CENTIFIE	NMID			29c. LICENSE NUI	MBER /	29d. DATE S	SIGNED (Month, Day, Year)		
6	30. NAME AND ADDRESS OF PERSON W	low my	Howa		Gen H	Spits	1			
	31. DATE FILED (Month), Day, Year) 1992	STATE DELY door	A fandale			V				



3. TIME OF DEATH

2006

FOR STATE REGISTRAR

Mary

1. DECEDENT'S NAME (First, Middle, Last)

C.

Clark

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HR	s. 7. DAT	E OF BIRTH		BIRTHPI A	ACE (State or Foreign
	215-42-1841	1 □ M 2 💥 F	49	YRS.	MONTHS DAY		(Mo	1-07-4		Country)	
_	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOW	N OR LOCATION OF		. 017	9c. COUNT		
DIRECTOR	Peninsula Reg	ional			Sal	isbury			V.	Wicomico	
E I	10a. STATE 10b. COUNT	Υ								d. INSIDE CITY	
ă	MARYLAND BALTIMORE BALTIMORE 1 - v										LIMITS? YES 2XX NO
	10a. STREET AND NUMBER	-				101. ZIP CODE			10g. CITIZE		T COUNTRY?
LONER	4301 FORDHAM ROA					212				J.S.A	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2X	NAMED NO	If yea,	ECENDENT OF HIS specify Cuban, Mar	rican, Puert	GIN? (Specify Ye o Rican, etc.)	es or No-	RACE — Black, W	American Indian, hite, etc.
ED 67	3 Widowed 4 Divorced	IF YES, GIVE WI	AH OH DATES		10	res 2XXNO Sp	ecify:			Specify:	White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	- 1	Give kind of u	USUAL OCCUP	ATION most of working		6b. KIND OF BU			
	Elementary/Secondary (0-12)	College (1-4 or 5+)) "	ie. Do NOT us	e retired.) /E SECR		1	CHARLES			
l	17. FATHER'S NAME (First, Middle, Last)		23.1.	50011	D DHOL		NAME (First	, Middle, Malder		<u>IMUNI</u>	TY
E COMPL	ROBERT HAUCK					PAULI		IAAG	(Surrame)		
2	19a. INFORMANT'S NAME (Type/Print)			9b. MAILING	ADDRESS (Stre	et and Number or Ru			vn, State, Zip Co	ode)	
	ROBERT CLARK	(HUSBAN	D) 4	4301 I	FORDHAM	ROAD, BA	LTIMO	DRE, MA	RYLANI	21	229
	20e. METHOD OF DISPOSITION 1	oval from Stata	20b. PLACE	EAND DATE C	F DISPOSITION		1		OCATION - CIT		
ŀ	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	METRO	CREA		7 AND ADDRESS OF	/31/9	2	CATON	ISVIL	LE,MD.
	1)	1	r	LERO	Y M. & R	USSEI	LL C. W	ITZKE	FUNE	RAL HOMES
+	LEROY M. & RUSSELL C. WITZKE FUNERAL HOM 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 212 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate										
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	oue to (c b. Carci DUE to (c	Static OR AS A CONSI	EQUENCE OF Breas EQUENCE OF): 5 t):	a					Interval Betwee Onset and Deat
	PART II. Other significant conditions	d				ing causa given	In Part I.	24a. WAS AN PERFOI	RMEO?	AWA COM OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO
	25. WAS CASE REFERRED TO MEDICAL										
TH TSICIAN:	EXAMINER?	HOSPITAL:	EB/Outpetient		OTHER:	PLACE OF DEATH (
	27. MANNER OF DEATH	28a. DATE OF II	NJURY	28b. TIME	OF 28c. I	ome 5 Residence	-	er (Specify)	NJURY OCCUR	ED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	r, rear)	INJU		WORK? YES 2 NO					
	3 Suicide & Could not be datarmined	26a. PLACE OF building, at	INJURY - At h	ome, farm, st	reet, factory, of	fice	261. LO	CATION (Street i	and Number or	Rural Route	Number,
-											
COMPL	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of m	ny knowledge, d imination and/or	eath occurred	of the time, do	ite and place, and d	ue to the co	euse(s) and mer	nner sa stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				, m my opinion			a and place, an			
	John 55.	A lord on	De	eputv	M.E.	DO 35			29d. DATE SI		
7 III	MANE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)	1 207			, 01	- 50-	-92
	MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	John T. Bulke	ley, M.	D.,	108 P	ine B	luff Ro	۱.,	Salis	bury.	Md.	21801
1	John T. Bulke	ley, M.	S SIGNATURE	108 P	ine B	luff Ro	.,	Salis	bury,	Md.	2180

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

30

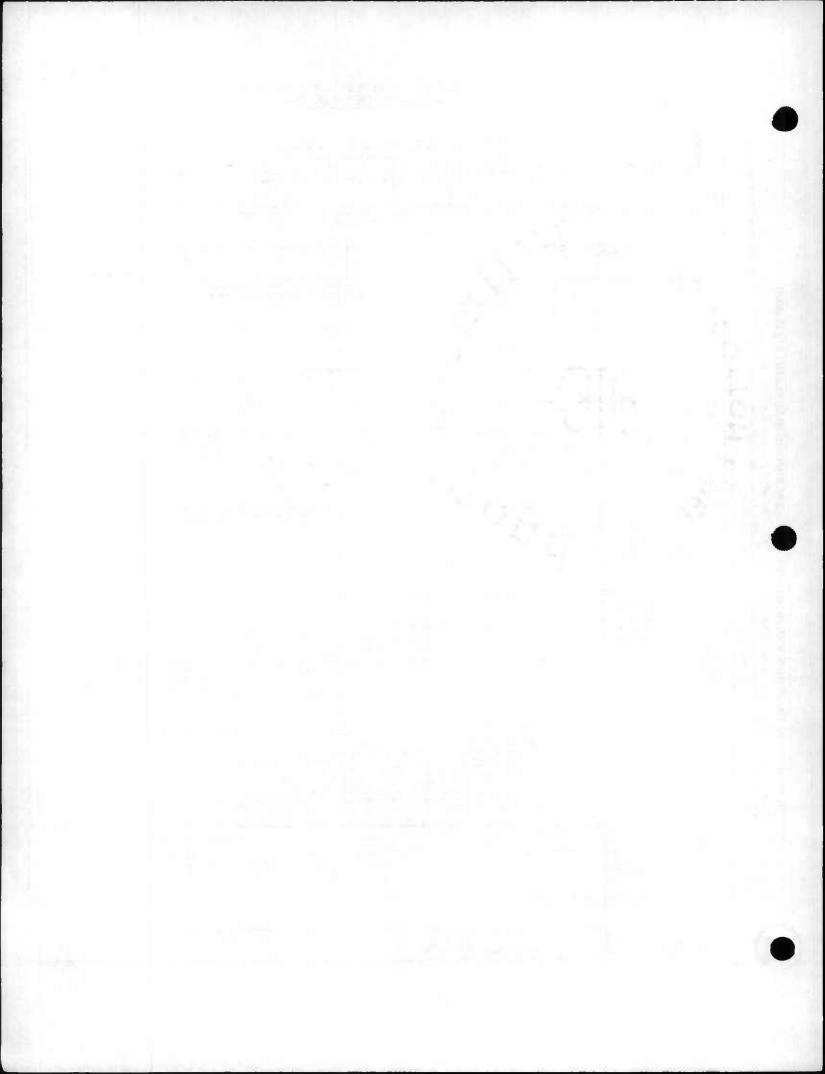
92

s. See E. A 45

- 10	
0	
9	
68760	
10	
•	
BOX	
0	
0	
m	
100	
P.O.	
0	
ο.	
_	
10	
0,	
CC	
-	
RECORDS, I	
()	
\sim	
00	
_	
d	
-	
=	
-	
2.5	
_	
OF VITAL	
-	
4	
0	
0	
U)	
_	
=	
DIVISION OF	

STATE OF		/ DEPARTMENT			MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AN	D MENTAL HYGIENE REG. NO.	52 21225
1. DECEDENT'S NAME (First, Middle,	· ·			2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH
4 20011 01011111111111111111111111111111	MARGARE			07 30	1992 9:35A
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	FUNDER 1 YEAR FUNDER 24 HR	Adapth Day Mand	8. BIRTHPLACE (State or Foreign Country)
212-30-0187 Sa. FACILITY NAME (If not institution,	///	2	9b. CITY, TOWN OR LOCATION OF		WEST VIRGINIA
FRANKLIN SOUAL RESIDENCE OF DECEDER 10a. STATE 10b. C	RE HOSPITAL		ROSSVIL	1.5	BALTIMORE
10a. STATE 10b. C	OUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY
	BALTIMORE		DUNDAL	K	1 Tes X no
100. STREET AND NUMBER 1612 MANOR ROT 11. MARITAL STATUS	10		10f. ZIP CODE		CITIZEN OF WHAT COUNTRY?
1612 MANOR RO	12 WAS DECEDENT EVER	IN II S ARMED		21222 PANIC ORIGIN? (Specify Yes or No-	U.S.A.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 100	If yes, specify Cuban, Me		14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. OECEOENT' (Specify only highest	grade completed)	16a. DECEOENT'S U (Give kind of we life. Do NOT use	rk done during most of working	166. KIND OF BUSINESS/	
Elementary/Secondary (0-12) 11TH GRADE	College (1-4 or 5 +)		STRESS	KAT7 FAIRLIR	RG COMPANY
17. FATHER'S NAME (First, Middle, Le		JEANS		NAME (First, Middle, Meiden Surnami	
WEBSTER CROSS				RA MAY LEWIS	
19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Ru	ral Route Number, City or Town, State,	Zip Code)
FRANK D. CROSS				ALTIMORE, MARYL	
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3	Removal from State	b. PLACE AND DATE OF invitory, crematory or oth SER	DISPOSITION (Name of		- City or Town, State
4 Donation 6 Offier (Specify,	- FTV	LLIOP SEK	22. NAME AND ADDRESS OF		IN, MARYLAND
H mil	01/		DUDA-RUCK	FUNERAL HOME OF	
23. PART I. Enter the diseases	propositions that cause	d the death. Do no	7922 WISE	AVENUE DUNDAL	STREET, Approximate
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b	A CONSEQUENCE OF): A CONSEQUENCE OF):			
PART II. Other significant con-	ditions contributing to death	but not resulting in	the underlying cause given	in Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	CAL		26. PLACE OF DEATN	(Check only one)	
EXAMINER?	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Out		OTHER:	ce 6 Other (Specify)	
27. MANNER OF DEATH 1 Notural 5 Pending 2 Accident Investige		28b. TIME INJUI	OF 26c, INJURY AT	26d. DESCRIBE HOW INJURY (OCCURED
2 Accident Investigat 3 Suicide 6 Could not determine	28e. PLACE OF INJUR building, etc. (Soe	Y — At home, ferm, str	set, factory, office	281. LOCATION (Street and Num. City or Town, State)	ber or Rural Route Number,
				due to the cause(e) end menner as a	stated. the cause(s) and manner as stated.
29b, SIGNATURE AND TITLE OF CE	TIFIER		29c. LICENSE	NUMBER 29d. D	PATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, F	rint)		1/39/
Dr. Myo Thant		9000	ranklin Sq. D	r. Balto. MD 21	1237
AUG 0 3 1992	32. REGISTRAR'S SIGN	NATURE			
HUG U 0 1992	Julia Davidson-R	marie			



V	Potes		4
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

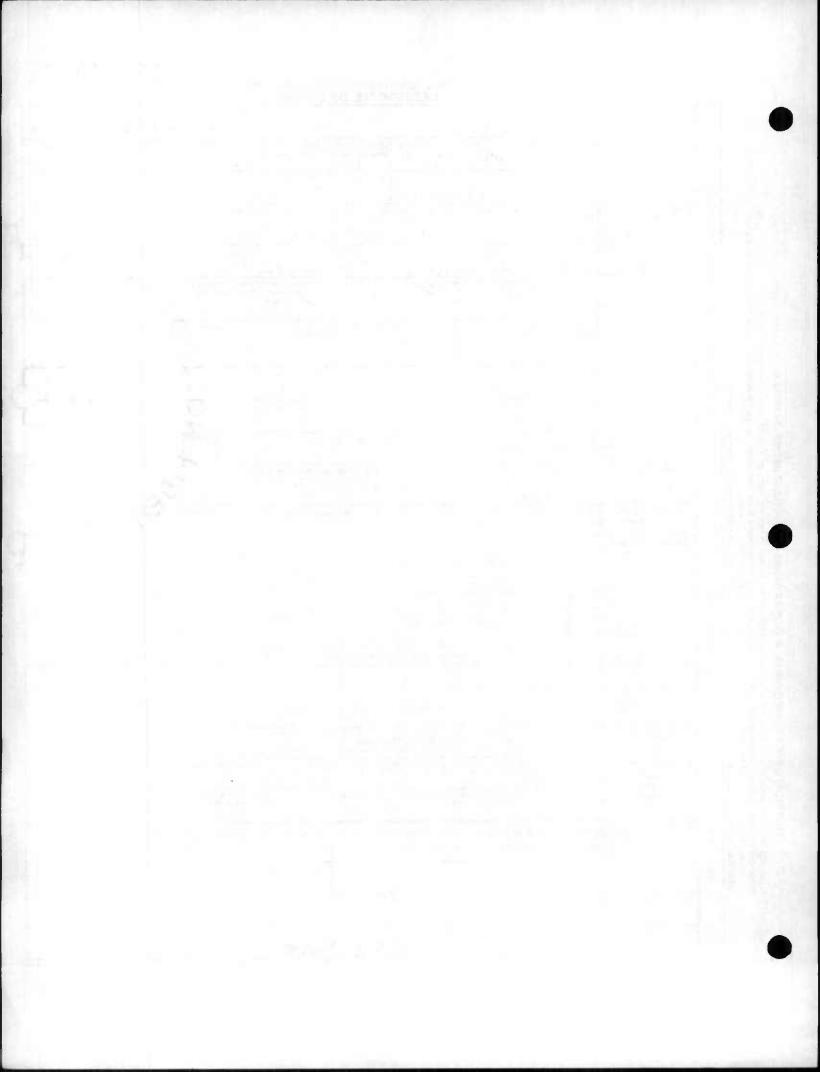
HARIO GUILLEN
TE FILED (Month ne Year) 32

3001 32. REGISTRAR'S SIGNATURE

1992

1		STATE OF MAR				MENTAL HYGIEN	E	21230			
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET A	CLECKN		ICATE OF	DEATH	2. DATE OF DEATH MONTH D	"29 "	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. 1 83 - 12- 1249 1	SEX 8. A	GE (In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) Pennsylvania			
_	BO. FACILITY NAME (N not institution, give street and number) HARBOR HOSPITAL CENTER BALTIMORE 90. COUNTY OF DEATH										
DIREC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 □ YES 2 □ NO										
FUNERAL	8430 SMALLU		OURT	101	21122		10g. CITIZEN	OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	FORCES? 1 1 1	YES 2 140	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	HC ORIGIN? (Specify Yer in, Puarto Rican, etc.)	s or No— 14.	Specify:			
COMPLETED		ON spleted) college (1-4 or 5+)	(Give kind of a			100	Specify Yes or No- In. RACE American Indian, Black White etc. Specify: White IND OF BUSINESS/INDUSTRY Home Maker Gle, Meiden Surname) CCOy City or Town, State, Zip Code) Pasadena, Maryland 21122 20c. LOCATION - City or Town, State Baltimore, Maryland Ineral Home P.A. Baltimore, Md. 21225				
	12th Grade 17. FATHER'S NAME (First, Middle, Lest)	illiam	Bitting	ewife		ME (First, Middle, Meiden					
TO BE	19a. INFORMANT'S NAME (Type/Print) Virginia Smith	IIIIalli	19b. MAILING		May and Number or Rural I od Court	Route Number, City or Tow					
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 1/2 Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)	from State	20b. PLACE AND DATE: cemetery, crematory or o Metro Cre	OF DISPOSITION / Na	me of	DATE 20c. LO	CATION — City	or Town, State			
- 10-	21. SIGNATURE OF FUNERAL SERVICE LICENS	see	- Heoro cre	22. NAME AF	de J. Goi	nce Funera	1 Home	P.A.			
	23. PART I. Enter the diseases, or come shock, or heart failure. List iMMEDIATE CAUSE (Finst disease or condition resulting in death)	plications that can only one cause of	stole	not enter the mo	de of dying, suc	h se cardisc or respi	iratory arrest	. Approximata interval Between			
FICA	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CONCENT OF AS A CONSEQUENCE OF): ON OR AS A CONSEQUENCE OF): ON OR AS A CONSEQUENCE OF): ON OR AS A CONSEQUENCE OF): ON OR AS A CONSEQUENCE OF): ON OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions of CHF/ A	cute l	th but not resulting The paul	In the underlying	g ceuse given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
SICIA		OSPITAL:	Outpatient 3 DOA	OTHER:	ACE OF DEATN (Ch						
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Assistant Investigation	28a. DATE OF INJU (Month, Day, Ye		E OF 28c. INJ		28d. DESCRIBE NOW I	NJURY OCCUR	ED			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, larm, street, lactory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, larm, street, lactory, office City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL (Check only one) 2 MEDICAL EXAMINER: C							use(a) and menner as stated.			
9E	296. SIGNATURE AND TITLE OF CERTIFIER	ülléu.	M·0.		29c. LICENSE NUM			GNED (Month, Day, Year) -29-92			
٩	BO. NAME AND ADDRESS OF PERSON WHO CO	1 0	DEATH (ITEM 27) (Type,	Print) tanov	er Stra	eet, Bal	HO, M	75515.01			

his Davidson-Randelle



BALTIMORE, MARYLAND 21215-0020

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND	MENTAL HYGIEN		21231
	1. DECEDENT'S NAME (First, Middle, Last) RANCIS A	LARRY) C	2128	CHOW!	(2	2. DATE OF DEATH MONTH D		2 9 48 0 m
	4. SOCIAL SECURITY NUMBER 216-28-0498	1 🖾 M 2 🗆 F	(in yrs. lest birthday) 63 YRS.	F UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 7 (Molth, Day Year) 7 - 2 - 2 9		BIRTHPLACE (State or Foreign Country) ARYLAND
TOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF GEATH 96. COUNTY OF DEATH 8916 A. PHILADELPHIA ROAD RESIDENCE OF DECEDENT							
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION MARYLAND BALTIMORE						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	8916 A. PHILA			101	21237		tog. CITIZE	N OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yea, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Yearin, Puarto Rican, etc.) y:	or No— 14	I. RACE — American indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 YEARS	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during mo.	ON st of working	16b. KIND OF BUS		STRY
	12 YEARS CONCRE 17. FATHER'S NAME (First, Middle, Lest) EDWARD CZYZECHOWICZ SOPHIE ANTONIAK					Sumame)		
TO BE	194. INFORMANT'S NAME (Type/Print) MRS. GINA CZYZE		19b. MAILING 8916		nd Number or Rural	Route Number, City or Town	n, State, Zip Co	
	MRS. GINA CZYZECHOWICZ 8916 A. PHILADELPHIA RD. BALTO. MD. 21237 20a. METHOD OF DISPOSITION 1 IX Burlel 2 Cremellon 3 Removal from State 4 Donellon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Specify) 20c. LOCATION — City or Town, State 10c. LOCATION — City or Town, State							
	21-STANDARDOF FUNERAL SERVICE LIC	XXXXXXXX	hi	KACZ0 2525	FLEET S	FUNERAL STREET BA	I TO.	MD. 21224
	23. PART I. Enjer the diseases, or carbock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ach iina.	ot antar tha mod	da of dying, suc	h ss cardiac or respi	ratory srres	t, Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISease or Injury CAUSE (DISeas							
CERTI	that initiated events resulting in death) LAST),	CONSEQUENCE OF					
DICAL	PART II. Other algnificant conditions	contributing to death be	ut not reaulting in	the underlying	causa given in	Part I. 24a. WAS AN PERFORE	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL					7		1 YES 2 NO
HYSICI	EXAMPLE 7	HOSPITAL: 1 Inpetient 2 ER/Outp:	stlent 3 DOA	OTHER: 4 - Nursing Home		8 Other (Specify)		
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year)	28b. TIME INJU	M 1 Y		28d. DESCRIBE HOW IN		
COMPLETED	3 Suicide 4 Homicide 8 Could not be defermined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28c. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the ceuse(a) and menner as stated.							
	(Check only one) 2 MEDICAL EXAMINER	On the basis of examination	edge, desth occurred end/or investigation	I at the time, date of	ath occured at the	lime, data end placa, and	due to the co	euse(a) and manner as stated.
TO BE	20. NAME AND ACTIONS OF PERSONS WIND	COMPLETED GALBE OF DE	C EXAM	TOP	29c. LICENSE NUN	8G	►JU/	GNED (Morith, Day, Year) 429/1997
	STANLEY 2. GEL 31. DATE FILED (Month, Day, Year)	SENGER C	M) /	E. C	Marco A	3202	/	,
	AUG 3 1992	the decident	Mp.					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

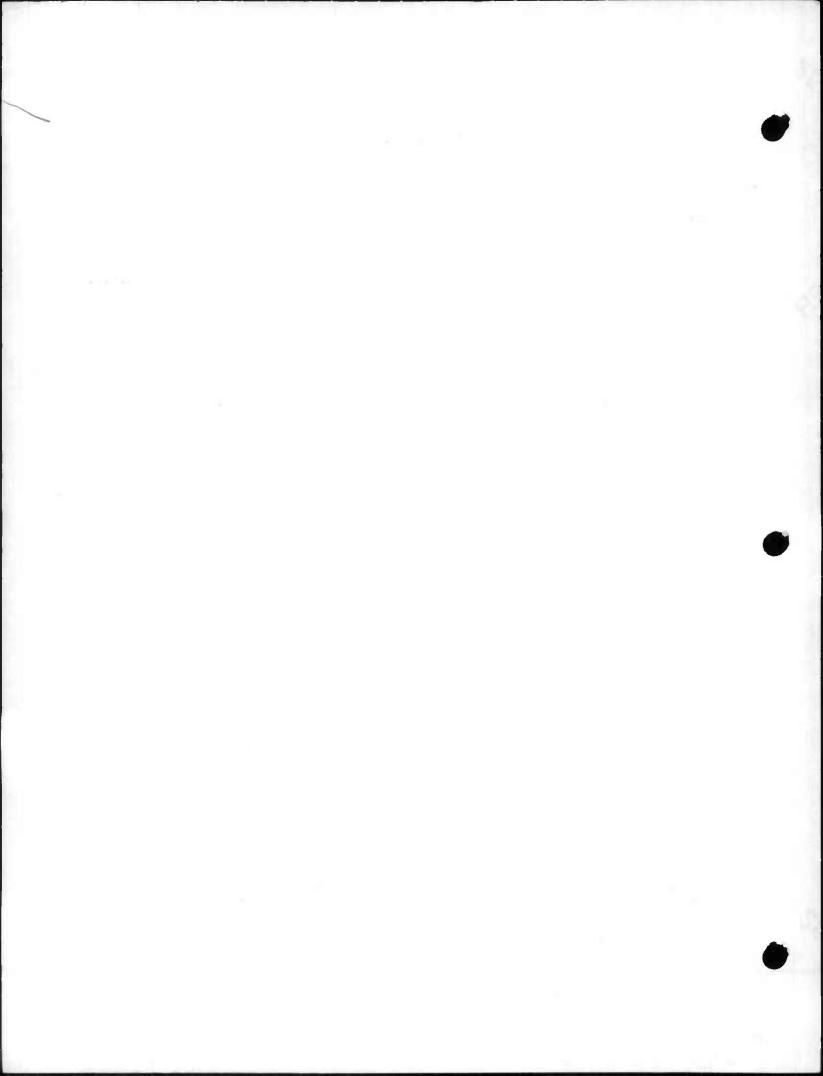
	1 - STATE REGISTRAR	STATE OF MA		PARTMENT OF	HEALTH AND		IYGIENE REG. NO.	2 (_	Com Com C	d 6.0
	1. DECEDENT'S NAME (First, Middle, Li	ist)				2. DATE OF	DEATH		3. TIME OF OEAT	н
	CHARLES	S RAY CLARK				AUG.	DAY 2	1992	0602	Ан
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last birth			7. DATE OF I	BIRTH	8. BIRTH	PLACE (State or For	-
		1 💢 M 2 🗆 F	66 Y	RS. MONTHS DAY	B HOURS MIN.	07/23		Country	ryland	
	Se. FACILITY NAME (If not institution, g	ve street and number)		9b. CITY, TOV	N OR LOCATION OF E			COUNTY OF DI		
8	St. Agnes Hospi			Balt	imore					
ן ק	RESIDENCE OF DECEDENT		140-	. CITY, TOWN OR LO	0.471031					
DIRECTOR		timore	100	Arbutus	CATION				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	cinore		ALDUCUS	101, ZIP CODE		100	CITIZEN OF W	1 TYES 2 X	NO
FUNERAL	1332 Stevens Av	ronuo.					log.		HAI COUNTRY	
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARMED	13, WAS	21227 DECENDENT OF HISPA	NIC ORIGIN? IS	pecify Yea or No.	USA - I 14. BACE	- American India	
	1 Never Married 2 Married		YES 2 NO	If yes	, specify Cuban, Maxic	an, Puerto Rica	n, etc.)	Black Specifi	, White, etc.	"
B	3 Wildowed 4 Divorced		WW II					0,000	white	
COMPLETED	15. DECEDENT'S I (Specify only highest g	EDUCATION rade completed)	(Give kin	ENT'S USUAL OCCUP	ATION most of working	16b, KIN	ID OF BUSINESS	INDUSTRY		
<u>ا</u> لا	Elementary/Secondary (0-12)	College (1-4 or 5+)		IOT use retired.)	•		_			
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		Linev	worker			Mfg.			
_	Willard Clark				18. MOTHER'S N			ne)		
H	19a. INFORMANT'S NAME (Type/Print)		100 114	II INC. ADDRESS (O.	EIIZAD	eth Ry				
2	Stanley W. Clar	k			venue, Ar				27	
	20a. METHOD OF DISPOSITION 1) Buriel 2 Cremetton 3 F			ATE OF DISPOSITION		DATE	20c. LOCATION			-
	1)() Buriel 2 Cremetion 3 F 4 Donation 5 Other (Specify)	lemoval from State	Md. Vet			1				bas
	21. SIGNATURE OF FUNERAL SERVICE	21. SIGNAPURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	Fund I	and	0.	Ambr	ose Funer	al Home	e, Inc.	lassitas —	143 011	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respirato							or respiratory	arrest	Approxima	
Į	ahock, or haart fallu IMMEDIATE CAUSE (Finel	re. List only one cause	on sech line.			310000			interval Be Onset and	tween
	disease or condition	Mil	L. H.	ar-L'					Onset and	Damin
	a. Mid gut wfarctron Due To (gh As A CONSEQUÊNCE OF):									
z	and the second									
RTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с								
	that initiated events resulting in death) LAST	OUE TO (O	R AS A CONSEQUEN	CE OF):					l l	
CER		d							-	-
AL	PART II. Other aignificant condi	tions contributing to de	eth but not result	ting in the underl				AN AUTOPSY 24b. WERE AUTOPSY F		
EDIC						1[PERFORMED?		AVAILABLE PRIOR 1 COMPLETION OF COMPLETION O	
ME									1 YES 2 N	10
ÿ										
HYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	NOSPITAL:		OTHER:	. PLACE OF DEATH (C	heck only one)				
7	1 TYES 2 NO	1 Inpetient 2 - E	R/Outpatient 3 - Di	OA 4 Nursing	iome 5 - Residence	6 Other (Sp	pecify)			
2	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF IN (Month, Day,		INJURY	INJURY AT WORK?	26d. DESCRI	BE HOW INJURY	OCCURED		
2	2 Accident Investigati				YES 2 NO					
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — A1 home, farm, street, factory, office City or Town, State)							mber or Rural R	oute Number,		
COMPLETED	29a. CERTIFIER									
Z	(Check only	TYSICIAN: To the best of my								
3		AINER: On the beals of exam	nination end/or invest	igetion, in my opinio	n, death occured at th	e time, data and	place, end due	to the cause(a)	and manner as st	ated.
N N	29b. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NU	IMBER	29d.	DATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALLER	OF OFATH ATOM OF	(Time Oriet)				92192		
	071/11	POS . 5t.	A	1 0	morp. Mi					
	31. DATE FRADING PORTO PORTO DE LA CONTRETA DEL CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE LA CONTRETA DE L	22 REGISTALAR	AIGNATUAR .	ALCIENTY E	mup. M	1.				
1	HUU U 0 1931	- Jane May	MOST - Northern							

PROTEIN STREET, D.

Max. 2 1932 Per

BALTIMORE MARYLAND 21215 0020	4 hours after death. Page 6 may be retained by the hospital or attended to the hospital or attended to the hours after death.	illed in by the funeral director, page 5 should be detached for use as the funeral n, or removal.	
DIVISION OF VITAL RECORDS. P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending environment.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	CONTRACTOR OF SAME AND AND ASSESSMENT OF THE PARTY OF THE

	REGISTRAR	CERT	FICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
1 2	DIETRO DETER TRENTO DIAMMA CR						
		AGE (In yrs. last birthda		IF UNDER 24 HRS.	JULY 28,	1992	7:00 PM M
			MONTHS DAVE	HOURS MIN.	(Month, Day, Year)	Cou	THPLACE (State or Foreign intry)
1 9	216-12-7958 1 XX 2 🗆 F	_77 YRS			JULY 11.	1915 MA	ARYLAND
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH
18	TUV HALL GERTATRIC CENTER			ESSEX		7	BALTIMORE
15	IVY HALL GERIATRIC CENTER			SALITIVIONE			
DIRECTOR	10s. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY
THE PROPERTY OF THE PROPERTY O							LIMITS?
ايا	10a. STREET AND NUMBER			f. ZIP CODE		10a CITIZEN OF	F WHAT COUNTRY?
2	2454 LIBERTH DIRIGHT	"					
FUNERAL	3456 LIBERTY PARKWAY 11. MARITAL STATUS 12. WAS DECEDENT F				21222 U.S.A. NT OF HISPANIC ORIGIN? (Specify Yes or No. 14, RACE — American India		
15	1 News Married 2 Married FORCES? 1	YES 2V VNO			NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)		VCE — American Indian, ack, White, atc.
≥	3 Widowed 4 V Divorced IF YES, GIVE WAR	OR DATES		2)(NO Specif		Sp	ecity:
	700						WHITE
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	I'S USUAL OCCUPATE of work done during me		16b, KIND OF BUS	SINESS/INDUSTRY	
iu i	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NO	T use retired.)				
AP .	1 OTH GRADE N/A	PRODUCE	E SUPERVI	SOR	MAR'S SI	UPERMARK	CETS
COMPL	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		NET C
	VINCENT F. D'ANNA			DACA	RIA M. GLOI	DIACA	
B	19a. INFORMANT'S NAME (Type/Print)	105 MARI	MO ADDRESS (Street		Route Number, City or Town		
2							
9	CONCETTA DOCRETTE				BALTIMOR	E. MARYL	AND 21222
	20e. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Removal from State	20b. PLACE AND DA' cemetery, crematory of	TE OF DISPOSITION (No	ame of	DATE 20c. LO	CATION - City or	Town, State
	4 Donation 5 DyOther (Specify) ENTOMBMENT	DULANEY	VALLEY M	EMORIAL	18/1 TTI	MONTUM.	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	111	22. NAME A	NO ADDRESS OF FA	CILITY		
	b/h. I m/ I	-/ /	DUDA	-RUCK FUI	NERAL HOME	OF DUNI	DALK INC.
	Crown to the	ing	7922	WISE AV	ENUE DUNDA	LK MD	21222
	23. PART I. Enter the diseases, or complications that conshock, or heart fallure. List only one cause	nused the death. D	o not enter the mo	de of dying, suc	h as cardiac or respi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Final	on each me.					Onset and Death
		1.01	10000	_			
	resulting in death) a. Due TO (DR	AS A CONSEDUENCE	HILLS I				
	7) - 1	01	. 0.).				i
CERTIFICATION	Sequentially list conditions, b. Semente	AS A CONSEDUENCE	CVA				
E	If any, leading to immediate cause. Enter UNDERLYING	AS A CONSEDUENCE	: OF):				
0	CAUSE (Disease or injury C.						
분	Chart Milliantes Creates	AS A CONSEDUENCE	OF):				1
H	resulting in death) LAST						
	BART II Oshan alasifi and a state of the sta						
SAL	PART II. Other significant conditions contributing to de-	sth but not resultin	g in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8					1 D YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
MEI							1 YES 2 ND
					_		. 🗀 . 50 2 🗀 🖂
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26 04	LACE DF DEATH (Ch	ack only one)		
일	EXAMINER? HOSPITAL:		OTHER:				
≥	1 YES 2 NO 1 Inpatient 2 EF 27. MANNER OF DEATH 26s. DATE OF INJ				B ☐ Other (Specify)		
표	(Month, Day,)		TIME OF 28c. INJ	JURY AT	28d. DESCRIBE HOW II	NURY OCCURED	
B	1- Netural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 ND			
ED	2 Account 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
12							
	29a, CERTIFIER	100.000		270			
8	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Check only one 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.						
COMPLET	2 MEDICAL EXAMINER: On the basis of exam	ination and/or investig	itton, in my opinion, c	leath occured at the	time, date and place, an	d due to the cause	e(a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE SIGNI	ED (Month, Day, Year)
0	- YES			71/12:	21	▶ 7.	29 5
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	OF DEATH (ITEM 27) /5	me Print)	D140	V.		- / /
	PAGR 121	12 B1 - 12	117				
	J. DATE FILED (Mogre Do. 169) 199 32. REGISTRAT'S	1740 124	Mon	221.			
	31. DATE FILED (Mogris, Day, 166) 100 32. REGISTRAR'S	SIGNATURE		_			

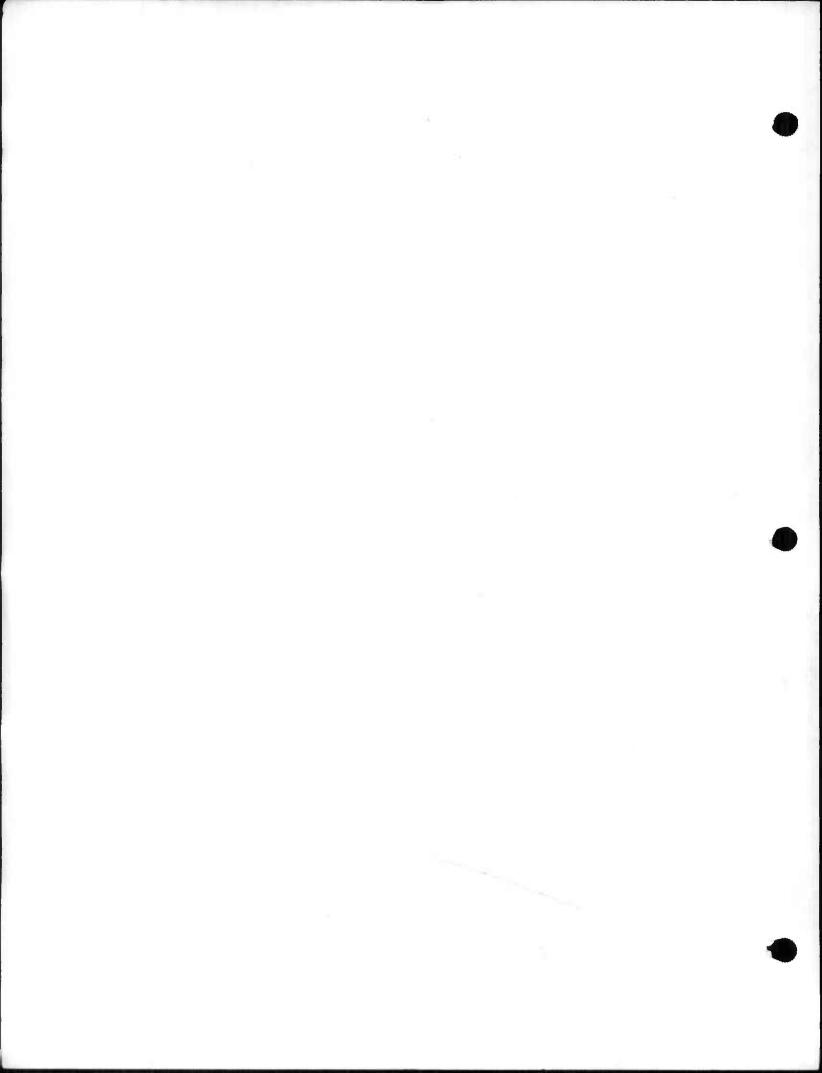


Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE OF	
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp

	FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH ANI ATE OF DEATH) MENTA	L HYGIEN	E		
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH		3. TIME OF E	EATH
	P	Angiolina .	DiBacco		S S		- 9	513	OAH
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday) #	INDER 1 YEAR IF UNDER 24 HR		OF BIRTH	8.9	BIRTHPLACE (State (
	234-74-1286 9s. FACILITY NAME (If not institution, give st	1 M 2 VF	89 YAS.	THS DAYS HOURS MIN	7	-15-0		USA	
DIRECTOR	(1)	ris			Mari	yland		timor	e
E E	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE	CITY
E	Md. Ba	ltimore	l To	owson				1 YES 2	77-
A	10a. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTR	Υ7
E	2300 Dulaney Val	ley Road		21204			US	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS DECENDENT OF HIS If yes, specify Cuban, Me			or No- 14.	RACE — American Black, White, etc.	Indien,
ВУБ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 NO Sp		, mounty orday		Specify:	
	15. DECEOENT'S EOU	CATION	X 16a. DECEDENT'S USU	AL OCCUPATION	100	b. KIND OF BUS	MESS/MDUS	White	
	(Specify only highest grade	completed)	(Give kind of work	done during most of working ired.)	101	D. KIND OF BUS	INESS/INDUS	nı	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema	kon					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 Homemo		NAME (First,	Middle, Malden	Surname)		
	Ferdinand Tavann	i		Fliz	abeth	Presti	ninzi		
BE	Ferdinand Tavanni Elizabeth Prestininzi 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Flourie Number, City or Town, State, Zip Code)								
임	Elizabeth Ceanfa	alione	3339 Wo	odside Avenu	e Bali	timore.	Md. 2	1234	
	20a. METHOD OF DISPOSITION 1 □XSurial 2 □ Cremation 3 □ Remo			N (Name of cemetery, cremetory				or Town, Stata	
	4 Donetion 5 Other (Specify)	Wei from State	Mt. Calvary	August 6,	1992	Tho	omas, W	1. Va.	
	21. SIGNATURE OF FUNERAL SERVICE LIE	/		22. NAME AND ADDRESS OF				Maryland	
	rues J. G	ladden		Leonard J.	Ruck :	Inc. 53	05 Harfo	ord Rd. 212	214
	23. PART / Entar the diseases, pro	complications that cause	sed the death. Do not	enter the mode of dying,	such ss car	rdiac or respi	ratory srrest		ximata
	ahock, or heart failure.	List only one cause on	aach line.						al Between and Daath
	disease or condition								
	reaulting in death)	DUE TO (OR AS	S A CONSEQUENCE OF):	CLIGCIII			- 4		
z	Sequentially list conditions - Arterioscierotic Cardiovascular Disease								
E	If any, leading to Immediate								
2	cause. Entar UNDERLYING CAUSE (Disease or injury	E. DUE TO (OR A)	S A CONSEQUENCE OF):						
E	that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF):						
CERTIFICATION		d.							
	PART ii. Other aignificant condition	s contributing to death	but not resulting in t	ne underlying cause giver	in Part I.	24a. WAS AN		24b. WERE AUTOP	
5						1 TYES 2	□ NO	COMPLETION DF DEATH?	
ME								1 YES 2	□ NO
ä									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	// 10	26. PLACE OF DEATH	(Check only o	one)			
YSI	1 TES 2 NO	1 Inpatient 2 ERVO	utpetient 3 E DOA 47	Hursing Home 5 - Resider	nce 6 🗋 Oth	ner (Specify)			
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		WORK?		EŞCRIBE HOW I	NJURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation	-/		1 YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	IRY — At home, ferm, stree (xecify)	t, tectory, office	26f. LO	y or Town, State)	and Number or i	Rural Route Number,	
	an ormalism								
COMPLETED	CONTOCK ONLY		4	t the time, date and place, and					
00	2 MEDICAL EXAMINE		mon and/or investigation, i	n my opinion, death occured at		te and place, ar			
BE (29b. SIGNATURE AND TITLE OF CERTIFIES	1		29c. LICENSE			29d. DATE S	IGNEO (Month, Day,	Mar)
2	20 NAME AND ADDRESS OF STREET	COMPLETED COMP	DEATH STEEL OF THE		504		8	- x- 72	
	30. NAME AND ADDRESS OF PERSON WA	DI 1 1		•	M	1	1 7	17 411	
	11 DATE FILED (Month Day War)	72. REGISTRAR'S SI	CONATURE	MOZWOT	11197	ylan	9 7	-1209	
	31. DATE FILED (Month, Day, Year) ALIG 3 1992	The bevide	m-findelle						



1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

RAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	92	2123	3

1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH	MY YEAR	3. TIME OF DEATH
	7	resa -		NELO	1		08 0:		2:17 a
4. SOCIAL SECURITY NUMBER 215–30–0982	5. SEX 1 M 2 KF	6. AGE (In yrs. lest b	YRS. IF UNI	B DAYS	IF UNDER	24 HRS.	NOV.23, 193	34 Md	THPLACE (State or Foreign nitry)
90. FACILITY NAME (If not institution, give GOOD SAMARITAN I RESIDENCE OF DECEDENT				ty, town ALTII	OR LOCATION	ON OF DE		9c. COUNTY OF	DEATH
10e. STATE 10b. COUNT	Υ		Balti		TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
4210 Willshire Aven	ue			10	212	06		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO		If yes, sp		ı, Mexica	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.)	s or No— 14. RA Ble Sp	CE — American Indian, ick, White, atc.
15. DECEDENT'S EDI (Specify only highest gradi Elementary Secondary (0-12)	CATION o completed) College (1-4 or 8+)	(Give	DENT'S USUAL kind of work do o NOT use retired NITYESS	OCCUPATI ne during m i.)	ON ost of workin	g	16b. KIND OF BU	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Domenic Polifroni					18. мот	ry Ci	ME (First, Middle, Meider CC1 TO	Surname)	
John Danelon	210 Will:	shire	Avenue		Poute Number, City or To. Itimore, Md.	21206			
20a. METHOD OF DISPOSITION 1 Second Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE AND COMPLETY, Crema GONS.		Au Au	gust 4		92 B	altimore,	
21. SIGNATURE OF FUNERAL SERVICE LI	Gladdu	J	2	111	nd address	-	Inc. 5305 H	arford Roa	d 21214
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	DR AS A CONSEQUI							
PART II. Other significant condition	d	leath but not res	sulting in tha	undarlyin	g cause g	Iven In	Part I. 24a. WAS AI PERFO	RMED?	Ab. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 Inpatient 2 X ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
27. MANNER OF DEATH Natural 5 Pending Investigation	28a. QATE OF II (Month, De)	(Year)	26b. TIME OF INJURY M	1 🗆		16	28d. OEŞCRIBE HOW	INJURY OCCUREO	
3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — A1 home tc. (Specify)	, lerm, street, f	actory, affic	• 1		261. LOCATION (Street City or Town, State		I Route Number,
							to the cause(a) and ma time, data and place, a		o(a) and manner as stated
290 SIGNATURE AND EVILE OF CERTIFIE	yu				29c. LICE	C.M			(Month, Day, Year)
30. NAME AND APPORESS OF PERSON WI	PERTY	11.0	111 PE	ENN S	TREET	В	ALTIMORE,	MARYLAND	21201
S1. DATE FILED (Month, Day, Year) AUG 3.1992	32. REDISTRAR	'S'SHENATURE							

BALTIMORE, MARYLAND 21215-0020

injury, or other

shows any

Nem 23

marked, or

40

28

IMPORTANT: If Item

TO THE P

	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit received to burial, cremation, or removal.
1	100
6	2
V.	8
7	
	ermi
	isit p
cian.	-tran
Office	buria
ling	afa
ttend	98
9	or us
spital	bed fr
e ho	etach
y th	De d
per	pluc
retair	5 sh
d be	age
E H	tor, p
age (direc
H. P	eraj
dez	e fun
afte	by th
OULS	d in l
24	fille Jon.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
w per	al, c
поэк	and o
9	clan for to
cate	physi ne pr
certif	ding
eath	atten Ital H
he d	Mer
that	d by
ires	signe
regu	of t
MP :	Dept.
T.	tate
CIAN	ertific the S
HYS	his c
NG P	fler th
ENDI	R: A
ATT	ECTO Is aft
L OR	- DIR
SPITA	IERAI in 72
F06	FE

92-4292-510 92 21236 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Reuben Rubin 2. DATE OF DEATH 3. TIME OF DEATH Dixon 07 31 7:57 1992 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 3-27-1923 IF UNDER 24 HRS. IF UNDER I YEAR 8. BIRTHPLACE (State or Foreign MONTHS DAYS 241-22-0903 1)(M 2 | F 69 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4212 Fairfax Road-Apartment 3 Baltimore 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 | NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4212 Fairfax Road Apt 3 21216 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. FORCES? 1V YES 2 IF YES, GIVE WITH OR DATES 1 Never Married 2 Married 1 TES 2 NO BY Specify Specify: 3 Widowed 4 Divorced **Black** ED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Hubble Realty Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Sandy Dixon Goldvester Dixon 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Juanita Johnson 4212 Fairfax Road Apt Baltimore, Md 21216

20c. LOCATION - City or Town, State 20s. METHOD OF DISPOSITION
1 [X] Burtal 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 1 D Burtal 2 Cremation 3 4 Donation 6 Other (Specify) Preasant Shade Cem 8692 Hampton, Va 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximats shock, or heart failure. List only one cause on interval Betw IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) oura DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: lent 2 ☐ ER/Outpetlent 3 ☐ DOA 4 Nursing Home 5 Hasidence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending Investign M 1 YES 2 NO BY 26s. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 🔲 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

250 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD

Laron Locke,

111 Penn Street, Baltimore Maryland 21201

O.C.M.E.

32. REGISTRAR'S SIGNATURE www. wurdow- Aundall

31. DATE FILED (Month, Day, Year)

BE

2

1992

▶07

31

The second second

DELL' MALLENIE	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
į	\$	be		7	
	paul	pinod		fled	
	e ret	5		not	
ĵ	lay b	Dad		t be	
5	6 7	ector.		SIL	
	Page	al dir		ner	
	leath.	funera		X3mi	
	fter o	the .	Oval.	3	
	ULS 3	i P	r rem	ne dic	
J	24 hg	filled	OU, 0	he m	
	Lift.	etely	emati	nt, t	
60 00 00 00 00 00 00 00 00 00 00 00 00 0	w be	gmo	al, cri	eve	
	xecut	and	buni	atic	
	De e	clan	ior to	Taum	İ
1	ficate	physi	ne pr	er t	İ
)	certi	guipi	Hygie	r oth	I
	death	after	intal	7,0	ı
	the	y the	d Me	를	ı
)	that	d bar	ith an	апу	I
)	quires	Dis L	Hea	OWS	I
	W re	beel	pt. of	3 sh	I
	The la	e has	le De	E 2	Į
	AN	tificat	e Sta	ir ite	ļ
	YSICI	s cer	th th	d, 0	
	B PH	er thi	th wi	arke	l
	NON	. Aft	r dea	in s	ı
	E E	CTOR	afte	28	
	OH.	DIRE	An filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem	ı
	MIAL	RAL	12	=	I
	HOSF	FUNE	within	TAM	l
	포	품	filed	POR	l
9	9	P	K	â	l

	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIFI	TMENT OF H	IEALTH AND DEATH	MENTAL HYGIE		12 21237	
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	Joseph D	RUMgod	e	FEE	2. DATE OF DEATH MONTH	DAY 1982		
	216-03-4796	NO M 2 OF	(In yrs. lest brindey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-15-1		BIRTHPLACE (State or Foreign Country)	
TOR	9a. FACILITY NAME (If not institution, give since 1508 Rollings) RESIDENCE OF DECEMENT			9b. CITY, TOWN O	ROSEGAL		9c. COUNT	Baltimore	
DIRECTOR	106. STATE 106. COUNT	D Baltimore			N OR LOCATION Rosedale			10d. INSIDE CITY LIMITS? 1 YES 24 NO	
FUNERAL	1508 Rollingsi	de Ave.		10f.	ZIP CODE	21237	10g. CITIZE	N OF WHAT COUNTRY? USA	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECI If yee, spe 1 — YES	city,Cuben, Mexic	NIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	es or No.— 14	6. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		usual occupation ork done during mose retired.)	st of working	16b. KIND OF B		ral Motors	
E COM	17. FATHER'S NAME (First, Middle, Last) Edward Drumgool	e			18. MOTNER'S N	AME (First, Middle, Melde Mary Ditte	n Sumeme)		
TO BE	190. INFORMANT'S NAME (TyperPrint) William J. Drumgoole Jr. 190. MAILING AGORESS (Street and Number or Flural Floute Number, City or Town, Stete, Zip Code) 1139 Main St.; Darlington, MD 21034								
	20a METHOD OF DISPOSITION 1\(\lambda\) Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b PLACE AND DATE OF DISPOSITION (Name of Cemetery, crematory or other place) Commetery, crematory or other place) Carulers Of Faith 8-3-92 Balto. MD								
	21. SIGNATURE OF FUNERAL SERVICE LIC		1/	22. NAME AN	D ADDRESS OF F	ciury edale Fune			
	23. PART I. Enter the diseases, or a shock or head fellows	complications that cause	Ma death. Do no			aco Ave.	data	t, Approximate	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	a. OUE TO (OR AS /	ach lina.	Condiou		Ones	7	Interval Between Onset and Daeth	
MEDICAL	PART II. Other algnificant condition	s contributing to death b	ut not rasulting in	the underlying	cause given in	PERFO	AUTOPSY AMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				1				
SIC	EXAMPLERT	HOSPITAL:		OTHER: 4 Nursing Name	S Chastdence	8 Other (Specify)			
	27. MANNES OF DEATH 1 O Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	RY AT	26d, OESCRIBE HOW	INJURY OCCUR	NED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm, str		ES 2 NO	28f. LOCATION (Street	end Number or	Rural Route Number,	
ETED	4 Nomicide determined	building, etc. (Spec	ary)			City or Town, State)		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the best of examination	ledge, death occurred a end/or investigation,	at the time, date of	and place, end due	to the ceuse(s) end me	nner ee atated.	euse(e) and manner ee stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NU	MBER	29d. OATE S	IGNED (Month, Day, Year)	
5	30. NAME AND MORESS OF PERSON WH	COMPLETED CHUSE OF DE	ATN (ITEM 21) (Type, F	Print)	1) 010	780	Ju	1430,1982	
	STATE PILEO (MONT), Day, Year)	32. REGISTRAR'S SIGN	1E.	Loods	8 31	202			
	AUG 3 1992	THE WINDS	property						

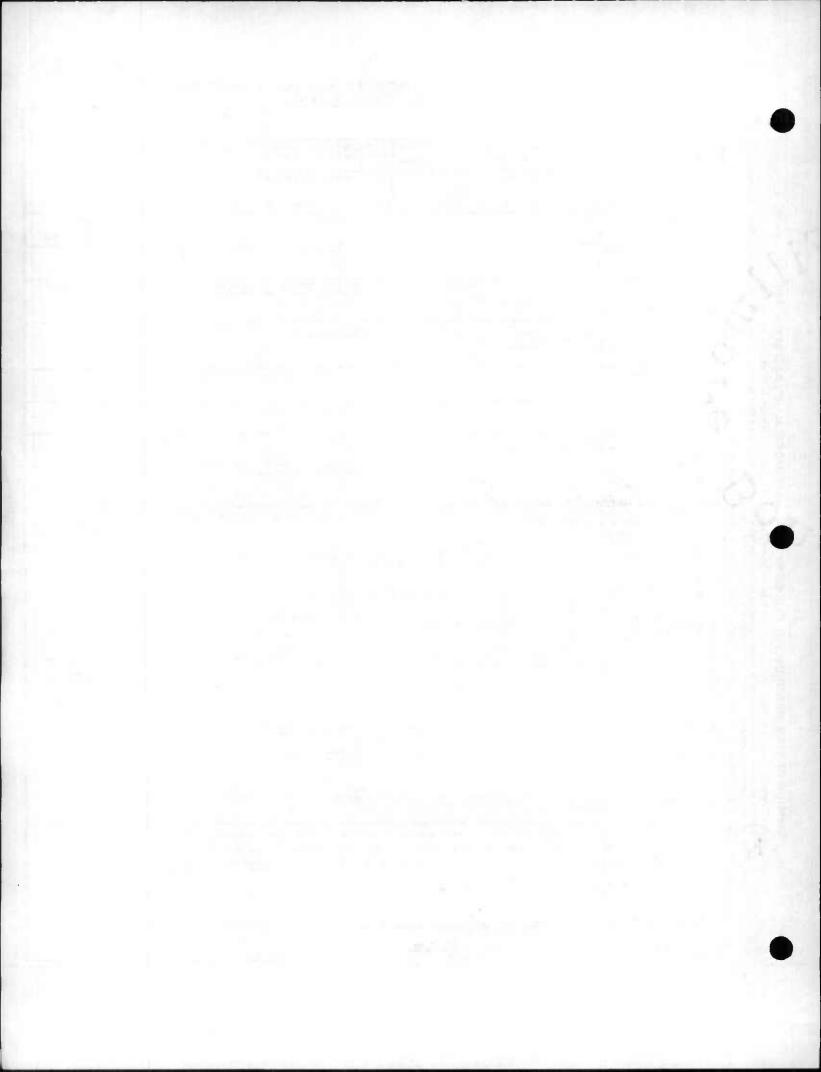
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FOREITAL OR NITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLY CONTINUED After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fine whith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTABLE Herm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN		21200		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH		
1	David	P.	Dem	sko		07 30	1992	9:51 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS.			7. DATE OF BIRTH 8. BIRTHPL (Month, Day, Year) Country)		RTHPLACE (State or Foreign		
- 8	165-60-9806	1X□ M 2 □ F 2	8 YRS.	CHTHE DAYS	HOURS MIN.	12-14-63	PEN	INSYLVANIA		
_	9a. FACILITY NAME (If not institution, give	street and number)	4	Db. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH		
5	Anne Arundel Gene	ral Hospital		Annapo	lis		Anne A	rundel		
EC	RESIDENCE OF DECEDENT							10d. INSIDE CITY		
DIRECTOR	PENNSYLVANIA -NOR	IA -NORTHUMBERLAND RANSHAW					LIMITS?			
	10e. STREET AND NUMBER				, ZIP CODE		F WHAT COUNTRY?			
FUNERAL	12 MAIN STREET	REET 1786					S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	a or No- 14. R	ACE — American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATES		ecify Cuban, Mexicar 2 X NO Specify			lack, White, etc.		
		•	AVY					WHITE		
COMPLETED	15. DECEDENT'S EDI. (Specify only highest grade	e completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina m	DN ost of working	16b. KIND OF BU	SINESS/INDUSTR	·		
7	Elementary/Secondary (0-12) H/S GRAD	College (1-4 or 5+)	WAITER	70.7						
NO	17. FATHER'S NAME (First, Middle, Last)		WALIER		18 MOTHER'S NAM	RE (First, Middle, Maider	Cumamal			
Ö	JOHN DEMSKO					E HENTOSH	Somemey			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street			vn. Statu. Zio Code)			
5	196. INFORMANT'S NAME (Type/Print) 190. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 104. N. Shamokin STreet - Shamokin, Pa. 17872									
	20a, METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Ram	21	D. PLACE AND DATE OF	DISPOSITION (N	ame of		CATION — City or			
	4 Donation 6 Other (Specify) TRANSFIGURATION CEMETERY TOWNSHIP, PA.									
	21. SIGNATURE OF FUNERAL SERVICE H	CENSEE AF			ND ADDRESS OF FAC	HLITY				
	Jania C) and				L HOME IN		VD 01000		
	23. PART I. Enter the diseeses, or	complications that caus	ed the death. Do no	t enter the mo	de of dying, such	as cardiac or read	ratory arrest.	MD. 21229		
	ahock, or heert fallure. IMMEDIATE CAUSE (Final	List only one cause on	each line.					Interval Between Onset and Death		
	disease or condition									
- 1	DUE TO (OR AS A COMMODENCE OF):									
Z	Sequentieity list conditions,									
Ĕ	If any, leading to immediate									
5	CAUSE (Disease or injury CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):									
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICATION		d								
A	PART II. Other aignificent condition	na contributing to death	but not resulting in	the underlyin	g ceuse given in i	Part I. 24s. WAS AN		AMAILABLE PRIOR TO		
음						1 A YES	⊇ □ NO	COMPLETION OF CAUSE OF DEATH?		
ME						_ ^ _		1 PYES 2 - NO		
ä										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, P	ACE OF OEATH (Che	ck only one)				
ΙΥS	1 XYES 2 NO	1 Inpetient 2 X ER/Ou	tpatient 3 DOA 4	☐ Nursing Hon	e 5 🗆 Residence t					
	1 Netural 5 Pending	(Month, Day, Year)		TY WO	RK?	28d. OEŞCRIBE HOW				
B	2 Accident Investigation	07 30 199	2 9:14] W — At home, farm, str		YES 2 X NO	Subject h				
	3 Suicide & Could not be datermined	building, etc. (Sp.	ecity)	eet, factory, ome	•	28t. LOCATION (Street City or Town, State		af Route Number,		
m	in building Annapolis Jail									
LETE	29a. CERTIFIER		(Check only 1 Lagrange of the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
MPLETE	(Check only 1 CERTIFYING PHYS	ICIAN: To the best of my kno								
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my kno			eath occured at the t	ime, data and place, as	nd due to the caus			
BE COMPLETE	(Check only 1 CERTIFYING PHYS	ICIAN: To the best of my kno			eath occured at the t	ime, data and placa, as	and due to the cause	ED (Month, Day, Year)		
	(Check only 1 GERTIFYING PHYS one) 2 XMEDICAL EXAMINI 299. SIGNATURE AND TITLE OF CERTIFIE	ICIAN: To the best of my kno	on and/or Investigation,	in my opinion, o	eath occured at the t	ime, data and placa, as	and due to the cause			
BE	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my kno	eath (ITEM 27) (Type, P	in my opinion, (29c. LICENSE NUM O.C.M.E	BER	29d. DATE SIGN	ED (Month, Day, Year) 1 1992		
BE	(Check only 1 GERTIFYING PHYS one) 2 XMEDICAL EXAMINI 299. SIGNATURE AND TITLE OF CERTIFIE	ICIAN: To the best of my kno	earth (ITEM 27) / Ripe. /4 111 Peni	in my opinion, (29c. LICENSE NUM O.C.M.E	ime, data and placa, as	29d. DATE SIGN	ED (Month, Day, Year) 1 1992		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician.

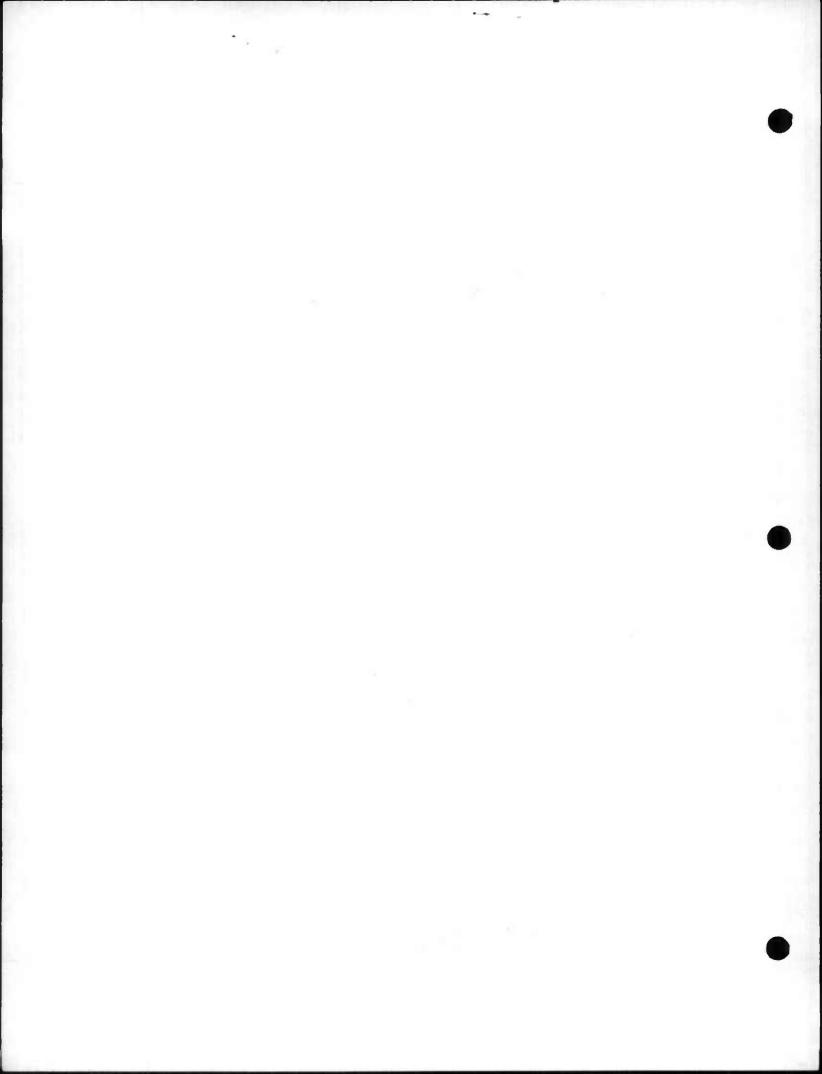
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. .

1 1	REGISTRAR					ICALL				- P	EG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	KENNETH		P.		Γ	UGAN				07	30		92	10:20P M
1 1	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER	24 HRS	7. DATE OF I				IPLACE (State or Foreign
	/07 0/ 01	0.2	1 XM 2 - F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da	y, Year)		Countr	y)
	487-24-21			/ 1	ins.							MISSOURI		
-	Se. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	TY OF D	EATH
6	GREATER B		RE MEDIC	AL CENT	ľER			TOWS	ON				BALT	IMORE
DIRECTOR	RESIDENCE OF DEC	,												
	10a. STATE	10b. COUNT	Y		10c. CI1	Y, TOWH C	OR LOCAT	TION						10d. INSIDE CITY
5	MARYLAND	BA	LTIMORE			BALT	TMOR	RE.						1 YES 2- NO
7	10e. STREET AND NUMBER							. ZIP COD	E			10a, CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	02/1 5	D O D D A T	E DD						1001			1,50		
2	8341 E	DGEDAL							1234			U	.S.	
교	1 Never Married 2	Mandad	12. WAS DECEDEN FORCES? 1	YES 2		13.	WAS DEC	ENDENT (OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian, , White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES					Specify		,,		Speci	ily:
			WW I	1								I		White
COMPLETED	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16s.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b, KIN	D OF BUS	INESS/IND	USTRY	
[iii	Elementary/Secondary (0		College (1-4 or 5	.)	(Give kind of life. Do NOT u	se retired.)	coming mo	ISC OF WORK	'ry					
₫	12 yrs				Auto	Mec	han	ic		9	01f	Emp	1077	5.c
8	17. FATHER'S NAME (First, M				1400	1100	man		HED'S NA	ME (First, Middl			TOA	eu
	Take Du	ann												
BE	Jake Du				(Browning of the					Hild				
9				1						loute Number, C				
	Marjorie		in		8341	Ed	ged	ale	Rd.	Ba1	time	ore,	Md	. 21234
	20a, METHOD OF DISPOSIT	ION	and town Con-	20b. PLAC	E AND DATE	OF DISPOS	SITION /Na			OATE		CATION -		
	4 Donation 6 Other	(Specify)	IOVEL FROM State	Dil 1	aney	Val	107			8/3	ጥ፥ኮ	noni	11m	MD
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	Dul	arrey				SS OF FAC		- 	IOIL	uni,	MD.
	N/1016	1	Ehn.	al			John	nson	Fu	neral	Hor	1e	Tows	son, Md.
	Lou	OX.	Cour	7			852	1 Lc	ch 1	Raven	B13	7d -	213	286
	23. PART I. Enter the d	Iseases, or	complications the	caused the	deeth. Do	not enter	the mo	de of dy	ing, such	aa cardlec	or respli	atory arr	est.	Approximata
	shock, or h	esrt fellure.	List only one ceu	se on each li	ne.							7	•	Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	-											Onset and Death
	resulting in death)	→	a	JNG CAN										
			DUE TO	(OR AS A CONS	EOUENCE O	F):								
Z	Consentative Net and dis-		b											
CERTIFICATION	Sequentially list conditi if any, leading to imme-	diete	OUE TO	(OR AS A CONS	EOUENCE O	F):								
8	cause. Enter UNDERLYI CAUSE (Disease or Inju		C.											
드	that initiated events		OUE TO	(OR AS A CONS	EOUENCE O	F):								
F	resulting in deeth) LAS	т [4											
i iii ii														
0														
AL C	PART II. Other significa	int condition	na contributing to	death but no	t resulting	In the un	derlying	g cause s	given in 1	Part I. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS
ICAL C	PART II. Other significa	nt condition	a contributing to	death but no	t resulting	In the un	deriying	g cause (given in I		PERFOR	MED?	24b.	AVAILABLE PRIOR TO
EDICAL C	PART II. Other significa	nt condition	na contributing to	death but no	t resulting	In the un	nderlylng	g cause (given in I			MED?	24b.	
MEDICAL	PART II. Other significa	int condition	na contributing to	death but no	t resulting	In the un	nderlylng	g cause (given in i		PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL			na contributing to	death but no	t resulting	In the un	nderlylng	g cause (given in I		PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	PART II. Other significa			death but no	t resulting		28. PL				PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	25. WAS CASE REFERRED TO		HOSPITAL:			OTHER	28. PL	ACE OF D	EATH (Che	ck only one)	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL: 1 Impeliant 2 28a. OATE OF	ER/Outpetient	3	OTHEF 4 Num	28. PL P: sing Hom 28c. INJ	ACE OF D	EATH (Che	10	PERFOR	MED? NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Natural 5	O MEDICAL Pending	HOSPITAL:	ER/Outpetient	3	OTHEF	28. PL R: sing Hom 28c. INJ WO	ACE OF D	EATH (Che	ck only one) 8 Other (Sp	PERFOR	MED? NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	O MEDICAL	HOSPITAL: 1 Constant 2 28a. OATE OF (Month, D.	ER/Outpatient INJURY sy, Year)	3 DOA	OTHEF 4 Num	28. PL R: sing Hom 28c. INJ WO 1 🗌 1	ACE OF D • 5 Re URY AT RK? /ES 2	EATH (Che	ack only one) 8 Other (Sp 28d. OESCAN	PERFOR	NO NO	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 AND
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Natural 5 2 Accident 3 Suicide 6	O MEDICAL Pending investigation Could not be	HOSPITAL: 1 Department 2 Cas. OATE OF (Month, D.) 26s. PLACE O	ER/Outpetient	3 DOA	OTHEF 4 Num	28. PL R: sing Hom 28c. INJ WO 1 🗌 1	ACE OF D • 5 Re URY AT RK? /ES 2	EATH (Che	ck only one) 8 Other (Sp	PERFOR: YES 2 ecity) BE HOW IN	NO NO	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 AND
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Natural 5 2 Accident 3 Suicide 6	O MEDICAL Pending	HOSPITAL: 1 Department 2 Cas. OATE OF (Month, D.) 26s. PLACE O	ER/Outpetient INJURY INJURY F INJURY — At	3 DOA	OTHEF 4 Num	28. PL R: sing Hom 28c. INJ WO 1 🗌 1	ACE OF D • 5 Re URY AT RK? /ES 2	EATH (Che	ck only one) B Other (Sp 28d. OESCRIE	PERFOR: YES 2 ecity) BE HOW IN	NO NO	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 AND
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide	O MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 Department 2 Class OATE OF (Month, D.) 28s. PLACE O building,	ER/Outpatient INJURY INJURY — At etc. (Specify)	3 DOA 28b. TIM IN,	OTHEF 4 Num	28. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT RK? /ES 2	EATH (Chorasidence (1 [Control of the co	PERFOR: YES 2 ecify) BE HOW IN N (Street s. wn, State)	MED? NO	URED or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 AND
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only	O MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Propertient 2 Cas. OATE OF (Month, D. 28s. PLACE O building, CIAN: To the best of	ER/Outpatient INJURY INJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TIM IN.	OTHEF 4 Num IE OF JURY M Street, fact	28. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF D o 5 Re URY AT RK7 ES 2 S and place	EATH (Chousidence)	1 [PERFORI YES 2 ecity) BE HOW IN N (Street s. wn, State)	MED? NO IJURY OCC Ind Number	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 AO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEOI	O MEDICAL Pending Investigation Could not be determined TIFYING PHYSI ICAL EXAMINE	HOSPJTAL: 1 Department 2 28e. OATE OF (Month, D. 28e. PLACE O building, CIAN: To the best of an	ER/Outpatient INJURY INJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TIM IN.	OTHEF 4 Num IE OF JURY M Street, fact	28. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT KK? ZES 2 S and pisca eath occur	EATH (Chouseless of the second	28f. LOCATIO City or To	PERFORI YES 2 ecity) BE HOW IN N (Street s. wn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 AND Oute Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only	O MEDICAL Pending Investigation Could not be determined TIFYING PHYSI ICAL EXAMINE	HOSPJTAL: 1 Department 2 28e. OATE OF (Month, D. 28e. PLACE O building, CIAN: To the best of an	ER/Outpatient INJURY INJURY — At etc. (Specify) my knowledge,	3 DOA 28b. TIM IN.	OTHEF 4 Num IE OF JURY M Street, fact	28. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT KK? ZES 2 S and pisca eath occur	EATH (Chousidence)	28f. LOCATIO City or To	PERFORI YES 2 ecity) BE HOW IN N (Street s. wn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 AO
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only One) 2 MEOI	Pending Investigation Could not be determined PIFYING PHYSICAL EXAMINE	HOSPJTAL: 1 Zea. DATE OF (Month, D) 28s. PLACE O building, CIAN: To the best of a:	ER/Outpatient INJURY ny, Year) F INJURY — At etc. (Specify) my knowledge, temination and/o	3 DOA 28b. TiM IN, home, term, deeth occurr	OTHEF 4 Num IE OF JURY M street, fact ed et the 1	28. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT KK? ZES 2 S and pisca eath occur	EATH (Chouseless of the second	28f. LOCATIO City or To	PERFORI YES 2 ecity) BE HOW IN N (Street s. wn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 AND Oute Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1. Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEOI	Pending Investigation Could not be determined PIFYING PHYSICAL EXAMINE	HOSPJTAL: 1 Zea. DATE OF (Month, D) 28s. PLACE O building, CIAN: To the best of a:	ER/Outpatient INJURY ny, Year) F INJURY — At etc. (Specify) my knowledge, temination and/o	3 DOA 28b. TIM IN, home, term, deeth occurr	OTHEF 4 Num IE OF JURY M street, fact ed et the 1	28. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT KK? ZES 2 S and pisca eath occur	EATH (Chouseless of the second	28f. LOCATIO City or To	PERFORI YES 2 ecity) BE HOW IN N (Street s. wn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 AND Oute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only One) 2 MEOI	Pending Investigation Could not be determined PIFYING PHYSICAL EXAMINE	HOSPJTAL: 1 Zea. DATE OF (Month, D) 28s. PLACE O building, CIAN: To the best of a:	ER/Outpatient INJURY ny, Year) F INJURY — At etc. (Specify) my knowledge, temination and/o	3 DOA 28b. TIM IN, home, term, deeth occurr	OTHEF 4 Num IE OF JURY M street, fact ed et the 1	28. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT KK? ZES 2 S and pisca eath occur	EATH (Chouseless of the second	28f. LOCATIO City or To	PERFORI YES 2 ecity) BE HOW IN N (Street s. wn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural A	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 AND Oute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only One) 2 MEOI	Pending Investigation Could not be determined PIFYING PHYSICAL EXAMINE	HOSPLTAL: 1 Competient 2 28a. OATE OF (Month, D. 26a. PLACE O building, CIAN: To the best of at	ER/Outpatient INJURY INJURY — At etc. (Specify) Imp knowledge, samination and/o	3 DOA 28b. TIM IN, home, term, deeth occurr	OTHEF 4 Num IE OF JURY M street, fact ed et the 1	28. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT KK? ZES 2 S and pisca eath occur	EATH (Chouseless of the second	28f. LOCATIO City or To	PERFORI YES 2 ecity) BE HOW IN N (Street s. wn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 AND Oute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only One) 2 MEOI	Pending Investigation Could not be determined PIFYING PHYSICAL EXAMINE	HOSPLTAL: 1 Competient 2 28a. OATE OF (Month, D. 26a. PLACE O building, CIAN: To the best of at	ER/Outpatient INJURY IN, Year) F INJURY — At etc. (Specify) my knowledge, temination and/o	3 DOA 28b. TIM IN, home, term, deeth occurr	OTHEF 4 Num IE OF JURY M street, fact ed et the 1	28. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF D e 5 Re URY AT KK? ZES 2 S and pisca eath occur	EATH (Chouseless of the second	28f. LOCATIO City or To	PERFORI YES 2 ecity) BE HOW IN N (Street s. wn, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 AND Oute Number,



ARYLAND 21215-0020

- 1	5	0	0
	>	2	=
>	D	77	-
	8	3	
4	-5	2	三
	3	65	5
BALTIMORE ARYL		40	-
	.5	9	(0)
ш	2	8	0
Œ	Ë	-	75
0	10	8	3
\simeq	0	8	E
2	8	-6	1
	0.	700	-
	45		E
_	F	5	8
P	9	en -i	8
$\mathbf{\alpha}$	63	5 5	122
	1	× 6	2
	50	0	=
-	Š	= -	9
	×	8	=
	7	# 5	9
		> to	=
	A	E E	400
0	1	8 8	5
9	70	E	2
~	ĕ	8 ख	-
00	3	0 5	=
9	8	6 9	4
×	43	E 5	-
0	2	ig 5	2
\sim	63	Sic	45
-	d	E	-
	¥	4 6	ě
0	5	2 6	5
	9	등수	-
0	5	5 -	0
	8	書品	>
10	D	0 0	5
	3	52	E
	_	3 8	-
7	Ta	P	E
0	60	윤토	a
O	9	000	150
III	2	O X	6
~	as.	9 6	5
	2	A z	-
-	60	SE SE	2
<	93	20	-
-	F	at at	9
-	-	Ses	=
>	A	2 0	5
IL.	20	e =	-
0	32	9 E	9
0	F	E 3	*
7	60	> F	8
-	×	fte gat	E
0	0	A D	69
70	EN	8 9	=
DIVISION OF VITAL RECO 8, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the laws after death. Page 6 may be canned by the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of hours after death with the State Debt, of Health and Mental Housen prior to burlal, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
>	X	S	-
-	œ	E 5	-
0	C	0 8	=

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	2 21240
	1. OECEDENT'S NAME (First, Middle, Last) EVELVA 4. SOCIAL SECURITY NUMBER 5	EVELYN L. DEADY EAU Sex Jage (in yrs. lest birthdey) F	UNDER 1 YEAR	2. DATE OF DEATH	3. TIME OF DEATH 07:10 M
	All I I may all the	□ M 2 KF 85 YRS. MO	NTHS DAYS HOURS MIN.	Nov. 27 1906	Maryland TY OF DEATH
DIRECTOR	University Hospita RESLENCE OF DECEDENT 10a. STATE 10b. COUNTY	J	BALTIMORE,	Midi	10d. INSIDE CITY
	10s. STREET AND NUMBER	ltimore BA	Ltimare 101. ZIP CODE	10g. CITIZE	LIMITS? 1, res 2 MONO EN OF WHAT COUNTRY?
FUNERAL		2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	If yes, specify Cuban, Mexico	in, Puerto Rican, etc.)	USA 4. RACE — American Indian, Black, White, etc.
TED BY	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (Give kind of work	done during most of working	16b. KIND OF BUSINESS/INDU	Specify: White
COMPLETED	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) He. Do NOT use res Cleric	eal Worker	Bedding Co	•
BE	Harry Luc 190. INFORMANT'S NAME (TypoPrint)		Flor	cence Geisen Route Number, City or Town, State, Zip C	
5	Evelyn M. Deady, Da	aughter in Law 509	Hillside Dr.	Balto., MD 212	21
	1 ABurial 2 Cremation 3 Remova 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	Daltimore	Cemetery 8	B/3/92 Baltimor	e. MD
	JAmen 7	Suglepuke	1407 Easter	Funeral Home P n Ave. Baltimo	re, MD 21221
	anock, or heart failure. Lis	Per Digatory Foundation of the constitution of	gilure of	th as cerdiac or reapiratory	Approximata Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Bilateral pneu DUE TO (OR AS A CONSEQUENCE OF): Acute Renal DUE TO (OR AS A CONSEQUENCE OF):	Failure		9 days
A		ontributing to death but not resulting in the	ne underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
BY PHYSICIAN: MEDIC	Epidural h	ematoma 1 sus	-eurur A	1 □ YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL: 01	26. PLACE OF OEATH (Ch		
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 7 - 22 - 72 9,007 28a. PLACE OF INJURY — At home, farm, stree	M 1 YES 2 NO	Fell back i	n bath tub
ETED	3 Suicide 6 Could not be determined	building, stc. (Specify)	к, тастогу, опіса	281. LOCATION (Street and Number of City or Town, State) 509 Hillside Dr.	Baltimore.
COMPLETED		N: To the best of my knowledge, death occurred at the best of examination and/or investigation, in			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M.D.		MBER 29d. DATE S	7-31-92
	K. H. Sedani 31. DATE FILED (Month, Day, Year)	OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin M.D. MIEMSS 32. REGISTRAR'S SIGNATURE		en St. Bultin	note, MD. 212d
	7-31-92		e Neviden Africa		DHMH-18 Rev 1/89

no the second that the second that reversion to the first the substitute of the same of the substitut - militar Schile condens ociahur A diles we restant told

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	the	e del		1 00
	1 54	pd b		F
	aine	hou		The
	ret	5		100
•	y be	Sade	•	P
	m s	lo.		Ist
	901	Birec		E
	4	IE .		i
	Seath	fune		хап
	her (the	oval.	aj e
	rs a	by P	rem	dic
	hou	i pa	6	Ē
	1 24	ly fill	ation	ŧ
	vithis	pletel	rema	ent,
	v bei	Some	al, c	2
	Kecul	and c	Puri	atic
	9 90	an a	£ 10	E
	ate t	ysic	prior	T E
	rtific	d b	Nene	the
	h ce	ndin	F	00
	deat	affe	ental	č
	The state of	y the	M P	Ē
	that	pg pa	h an	any
	Ires	Sign	leaft	828
	redu	nee.	of	shor
	WE	S De	ept.	23 :
	The	te ha	Ite D	E
	AN:	ufical	Sta	r ite
	SICI	cert	h the	d, 0
	PHY	this	with	rke
	ING	After	leath	E
	END)R: /	ter d	99
	A	ECIL	rs af	n 2
	- OR	띪	hou	Her
	PITAL	RAL	27	# 3
	105	UNE	vithir	YN
	포	포	led v	P
	10	101	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	W
	*		_	-

	1 - FOR STATE OF MARYLE REGISTRAR		T OF HEALTH AND N	MENTAL HYGIEN		[] [7]		
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8 92	4:15 PM		
	216 24 6437 1 M 2 KF 6.	3 YRS. MONTH		(Month, Day, Year)	28 /	Δ		
TOR	BON SECOURS HOSPITAL	Bo	Himore		Balti			
DIRECTOR	mD Baltimore	10c. CITY, TOWN	T MORE			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	- Cock	10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	830 Edmondson Ave.		21201		USA			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 1 NO	I. WAS DECENDENT OF HISPANI If yes, specify Cuban, Mexican 1 YES 2 NO Specify:	, Puerto Rican, etc.)	Bia	CE — American Indian, ck, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL (Give kind of work don	e during most of worldng	16b. KIND OF BU	SINESS/INDUSTRY	0.77		
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Disabled)	Flita	Launda	0.14		
OMI	17. FATHER'S NAME (First, Middle, Last)	DISabled	18. MOTHER'S NAM	IE (First, Middle, Meiden	Laundi	n.y		
BE C	Victor Buchanan		011ie					
10	199. INFORMANT'S NAME (Type/Print) Ellen Williams		ss (Street and Number or Rural Ri Mondson Ave			21201		
	20e. METHOD OF DISPOSITION 20b.	PLACE AND DATE OF DISPO	OSITION /Name of		CATION — City or 1			
	1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	atery, cremetory or other place.	al Park		dallst	own, MD		
	· Vane832 Con	< I	MM C. MARCH	F.H./11	01 E.NO	ORTH AVE.		
	23. PART I. Enter the diseases, or compilications that ceused shock, or heart fellure. Liet only one cause on ea	the death. Do not ente	or the mode of dying, such	ss cerdiac or resp	iratory arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	meuro	ma Res	puale	Janla	Onset and Death		
z	OUE TO (OR AS A BONSEQUENCE OF):							
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING							
띮	CAUSE (Disease or Injury that initiated events	CONSEQUENCE OF:	, _ , .					
SER	reaulting in death) LAST							
AL.	PART II. Other algnificant conditions contributing to death but	at not reculting in the u	inderlying cause given in F	ert 1. 24s. WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC				1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
Σ.				-		1 NES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Chec	ck only one)				
YSIG	1 YES 2 DAG 1 Impatient 2 ER/Output			Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey, Year) 2 Accordance Investigation	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED			
	2 Accident	— At home, ferm, street, fe	ctory, office	281. LOCATION (Street City or Town, State)	and Number or Rural	Floute Number,		
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated.							
	200. SIGNATURE AND TITLE OF CERTIFIER	end/or Investigation, in my						
TO BE	Draile DrAR	ues)	29c. LICENSE NUME	DE FI	DATE SIGNE	6 42		
-		THE STEPPE AT CO.						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	(TH (TEM 27) (Type, Print)			-			
	31. DATE FILED (Month, Day, Year) AUG 0 3 1992 32. REGISTRAR'S SIGNA				-			

The state of the s

54

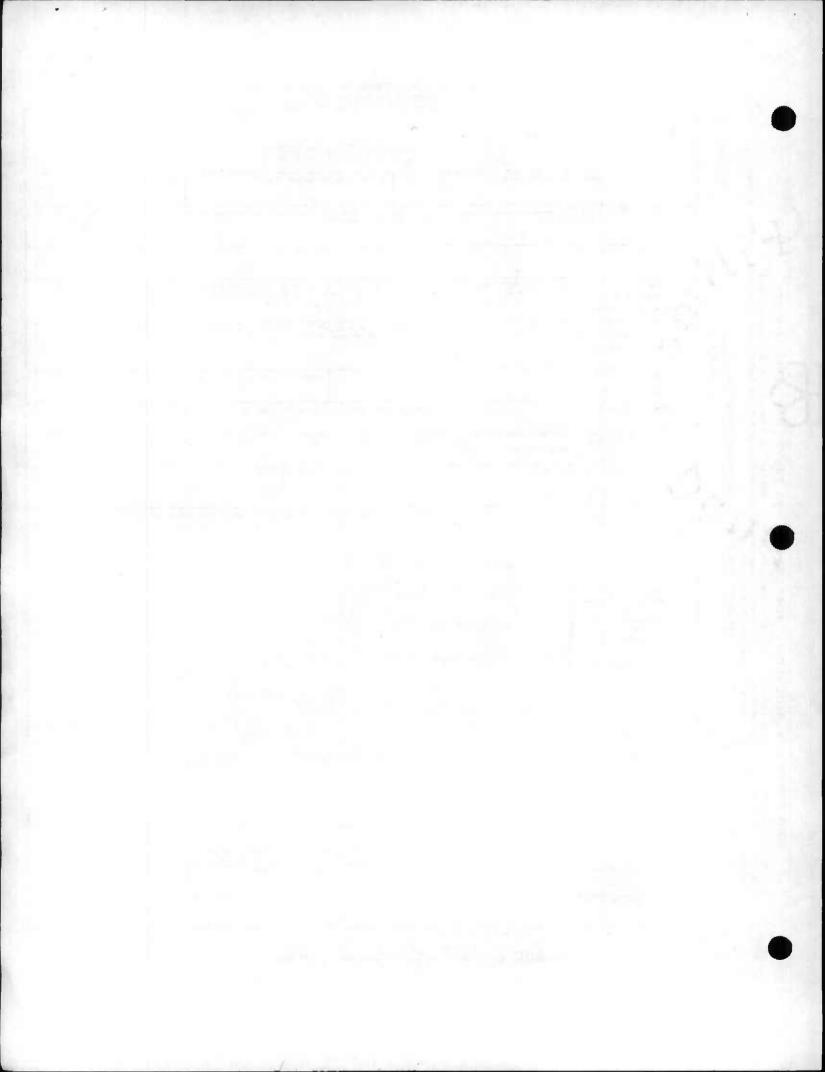
SHA

4	8	4
BA	SPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after de	EDA! DIRECTOR: After this partificate has been sineed by the strengton physician and completely filled in the fo
	60	2
-	5	5
	2	3
,	24	18
	두	And
0	E	ale
9	P	8
20	ŝ	ě
9	9	200
×	8	0
0	A	P. Colo
n	ate	2
	iffic	5
0	Pa.	5
J.	+	20
In.	63	46
S	9	9
	5	2
Ŧ.	Pat	-
2	S	9
2	nja	City
Ä.	0	G
-	3	2
_	6	26
Q.	Pe	9
=		920
>	M	Hif.
L	Sic	6
	¥	Pie.
7	٥.	-
5	NG	8
2	9	-
n	H	2
>	A	E
=	S	9
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	7	7
	1	DA
	100	14

	1 - STATE OF N	CERTIFICATE	OF DEATH	REG. NO.	
		ÚNĎERBURK	2. DA	TE OF DEATH	2 3:25 am
	4. SOCIAL SECURITY NUMBER 5. SCX 212-28-6178 1 M 2 F 9e. FACILITY NAME (If not institution, give street and number)	YRS.		onth, Pay, Year) /	BIRTHPLACE (State or Foreign Country) MARYUAND OF DEATN
DIRECTOR	MERCY HOSPITAL	E	3ALMOR		
	10e. STATE 10b. COUNTY MALY CAND 10e. STREET AND NUMBER	10c. CITY, TOWN OR BACT	MORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	611 S. CHARLES STE		101. ZIP CODE 2123C		J-S-A
BY	3 XWidowed 4 Divorced IF YES, GIVE W	TAER S TRUE	AS DECENDENT OF NISPANIC ORI yes, specify Cuben, Maxican, Puer YES 2 NO Specify:	GIN? (Specify Yes or No— 14. to Rican, etc.)	RACE — American Indian, Black, White, stc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +	18a. DECEDENT'S USUAL OCCI (Give kind of work done duri life. Do NOT use retired.) NURSE		16b. KIND OF BUSINESS/INDUS	TRY
BE	17. FATHER'S NAME (First, Middle, Lest) WALTER LEVI 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (16. MOTHER'S NAME (First EFFIE TA		ordea)
5	PRISCILLA WILLIAMS	804 W. LI	EXINGTON ST.	BALTO. MD	· APT. 1, 21223
	1 Geriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION COMPLETE ARBUTUS CEMETE	RY	ATE 20c. LOCATION — CHY BALTIMORI	E. MARYLAND
	· Charle B		SEPH H. BROWN W. BALTIMORE ST.	JR FUNERAL 2122	HOME P.A. 4433
	23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one ceu	t caused the deeth. Do not enter th			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	RESPIRATURE F	ALURE		7 dys
ERTIFICATION	disease or condition resulting in death) DUE TO Sequentially list conditions, if any, leading to immediate	COR AS A CONSEQUENCE OF): ULO SO SIS (OR AS A CONSEQUENCE OF): (OR AS A CONSEQUENCE OF):		5	7 dys 7 dys
IN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to Chronic respiratory failure multiple cerebral vascing as two story tube.	(OR AS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF): death but not resulting in the under	Inve sepsi		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to Chook respiratory failw Multiple cerebral vascing statements. The care brain vascing statement of the cause	COR AS A CONSEQUENCE OF): CONSEQUENCE OF): desth but not reculting in the under the content of	Inve sepsi	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	7 dys 7 dys 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to Chank respiratory fully Multiple cere and vascing systems are proposed to the cause of the cau	(OR AS A CONSEQUENCE OF): GYAM NEGA (OR AS A CONSEQUENCE OF): death but not reculting in the under dulu accidents ERVOurpetient 3 DOA 4 Mursing (NJURY (Year)) 1 ERVOurpetient 3 DOA 28b. Time OF 28b. Time OF 1800 PM (NJURY 1) 1 ERVOURPETIENT OF 28b. Time OF 1800 PM (NJURY 1) 1 ERVOURPETIENT OF 28b. Time OF 1800 PM (NJURY 1) 1 ERVOURPETIENT OF 28b. Time OF 1800 PM (NJURY 1) 1 ERVOURPETIENT OF 28b. Time OF 1800 PM (NJURY 1)	erlying couse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	7 dys 7 dys 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to Chronic respiratory failw Multiple cerebral vasc gastus bray fuce 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. PLACE OIL	(OR AS A CONSEQUENCE OF): GYAM NEGA (OR AS A CONSEQUENCE OF): death but not reculting in the under dulu accidents ERVOurpetient 3 DOA 4 Mursing (NJURY (Year)) 1 ERVOurpetient 3 DOA 28b. Time OF 28b. Time OF 1800 PM (NJURY 1) 1 ERVOURPETIENT OF 28b. Time OF 1800 PM (NJURY 1) 1 ERVOURPETIENT OF 28b. Time OF 1800 PM (NJURY 1) 1 ERVOURPETIENT OF 28b. Time OF 1800 PM (NJURY 1) 1 ERVOURPETIENT OF 28b. Time OF 1800 PM (NJURY 1)	26. PLACE OF DEATH (Check only on Nome 7 1 28d. 5 28d	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO cone)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to Chrok respiratory failures and the cause contributing to the conditions contributing to Chrok respiratory failures and the cause contributing to the conditions contributing to the cause contribution contributing to the cause contribution contributing to the cause contribution contributing to the cause contribution contributing to the cause contribution contributing to the cause	COR AS A CONSEQUENCE OF): CYAM NEGA (OR AS A CONSEQUENCE OF): death but not resulting in the under CALLY FALLYCO CALLY ACCIDENTS DOA 4 Nursing INJURY 28b. TIME OF 18/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	26. PLACE OF DEATH (Check only g Nome 5 Residence 6 Or WORK? 1 YES 2 NO No No No No No No No	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO cone) ther (Specify) DESCRIBE HOW INJURY OCCUR DOCATION (Street and Number or It in the New York North	7 dys 7 dys 7 dys 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to Chronic respiratory failures and the cause of the conditions contributing to Chronic respiratory failures and the cause of the cause	(OR AS A CONSEQUENCE OF): CYAM NESCA (OR AS A CONSEQUENCE OF): death but not resulting in the under CALLY ACCIDENTS DOA OTHER: 4 Nursing INJURY 28b. TIME OF INJURY M FINJURY Al home, farm, street, factory etc. (Specify) my knowledge, death occurred at the time samination and/or investigation, in my opin	26. PLACE OF DEATH (Check only g Nome 5 Residence 6 Or WORK? 1 YES 2 NO No No No No No No No	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO wher (Specify) DESCRIBE HOW INJURY OCCUR DOCATION (Street and Number or It in the course(s) and manner as stated. at and place, and due to the course(s) DATE SH	7 dys 7 dys 7 dys 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)



THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

ALL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

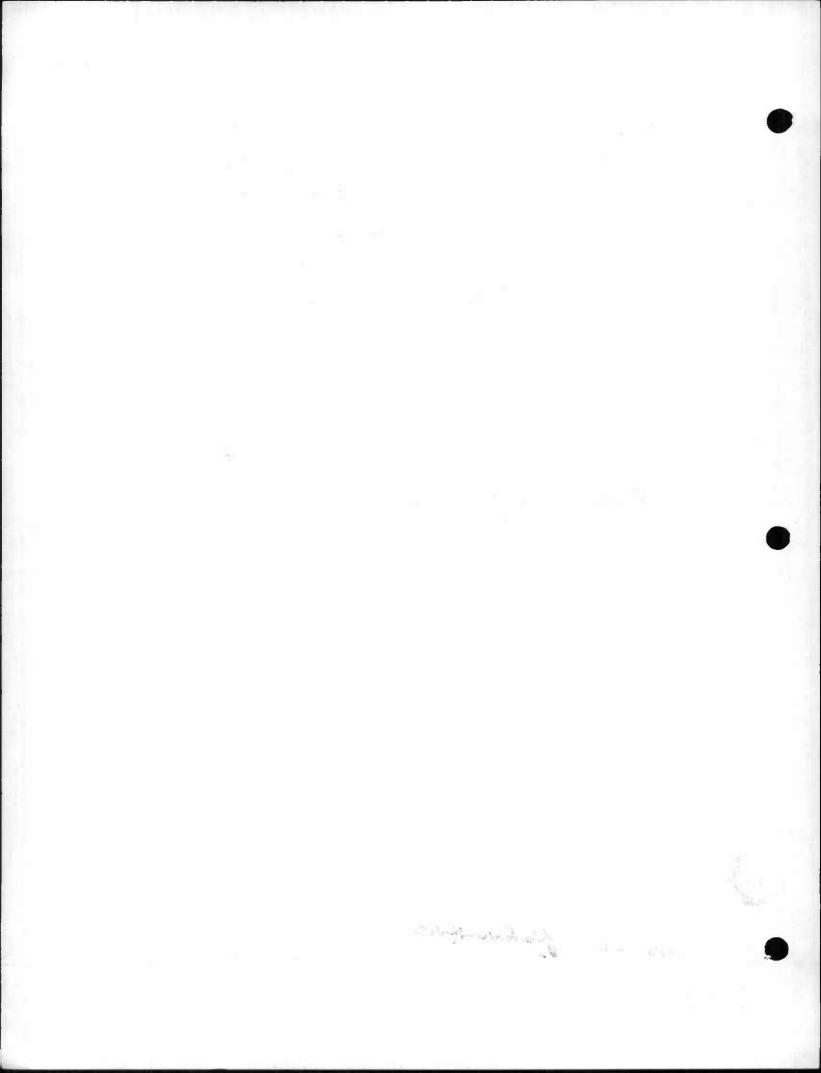
	VC
760,	and unithin
X 68	avant
30	ate he
0.	nachilla
S, F	danth
ORC	shae sha
REC(racintae
TAL	The last
OF VI	UVCICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OB ATTENDING DUVELCIAN. The Jam paratires that the death partitions he accorded within 24
2	A GO

	1 - STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT	OF HEALT	H AND MEN	TAL HYGIEN	E 9	2 61	243
	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH		3. TIME	OF DEATN
	Louis A. Fraser II					07 3		92	6:00 P
	4. SOCIAL SECURITY NUMBER 5. S	6. AGE (In yrs. less			ER 24 HRS. 7. D	ATE OF BIRTH		BIRTHPLACE (S	
	,	@M2□F 63	YRS. MONTHS	DAYS HOURS		Month, Day, Year) 10/27/28		W. VIF	RGINIA
5	9a. FACILITY NAME (If not institution, give street a 3509 HUDSON STRE.		- 211	timore	MD 2	1224	9c. COUNTY	OF DEATN	
CTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				110 2	1227			
DIRE	Maryland 106. COUNTY		10c. CITY, TOWN O					LIM	IDE CITY
	10s. STREET AND NUMBER		Baltim	ore 101. ZIP CO	0.5				S 2 NO
ERAL	1405 ANGLESEA ST	REET						N OF WHAT COU	NTRY?
FUND.		WAS DECEDENT EVER IN U.S. AR	WEO 13 V		224	RIGIN? (Specify Yes		SA RACE — Ameri	lean tedles
	1 Never Married 2 Narried	FORCES? 1 X YES 2 N IF YES, GIVE WAT OR DATES	0 11	yes, specify Cui	ban, Maxican, Pu	erio Ricen, etc.)	0.10-	Black, White, e	rtc.
D BY	3 Widowed 4 Divorced	WWII			- 110070			Specify: WHITE	-
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted) (Gi	CEDENT'S USUAL OC		king	16b. KIND OF BUS	INESS/INDUS	TRY	
1 2	Elementary/Secondary (0-12) Col	Rege (1-4 or 5+)	RINTER			CELE			
COMPL	17. FATHER'S NAME (First, Middle, Last)		THICK	10 10	THER'S NAME /	SELF irst, Middle, Meiden			
at once.	LOUIS A. FRASER	II			ANCES		Surname)		
B B	19a. INFORMANT'S NAME (Type/Print)		. MAILING ADDRESS				State Zin Co	viel	
medical examiner must be notified	MRS. MARGARET FRA		1405 ANG						4
9	20a. METHOD OF DISPOSITION	20b. PLACEA	NO DATE OF DISPOSI	TION (Name of		OATE 20c. LOC		y or Town, State	
Ē	1 Guriel 2 Commetter 3 Removal f 4 Donation 5 Other (Specify)	rom State cemetery, cree	IMORE PAR	TN'L	CEM 8	-4 BAL	TO.	CO. MC) .
in in	22. NAME AND ADDRESS OF FACILITY								
ехап	KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD.) /1
Es	23. PART i. Enter the diseases, or comp	ving, such as	uch as cerdiec or respiratory arrest, Approximate						
	ahock, or haert fallura. List of immediate CAUSE (Final	only offe cause on each line				4		Inte	arval Batweau set and Deat
# P	disease or condition	Small	Cell (arci	coma	of the	lune	1	2 year
event,	resulting in death)	DUE TO (OR AS A CONSEC	Small Cell Carcinoma of the long or					7000	
	Sequentially list and dates	Smoki	ng						
ry, or other traumatic	Sequentially list conditions, if any, leading to immediate								
2 2	CAUSE (Disease or injury	OUE TO JOB AS A CONSTS	UEUOE AD						
other	that initiated events resulting in daeth) LAST	OUE TO (OR AS A CONSEC	UENCE OF):						
CER 9	d								
Injury.	PART ii. Other aignificant conditions con	ntributing to death but not re	eauiting in the unc	erlying cause	givan in Part	i. 24a, WAS AN PERFOR			TOPSY FINDINGS
						1 TES 2			TON OF CAUSE
shows any MEDIC									2 (NO
23 s									
ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL: /	OTHER		DEATH (Check on	ly one)			
or II		Inpatient 2 ER/Outpatient 3	DOA 4 Nurs		Residence 8 🗆	Other (Specify)		_	
	27. MANNEY OF CEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURÝ AT WORK?		OEŞCRIBE HOW IN	JURY OCCUP	REO	
	2 Accident Investigation	200 BLACE OF IN HIRV. As her			□ NO				
28 is	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, wim, street, tacto	ry, ornea	281.	LOCATION (Street a. City or Town, State)	nd Number or	Rural Route Numb	Her,
E in	29a. CERTIFIER								
2 = 5	(Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, der							
S		the besis of exemination end/or is	www.igacion, in my op	mion, death occ	ured at the time,	oute and place, and	due to the c	ause(s) and man	ner as stated.
H H	29H. SIGNATURE AND TITLE OF CENTIFIER	OLD ME)	29c. LI	CENSE NUMBER	19	29d. DATE S	IGNED (Month). D	sy. Year)
2	30 NAME AND ADDRESS OF PERSON HOLD OF		10m (T	1.0	+717		- (121/9	_
9	30. NAME AND ADDRESS OF PERSON WHO COM	COCH	Paved	BIUI	1. R.	ACT 1	10	212	18
	3/0	/	12-01		01	101		~ /	, ,

31. DATE FILED (Month, Day, Year)

ALIG 3 1992

4 12 PERSONES SIGNATURE



ospital or attending physician.	ched for use as the burial-transit permit. Pages 1, 2, 3 should	4
OH MITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used that have State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OH ATTENDING PHYSICIAN: The law requires that the death certificate	DRETOR: After this certificate has been signed by the attending physician and completely filled in by the factor after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND I	MENTAL HYGIEN REG. NO		2 21244
	1. DECEDENT'S NAME (FIG. Middle, Lest) Stanley J.	Gawelko				2. DATE OF DEATN		YEAD 2 3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 321—12—6757 9a. FACILITY NAME (If not institution, give str	1 × M 2 □ F 74	(in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	T. DATE OF BIRTH	918	BIRTHPLACE (State or Foreign County)
CTOR	National Lutherar			Rockvil	le	ATH		ty of DEATH
L DIRECTOR	Virginia Fair	·fax		, town on Loca Lenna	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	8725 Higdon Drive	10 May 0505050			22182		USA	EN OF WHAT COUNTRY?
B	3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	If yes, sp	CENDENT OF NISPAN ocify Cuban, Maxicar 2 190 Specify	IC DRIGIN? (Specify Year, Puerto Rican, atc.)	n or No—	14. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	Me. Do NOT use	ork done during mo	st of working	16b. KIND OF BU		STRY
COMPL	17. FATNER'S NAME (First, Middle, Lest)		DIECCLO	MILES EI		S.T.A.		
BEC	Dominik Gawelko					rasinska	Sumaney	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		loute Number, City or Tow	n, State, Zip C	Code)
-	Stanley Gawelko		8725 H	Higdon D	rive, Vie	enna, Va.	22182	
	20e. METNDD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State	PLACEAND DATEO netery, crematory or oth Plington	FOISPOSITION (Na Nationa	ne of 1 Cemete	DATE 20c. LO	cation - ci	ty or Town, Stata ton, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22 MAME AN	ID ADDRESS OF TAR	KING FU		
	Donald n	me Don	old			Ave., Vie		
RIFICATION	23. PART I. Entar tha diseases, or co shock, or haart failure. Li IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents reaulting in death) LAST	DUE TO (OR AS A	MONIA	Ca		Sarco		Interval Between Onset and Death
. MEDICAL CE	PART II. Other aignificant conditiona	contributing to death b	ut not resulting in	the underlying	g cause given in F	Part i. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
CIAIS	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE DF OEATH (Chec	ck only one)		
É		HOSPITAL:	etlant 3 DOA	OTHER:	5 ☐ Residence 6			
	27. MANNER DF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE DF INJURY (Month, Day, Year)	28b. TIME INJU	DF 28c. INJU	JRY AT	28d. OESCRIBE NOW IF	JURY OCCU	RED
	3 Suicide 6 Could not be determined	Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, streel, factory, office bullding, atc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
	2 MEDICAL EXAMINER:	AN: To the best of my knowl On the best of examination	edge, death occurred and/or investigation,	at the time, data in my opinion, de	and place, and dua leath occured at the ti	o the cause(a) and man ime, data end place, and	ner ea stated I due to the (cause(a) and manner es stated.
	30. NAME WID ADDRESS OF PERSON WHO	11/2	po		D337	38	≥ 9d. DATE S	SIGNED (Month, Day, Year) -26-92
	Dantel Jaller	MD 19	511 Dog	ctors i	Dr. G	erm ando	wn,	dm
	AUG 3 1992	32 REGISTRAR'S SIGNA	pordelle					

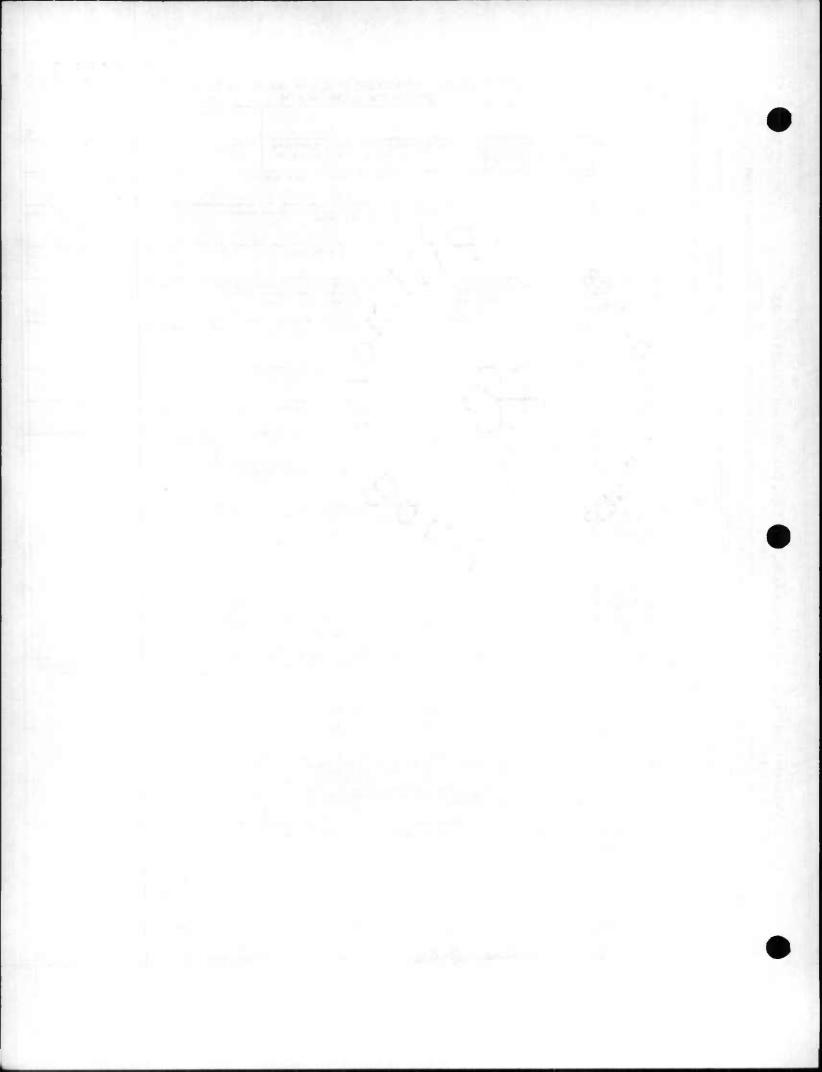
ndian . In

- Hery - when I

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

attendi	I se est		
TO SPITE OR STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	THE THEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to		
the ho	e detact		t once.
ined by	d bluor		fled a
be reta	10e 5 st		e noti
6 тау	ctor, pa		must b
n. Page	and dire		Juner 1
ter death	the fune	Mai.	неже је
ours af	d in by	or remo	medica
nin 24 h	tely filler	nation,	I, the
ted with	complet	lal, crer	even:
e execu	an and	r to bur	umatic
ficate b	physici	ne prior	ner tra
th certi	ending	u Hygle	or oth
the dea	the at	d Ment	Injury,
es that	d peub	ealth an	1 amy
v requir	been si	t. of He	show
The ian	ate has	tate Dep	19ш 23
SICIAN	certific	the SI	1, or 1
NG PHY	fter this	eath with	marke
TENDI	TOR: A	after de	28 Is
L OR A	DIREC	we made a prior after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSPITA	UNERAL	May 72	NAT: IF
黃	FE SE	# Page	PORT/
В	R	Ŧ	=

1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTME	NT OF HEALTH AN	D MENTAL HYGIEN		21245	
1. DECEDENT'S NAME (First, Middle, La	st)			2. DATE OF DEATH		3. TIME OF DEATN	
EVELYN	Naff	GLAI	07 3	0 92ª	04:25 PM		
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) IF UN 79 YRS. MONTI	IDER 1 YEAR IF UNDER 24 HR	MARRIE Day Marri	8. BIR Cou	THPLACE (State or Foreign nity) Maryland	
9a. FACILITY NAME (If not institution, git NORTH ARUNDEL RESIDENCE OF DECEMENT			GLEN BURNIE		9c. COUNTY OF	. COUNTY	
10a. STATE 10b. COU	e Arundel		N OR LOCATION Burnie			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
10a. STREET AND NUMBER 214 King George	Drive	7	101. ZIP CODE 2106	31	10g. CITIZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO Sp	SPANIC ORIGIN? (Specify Yexican, Puerto Rican, etc.)	s or No— 14. RA	CE — American Indian, ick, White, etc. Polity: White	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 6+)	life. Do NOT use retire	ne during most of working ed.)		USINESS/INDUSTRY		
17. FATHER'S NAME (First, Middle, Lest)		Cafeteria			y Govt.		
Frank Naff				NAME (First, Middle, Maiden abeth Johnso			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Ru				
Kathleen Fink						largiand 21	
20a. METHOD OF DISPOSITION 1 Note: Surface Commetted Commette							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road, Arbutus, Marylar 23. RART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate							
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR/AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):	/ Seast			Joyca,	
PART II. Other eignificant condit	ona contributing to death b	out not resulting in the	underlying cause given	In Pert I. 24a. WAS AN PERFO	RMED?	Sb. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check only one)			
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA 4 D	IER: Nursing Nome 6 - Residen	ca 8 Other (Specify)			
27. MANNEY OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCURED		
1 Natural 5 Pending 2 Accident Investigation	on	W	1 YES 2 NO				
3 Suicide 6 Could not 4 Homicide determined				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.							
296. SIGNATURE AND ZITLE OF ENTRY	tu p	Nas	D2-0	NUMBER 094-MO	29d. DATE SIGNE	0 (North Day from)	
30. NAME AND ADDRESS OF PERSON ELLIOTT GORBAT	Y, M.D./7845	OAKWOOD ROA	D #203/GLEN	BURNIE, MAR	YLAND 21	061	
AUG 0 3 1992	32. REGISTRAR'S SIGN						



목

DIVISION OF VITAL RECORDS, racedrae that the OR ATTENDING PHYSICIAN: The law

	2, 3 sho			l
	Pages 1,			
dil.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3			
Diegot Building	as the burlal-			
and the control of th	ed for use			
y are ince	be detache		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
noumno.	5 should		notified	
und faring	or, page		ust be	
o offer .	ral direct		iner m	
-	the fune	oval.	al exam	L
3	led in by	, or rem	medic	
-	pletely fil	cremation	ent, the	
	and com	o burial,	natic ev	
2	physician	ne prior b	er traur	
200	thending	tal Hygier	f, or oth	
200	by the	and Men	ny injury	
2000000	en signed	of Health	hows as	
	e has be	te Dept.	ım 23 s	
	certificat	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or Ite	
	After this	death wit.	marke	
the real distant	RECTOR:	urs after	m 28 is	
1	0	2	100	

92 21246 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 9 SEAR Ned ooden 0132 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 3/18/23 6. BIRTHPLACE (State or Foreign DAYS HOURS 214-32-5203 1 M 2 F 69 Georgia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hospital Baltimore, MD DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Baltimore 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 920 Lyndhurst Street 21229 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.}

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) 12 Laborer Apex Corporation 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Wade Gooden Lula Pullen BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Florence Gooden 920 Lyndhurst Street, Baltimore, MD 21229 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION --- City or Town, State Western Star Cemetery8/04 Baltimore County 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eugene R. Price Funeral Eligene K. 108 West North Avenue, Balto., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ADENOCARCINO MA OF THE STOWACH ADVANCED HTHOM I resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? LYMPHOMA 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 VES 2 NO Inpatient 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER DF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural M 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — Al home, farm, etreet, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined ETED 4 Homicide 29a. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: Do the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as etsted. 296. SIGNATURE AND TITLE OF CERTIFIER Rodulis 1. Bran 29d. DATE SIGNED (Month, Day, Year)

7/30/32

29c. LICENSE NUMBER

21229

BALTIMORE, MD

was variable



BE

9

RUPELIO M. BUCH FOR

31. DATE FILED (Month, Day, Year)

7/30/92

ST. AGNES HOSPITAL

DR. BASKARAN

AUG 3 1992

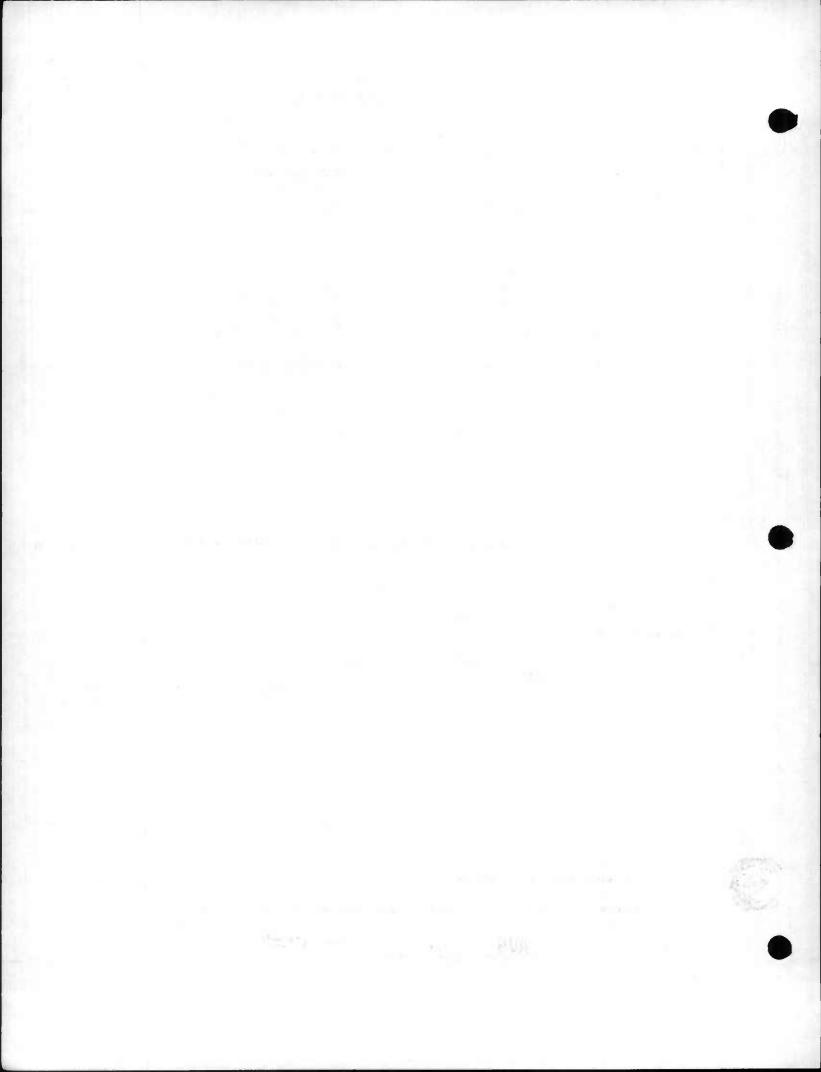
CATON AVE.

, 300

AUG

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ERAL II 72 I



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certainly, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

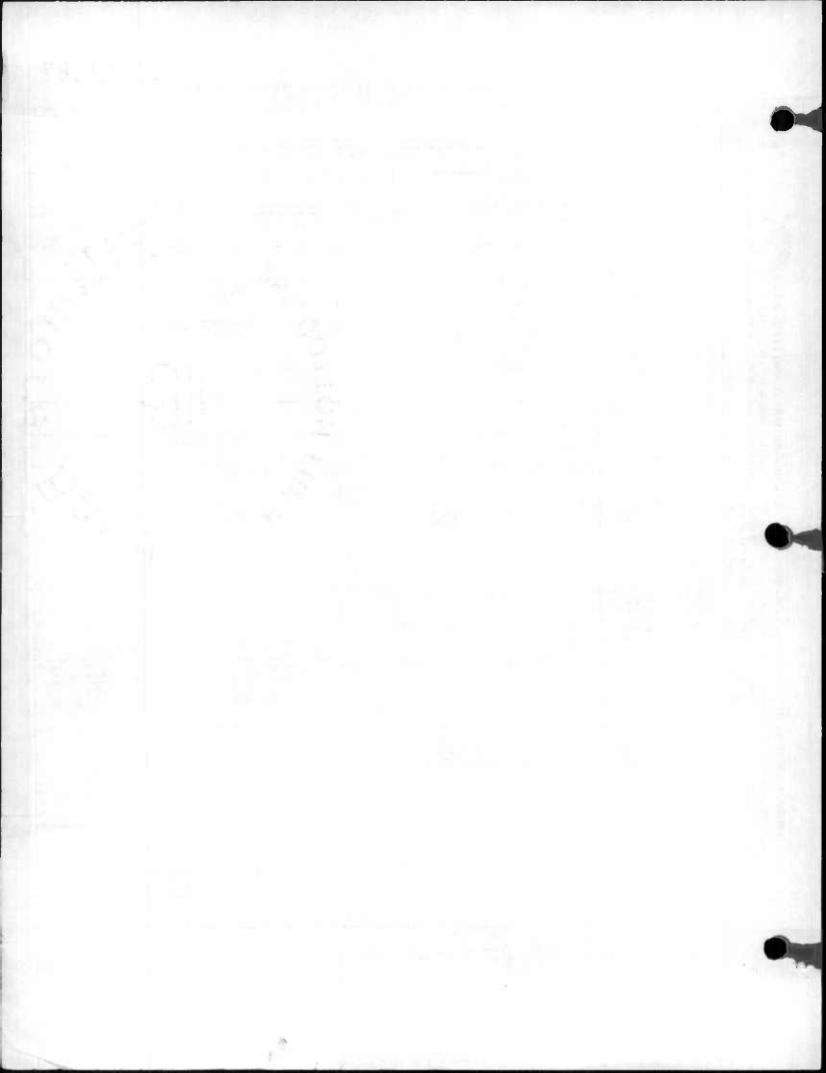
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DE	EATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	E. HA	RNY			2. DATE OF DEATH	AY CYEAR	3. TIME OF DEATH
	0 0	5. SEX 6. AGE		UNDER 1 YEAR OF L	MOER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)
_	9e, FACILITY NAME (If not institution, give street		91	CITY, TOWN OR LO	CATION OF DE	0401.5 EATH	9c. COUNTY OF	11-
CLO	RESIDENCE OF DECEDENT	tospital		Dalto				
DIRECTOR	10e. STATE 10b. COUNTY		Ba	OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4626 ROKE	by Rd		10f. ZIP	2/2 2	9	10g. CITIZEN OI	WHAT COUNTRY?
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENOE If yea, specify 1 YES 2	Cuban, Mexica	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	Bi	CE — American Indian, ack, White, atc. ecily: Black
E	15. OECEOENT'S EOUCA (Specify only highest grade co	ompleted)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of t	working	16b. KINO OF BU	SINESS/INDUSTRY	0,,,,
COMPLET	12th	College (1-4 or 5+)				Md:	State "	arole + Probation
BE CO	17. FATHER'S NAME (First, Middle, Lest)	1		18.	MOTHER'S NA	ME (First, Middle, Malden Tay lur		
2	190. INFORMANT'S NAME OF THE PARTY OF THE PA	11	19b. MAILING AD	1 11.11	eby	Route Number, City or Toy	n, State, Zip Code)	1 21279
	20a. METHOD OF DISPOSITION 1		PLACE AND DATE OF C	DISPOSITION (Name of	- 4	OATE 20e LC	CATION — City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICES	1. 2	1119	22, NAME AND AD	DRESS OF FA	CILITY WEST	reja 113.	10007, 140
	23. PART I. Enter the diseases, Dr co	mplications that couse	the death. Do not	enter the mode o	o Wo	h as cardiac or resp	Iratory arrest,	Approximate
	ahock, or heert failure. Lie iMMEDIATE CAUSE (Final disease or condition realiting in death) a.	RESPI	RATOR	4 ARE	REST	SEC		Interval Between Onset and Death
2		SUB F	RACHN	OID HE	EMA-	TOMA		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	EXTE	CONSEQUENCE OF):	PONT	INE	HEMOR	RHAGI	
ב ב	PART II. Other algnificant conditions	contributing to deeth b	out not resulting in t	he underlying cau	ise given in	Part i. 24s. WAS AN		4b. WERE AUTOPSY FINOINGS
MEDICA						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHISICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LOCAL TALL			OF DEATH (Ch	eck only one)		
127		HOSPITAL: Winpatient 2 ER/Outs		THER: Nursing Home 5		8 Other (Specify) 28d. OESCRIBE HOW	N HIM ASSUME	
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 YES		260. DESCRIBE HOW	NJOHY OCCORED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, streedily)	et, factory, office		261. LOCATION (Street City or Town, State,		of Route Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:							e(a) and manner as stated.
0 20 0	296. GIGNAYLINE AND TITLE OF CERTIFIER	uio.		290.	420	IBER	29d. DATE SIGNI	ED (Month, Day, Year)
	MIEMSS 22	COMPLETED CAUSE OF DE	St. Bal	timore	Mo		11	7.4.
	31. DATE FILED (Month, Day, Year) AUG 3 199	32. REGISTRAR'S SIGN	ATURE Popular	L	1			

OHMH-16 Rev 1/89



31. DATE FILED (Month, Day, Year)-

20708

Approximata interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - 10

02:25 PH

		1. DECEDENT'S NAME (First, Middle, Last) REGINA BROWN HAYES 2. DATE OF DEATH MONTH DAY YEAR 02:2										
		4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	1	7. DATE OF BIRTH (Month, Day, Year)	8. 8	HRTHPLACE (State or Foreign			
P		144-42-9508	1 🗆 M 2 💢 F	42 YRS.	MONTHS BAYS	HOURS MIN.	4-4-5	0	N.J			
3 should	œ	Se. FACILITY NAME (If not institution, give at			1 -	OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH			
1, 2,	RECTOR	RESIDENCE OF DECEDENT	el Bettsulle		cau	rej						
	0	10a. STATE HU 10b. COUNTY		10c. CIT	aure	1			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	FUNERAL	14007 Brain	bull Can			207C	8	u	of what country?			
21215-0020 al or attending investor use as the burta	BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	ECENDENT OF HISPAI specify Cuben, Mexica ES 2 NO Specifi			RACE — American Indian, Black, White, etc. SpecifyBkch			
	PLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a, DECEDENT'S (Give kind of w life, Do NOT us	rork done during r	TION nost of working	16b. KIND OF BUS	SINESS/INDUST	W			
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	ш	17. FATHER'S NAME (First, Middle, Last) John Stur	Want			16 MOTHER'S NA	ME (First, Middle, Maiden	Sumama) Ragin				
40 m		180. INFORMANT'S NAME (TYPO/Print) Tunb A. Hay	is.	19b. MAILING 1400		and Number or Aurel 1	Lane Apl	n. State, Zip Cook	", md 2070			
# 9 Z -		20e METHOD OF DISPOSITION 1 Duriel 2 Comments 3 Remove 4 Donation 6 Other (Specify)	val from State cen	D. PLACE AND DATE CONTROL OF OF	per place)	Crematory	8-592 Ne	cation - city of	or Town, Slate			
AA - 2 //		21. SIGNATURE OF FUNERAL SERVICE LICE	Wane	\supset	Hara Hara	AND ADDRESS OF FA	West	New				
TO A E S	П	23. PART I. Enter the diseases, or co shock, or heart fellure. L	emplications that cause	d the death. Do n	ot enter the m	node of dying, suc	h aa cardiac or reapi	ratory arrest,	Approximata			
in 24 fille ety fille nation,		IMMEDIATE CAUSE (Final	CARDIA	C AR	2447	HMIF	7		Onset and Dea			
P 8 6 7 6	_		DOE TO (OH AS)	A CONSEQUENCE OF):	run						
8 " O F	10	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	ounce	710119	0				
certificat nding phy Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	mm.	ine L) & FECON	cy Sy,	rome			
IDS, P the death by the atten of Mental H		PART II. Other significant conditions	contributing to death h	ust not requision i	n dha andadadad		B					
CORD irres that the signed by the Health and M ws any Inji	MEDIC	Pessible Myco	bacteric	in Av	in and and any	Intrace	Part I. 24a, WAS AN PERFOR	NO NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 70			
>	AN	25. WAS CASE REFERRED TO MEDICAL			20.	M ACE OF BEATH ON						
VITAL AN: The law tificate has e State Dep	SIC		HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (Ch						
OF V PHYSICIA this certif with the	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMS	OF 28c, II	JURY AT	28d. DESCRIBE HOW II	NJURY OCCURE	0			
NDING FR. After or death	ED BY	2 Accident Investigation M 1 YES 2 NO										
DIVIS OR ATTE DIRECTO hours afte												
国内を	COMPLET	(Check only The CERTIFYING PHYSICI	AN: To the best of my know On the besis of examination	ledge, desth occurre n and/or investigation	d st the time, da i, in my opinion,	te and place, and due death occured at the	to the cause(a) and man time, deta and place, an	mer as stated. d due to the cau	se(s) and menner as stated.			
TO THE HOSPI TO THE FUNEF be filed within	BE	296, SIGNATURE AND TITLE OF CERTIFIER Subol all-all	tar Mys	(House	Officer	29c, LICENSE NUN	IBER 25		NED (Month, Day, Year)			
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) / Sime	Drine)				, , , , , ,			

32. REGISTRAR'S SIGNATURE

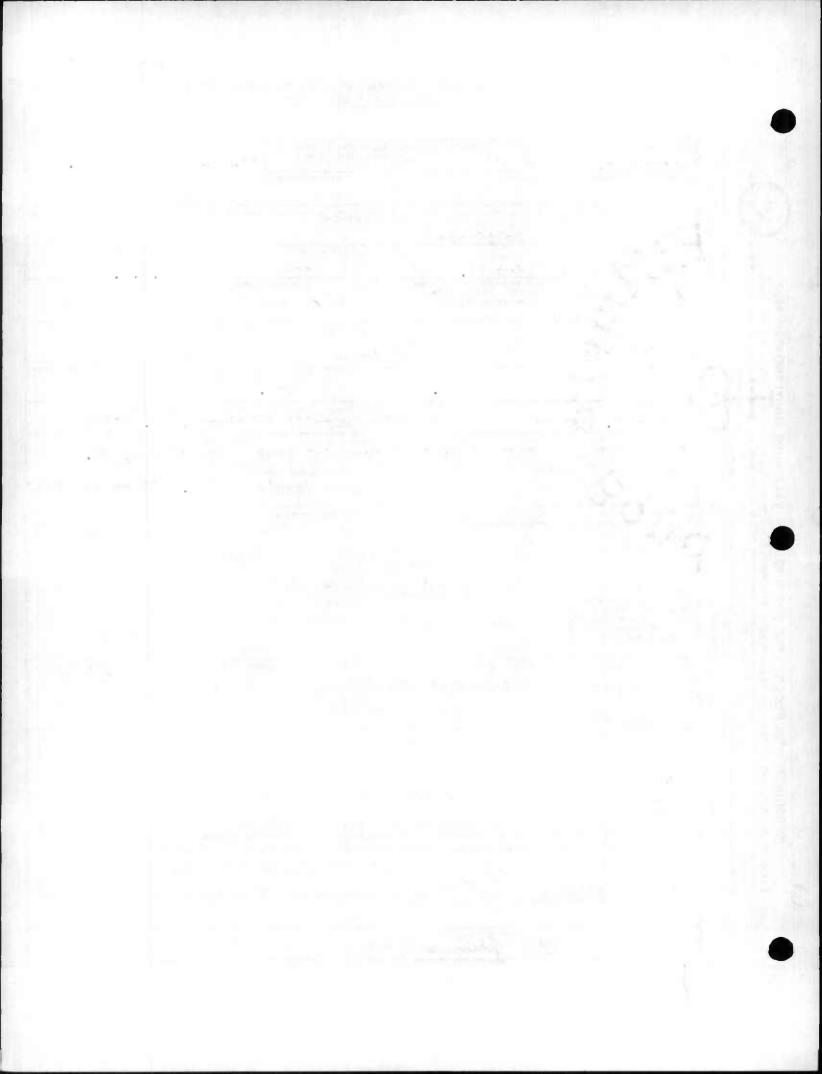
relia Savidson Rendell

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours arec deam with the State Lept. or result and Merial hydrer prior to build, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.
be ref	age 5 s	be no
6 may	actor, p	must
h. Pag	eral dir	niner
ter deat	the fun	Mal.
ours af	In by	nedic
n 24 h	ly filled	the T
ed with	omplete	event.
execut	and c	matic
cate be	hysician	or trau
n certifi	d Build	r oth
e death	the afte	Hury,
that th	ed by	amy is
requires	en sigr	Shows
WE Jaw	has be	n 23
IAN: TI	rtificate	or Her
PHYSIC	this ce	rked,
NDING	. After	Is ma
R ATTE	RECTUR	m 28
TAL 0	RAL DI	: H 16
E HOSP	E FUNE	RTANT
HT CF	E .	be filed within 72 hours ared death with the State Legit, or Hearth and Mental Hygiene prior to burial, d'emation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medicel ex

FOR 1 - STATE REGISTRAR	STATE OI	MARYLAND / DEPAR	TMENT OF H			YGIENE EG. NO.	92	212
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3. TIME OF
RAYMOND		HE	SSE		07 ⁿ	31	1992	1:31
4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In vrs. last hirthday)	E IMPED 1 VEAD	ALC LUMBER OF PARK	2 DATE OF B	INTM.	I a piny	101 105 101

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH		11.1	3. TIME OF DEATN				
	RAYMOND		HE	HESSE				07 3°	1 1	1992 1:31 pm							
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	st birthday)		R 1 YEAR			7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNI	PLACE (State or Foreign				
	@1(279-07.	-2946	1 🗆 M 2 🗆 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	11-20-0	5	Country	MMD.				
_	Se. FACILITY NAME (If not in	natitution, give a	treet end number)			9b. CIT	Y, TOWN	OR LOCAT	TION OF DE	ATH	9c. COU	NTY OF DE	HTA				
DIRECTOR	FRANKLIN		HOSPITA	L		_ F	ROSS	VILL	E		B	BALTI	MORE				
ទួ	RESIDENCE OF DEC	10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY				
E	Md		Ba1+	imore									LIMITS?				
	10e. STREET AND NUMBER		Davi	LINOTE			10	f. ZIP CO	DE		10a, CIT	IZEN OF W	1 YES 2 NO				
EB/	1046 Old	Nonth	Paint	RA				91	224								
BY FUNERAL	11. MARITAL STATUS 1 Mever Married 2 3 Wildowed 4 Divo	Married	12. WAS DECEDEN	TEVER IN U.S. AR	RMED NO		If yes, a	CENDENT pecify Cut	OF NISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)		S. A. 14. RACE Block Specif	- American Indian, White, stc.				
	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL C	CCUPATI	ON ost of work	dna	16b. KIND OF BU	SINESS/INC	DUSTRY					
COMPLETED	Elementary/Secondary (0		College (1-4 or 8		. Do NOT u	nta		JOI 03 WOV		Labo	rer						
BE CON	17. FATNER'S NAME (First, M	fiddle, Last)		Unk.				16. MO	Unk	ME (First, Middle, Melden	Surneme)						
TO B	19. INFORMANT'S NAME (I		er							Poute Number, City or Tow altimore			1202				
	20a. METHOD OF DISPOSIT 1 Burlel 2 Cremetic 4 Donation 6 Other	on 3 🗆 Reme	oval from State	20b. PLACE	D. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION						CATION -						
	21. SIGNATURE OF FUNERA		ENSEE				_		ESS OF FA			,					
	AM		aLeroy Harris 638 N. Gilmor St 21 Do not enter the mode of dylng, such as cardled or respiratory arrest, Approximate														
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Cardiac Arrest During Eye Surge DUE TO (OR AS A CONSEQUENCE OF): Atheroscleratic Cardio Vascular Disease. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									Disease			Onset and Death				
	PART II. Other significa	int condition	a contributing to	death but not r	resulting	In the u	nderivin	g cause	given in	Part I. 24s. WAS AN	AS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS						
: MEDICAL	History o Demen	and the same of th	tral Hemorrhage				PERFOR			24b. WHE AUTOPSY PINONINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
¥	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF	DEATH (Chi	ck only one)							
SE	EXAMINER? HOSPITAL: OTHER:																
BY PHYSICIAN:	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)																
	3 Suicide 6 A Nomicide	me, farm, :	street, factory, office 281. LOCATION (Street and Parties of Four, Stete)					end Number	Number or Rural Route Number,								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner es stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.																
BE	296. SIGNATURE AND TITLE OF CERTIFIER LETTIES (), Clients upp 29c. LICENSE NUMBER O.C.M.E. 29d. DATE SIGNED (Month, Day, Your) 0.C.M.E. 08/01/1992																
2	30. NAME AND ADDRESS OF	F PERSON WH	COMPLETED CAU	SE OF DEATH (ITE		Print) PEN	IN S'	TREE	r ba	LTIMORE,	MARYT	AND	21201				
Ì	31. DATE FILED (Month, Day,	. 4	992 A	R'S SIGNATURE													
	AU	ישנ	1														



Market .

1	REGISTR
	1. DECEDENT'S
	MARG
ľ	4. SOCIAL SEC
	175-0
Г	9a. FACILITY N.

FOR

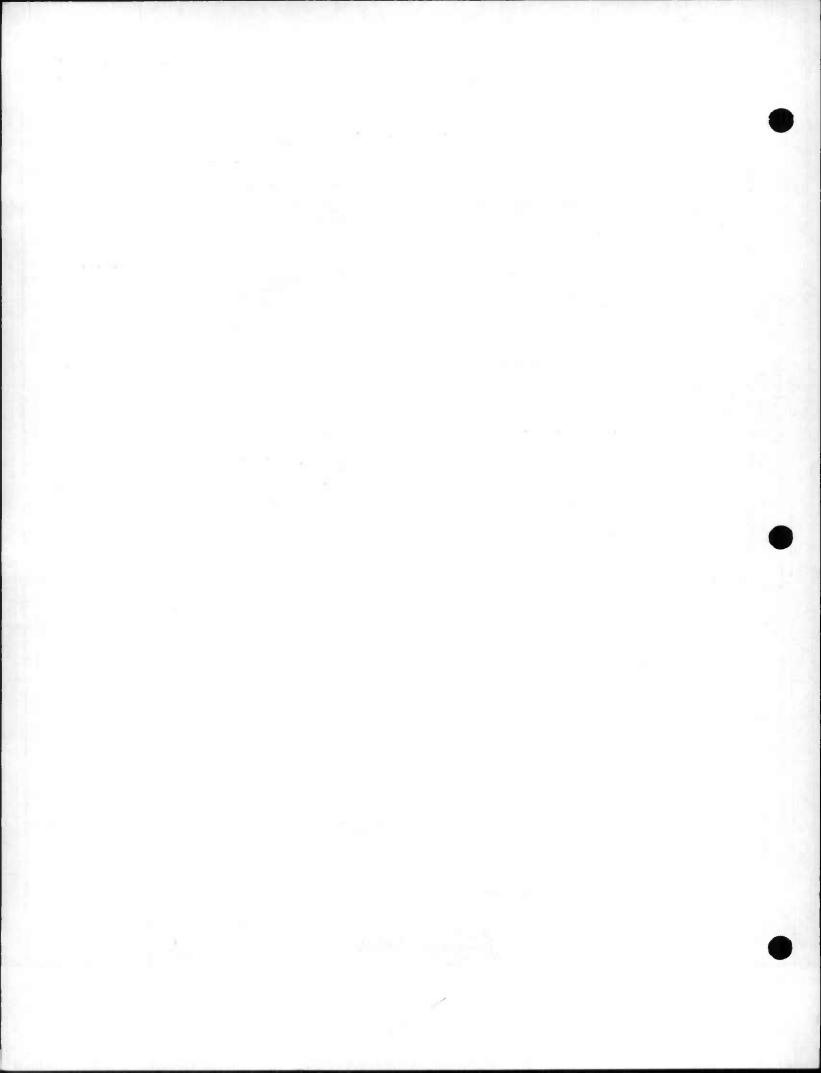
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE O	F DEATH	RE	G. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH				
	MARGARET E.	HOCK			July		1992	3:45 P. M				
ı		yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE OF BIS	OTH	HDI ACE (State or Comion					
	175-03-1791 1 N 2 X F 79		MONTHS DAY		(Month, Day,	Year)	Count	nsylvania				
		1110.										
	9a. FACILITY NAME (If not institution, give street and number)			N OR LOCATION OF DE	ATH		COUNTY OF D					
8	Meridian - Perring Pkwy.		Ba1	timore		I	Balti	more				
5	RESIDENCE OF DECEDENT											
H	10a. STATE 10b. COUNTY		TOWN OR LO					10d, INSIDE CITY LIMITS?				
ā	MD Baltimore		Balti	more				1 TYES 2 XXVO				
7	10a, STREET AND NUMBER		T	10f. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?				
8	8670 Black Oak Road			21234		Į	J. S.	Α.				
FUNERAL DIRECTOR	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS (ECENDENT OF HISPAN	IIC ORIGIN? (Spe	ecify Yea or No	14. RAC	E — American Indian,				
	1 Never Married 2 Married IF YES, GIVE WAR OR DATE	2/ NO	II yes,	specify Cuban, Maxica	n, Puerto Rican,		Blac	ck, White, atc.				
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: Whi												
	15. DECEDENT'S EDUCATION 1	6a. DECEDENT'S I	JSUAL OCCUP	ATION	18b. KIND	OF BUSINESS	INDUSTRY					
	(Specify only highest grade completed)	(Give kind of w	ork done during	most of working	7440, 74110	OI SOSIILESE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ا ت	Elementary/Secondary (0-12) College (1-4 or 5+)	House			0.2	vn Hon	20					
¥	12 year	поиве	WILE									
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA			ne)					
BE	Charles High			Grace	Bender	-						
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre	et and Number or Rural F	Route Number, Cit	ty or Town, State	e, Zip Code)					
2	LaVonda Kost	8670	B1ac	k Oak Ro	ad Bal	lto.	MD	21234				
	20s. METHOD OF DISPOSITION 20b. P	PLACE OF DISPOS	ITION (Name of	cemetery, crematory or		20c. LOCATION						
	1 N Buriel 2 Cremation 3 Removat from State	rland	Cemet	erv				A CONTRACTOR OF THE PARTY OF TH				
	4 Donallon 5 Other (Specify) Norland Cemetery Chambersburg 21. SIGNATURE OFFICINERAL SERVICE LICENSEE											
	21. SIGNATURE OF PUNETAL SERVICE LICENSEE	/		nson Fun		Tama	Balt.	o., MD				
	· Ou I. Chang							1286				
	23. PART I. Enter the disasses, or complications that caused t	tha daath. Do n	ot enter tha	1 Loch R	h as cardiac o	or respirator		Approximate				
	ahock, or heart fallure. List only one cause on aac		_	, , , ,		,	,,	Intarval Between				
- 1	IMMEDIATE CAUSE (Final diagasa or condition resulting in death) a. Onset and Death											
- 1	resulting in death)	ne	~ Y	ment !	u, a							
- 1	DUE TO JOR AS A C	DUE TO OR AS A CONSEQUENCE OF):										
Z	o ser	en	0	()								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	CONSEQUENCE OF):									
8	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A C	CONSEQUENCE OF):									
눈	resulting in death) LAST											
뭥	0.											
	PART II. Other algnificant conditions contributing to death but	t not resulting i	n the underl	ylpa-cause given in	Port I. 34a.	WAS AN AUTO PERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
DICAL	18000 . 1 CM	16-0	10	Lean	un. i	TOTAL TOTAL	.	COMPLETION OF CAUSE				
				-	Treas	0		OF DEATH?				
Σ	- CXA				1_			1 YES 2 NO				
ΪŻ	7 (-											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		QTHER:	S. PLACE OF DEATH (Ch	eck only one)							
S	1 YES 2 NO 1 Inpatient 2 ER/Outpat	Nent 3 DOA		Home 5 - Residence	a 🗆 Other (Spe	icity)						
동	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. URY	INJURY AT WORK?	28d. DESCRIB	E HOW INJURY	OCCURED					
	1 Natural 5 Pending			YES 2 NO								
2 Accident 3 Suicide 4 Homicide 26a. PLACE OF INJURY — At home, farm, streel, factory, office 4 Homicide 26a. PLACE OF INJURY — At home, farm, streel, factory, office 4 Homicide 26a. PLACE OF INJURY — At home, farm, streel, factory, office 4 City or Town, Stele) 26a. PLACE OF INJURY — At home, farm, streel, factory, office 4 City or Town, Stele) 26a. PLACE OF INJURY — At home, farm, streel, factory, office 4 City or Town, Stele) 26a. PLACE OF INJURY — At home, farm, streel, factory, office 4 City or Town, Stele) 26a. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26b. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 6 City or Town, Stele) 26c. PLACE OF INJURY — At home, farm, streel, factory, office 7 City or Town, Stele)												
										Ш	200 CERTIFIED	
립	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowled	dga, death occurre	d at the Ilme,	data and place, and due	lo the cause(a)	and manner a	a stated.					
8	one) 2 MEDICAL EXAMINER: On the basis of examination	end/or investigatio	n, in my opinio	n, death occured at the	time, data and p	place, and dua	to the cause	(a) and menner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	11 0	:	29c. LICENSE NUI	MBER	29d.	DATE SIGNE	(Month, Day, Year)				
BE	Municia	Yet. ()		1118	301	▶	1/2	001				
6	30 NAME AND ADDRESS OF REDSON WHO COMBI ETED CAUSE OF OF A	TH (ITEM 97) (\$	Print)	100	/\/		110	7.7				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	THEM 27 LIVES,	Print)) .								
	OPECATI E. VIII	1 4										
	31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT	TURE										
	AUG 470 1982 - gine Davidson A	andelle										
		A CONTRACT OF THE CONTRACT OF										

	TO THE HOSPITOL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Debt, of Health and Mental Hoolene prior to burial, certain, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
J	5	2	#	
	ained	hould	Med	ľ
	e ret	5 5	100	ı
ï	lay b	00	t be	ı
	8 6	ector,	SOE	
-	Se de	al di	Her	
ļ	eath.	fune	Kam	
1	fler d	the loval	e le	
	urs a	In by	ped	l
	24 hc	filled on. o	he n	l
	thin	etely	nt, t	ı
	₩ pe	al. cr	8	
)	mecut	and	atte	
	9	ician ior to	TOC	
)	ficate	phys ne pr	101	
)	Certi	Hydie	T of	
	death	afte.	7, 0	
	the the	y the	를	
)	s that	th a	amy	
	quire	n sign	OWS	
	W re	bee of	3 sh	ı
	The Is	te De	2 ш	
	AN:	theat Sta	or Ite	
	YSIC	s cer) 'pe	
	G PH	ath w	nark	
	NION	R: Aft	Is n	
	ATTE	ECTO afte	1 28	
	L OR	Plour	Iten	
	SPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formation of tennoral. Thous after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	11.10	
	F	N. S.	HTAN	1
	본	THE STATE OF THE S	IP0	
	F	F 2	=	1

	FOR	STATE OF I	MARYLAND /	/ NEPAR	TMENT	OE H	EAITU	AND I	MENTA	I HAGIE	92	2	1251
	1 - STATE REGISTRAR	OIMIL OI I	C	ERTIF	ICATE	OF	DEA	ГН	MENIA	REG. N			
	1. DECEDENT'S NAME (First, Middle. Last)	SHERI	MAN A. H	HIGGS	. SR				2. DATE	OF DEATH	w /9	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH	//	6. BIRTHPL	ACE (State or Foreign
	213-07-9737	1 ₩ 2 □ F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	3-	22-19	15	VIR	GINIA
Œ	9a. FACILITY NAME (If not institution, give st CHURCH HOSPITA						MORE				9c. COUN	ITY OF DEA	тн
5	RESIDENCE OF DECEDENT						.1014						
DIRECTOR	MARYLAND 10b. COUNTY	B ALT IMOR	F	10c. CIT	Y, TOWN		ION GEME	RF					Od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER						ZIP COD				10a CITI		T COUNTRY?
FUNERAL	3204 GREENHILL RO								2121				S.A.
3	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	YES 2	NO						N? (Specify Y Rican, etc.)	es or No-		- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	`		1 PYES	XX NO	Specify	y:			Specify:	WHITE
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	ECEDENT'S	work done	CCUPATIO	ON st of working	ng .	168	. KIND OF B	USINESS/IND	USTRY	
ZE	Elementary/Secondary (0-12)	College (1-4 or 5	Alder	i. Do NOT us	e retired.)								
COMPLETED	ATH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A		ST	FFI (WORK		HED'S NA		BETHL Middle, Melde	EHEM S	STEEL	CORP.
BE C	RENIAMIN HIGGS									NTON	n Surneme)		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a					wn, State, Zip	Code)	
	SHERMAN A HTGGS	JR.			_		L ROAD BALTIMORE, MARYLAND 21237						
7/8	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	ovel from State	cometery, cre	ematory or o	ther place)				DAT		OCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LIC		- I GARDI	NS O	A	TH NAME AN	CEM.	7-	31-1	992	BALTIN	MORE,	MARYLAND
1	· Scall	Coar	Der	Transce 4	1	DUDA	-RUC	K FU	NERA		E OF I		LK INC. 21222
	23. PART I. Enter the diseases, or cahock, or heart failure. I	omplications the	t ceused the de	eath. Do r	ot antar	the mo	de of dy	ng, aucl	h as can	diac or rea	piratory arm	eat,	Approximate Interval Between
ì	IMMEDIATE CAUSE (Fine) disease or condition	Zena	inato	2ly	7	FOL	ile	ne	_				Onset and Death
	disease or condition resulting in death) a. Legica Follow Fullure a. Die to (OR AS A CONSCOUENCE OF):											1	
N	Sequentially list conditions, b. Jung Cancer												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING												
임	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	T):								
EH	resulting in death) LAST	ı											
	PART II. Other algnificant conditions	contributing to	deeth but not i	resulting I	n the un	derlying	Cause (lven in	Part I.	24a. WAS A	N AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL				ATTENDO -				11111111111			RMED?	A) Ct	MILABLE PRIOR TO OMPLETION OF CAUSE
ME													F DEATH?
ÿ													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only or	10)			
1 YES 3 NO 1 Inpettent 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED													
	1 Natural 5 Pending	(Month, D		INJ	URY M		RK?] NO	20G. DE:	CHIBE HOW	INJUHY OCC	UHED	
D BY	3 Suicide 6 Could not be	28a. PLACE O	F INJURY — At he	ome, ferm, s	treet, fact	ory, office			261. LOC	ATION (Street or Town, State	and Number	or Rural Rout	te Number,
	4 Homicide determined	(Aca)							Oily	or lown, State	"		
COMPLETED	29a. CERTIFIER (Check only one)												
ខ្ល	2 MEDICAL EXAMINER	t: On the basis of a	xamination and/or	Investigatio	n, in my o	pinion, de	eath occur	ed at the	time, deta	and place, a	nd due to the	cause(a) a	nd manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER	Due	d. Spe	cià	lifi	-	29c. LICE	LO .	BER 357	,	29d. DATE	SIGNED (M	onth, Day, Mar)
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print) Lev	aes	1	al	fo.	KU	2	123	/
- 1		1	1			1	7 /				/	-	
1	31. DATE FILED (Month, Day, Year)	1992 A	S SIGNATURE	9									

DHMH-16 Rev 1/89



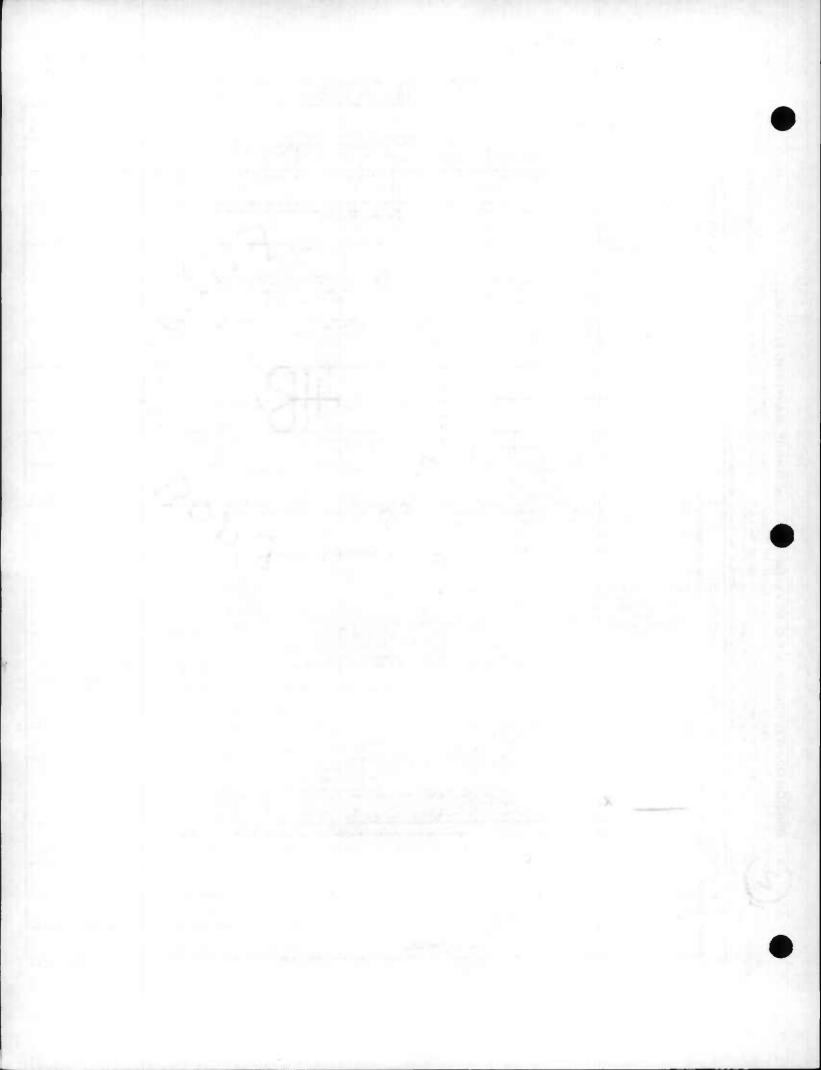
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG 0 3 1992

92. AEGISTBAR'S SIGNATURE Funa Davidson-Aundole

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPART	TMENT OF			MENTAL HYGIEI	NE	1 2	21232
1. DECEDENT'S NAME (First, Middle, Las	et)						2 DATE OF DEATH			3. TIME OF DEATH
Jeanie JEANNIE	R.			Her	nrv		07 31	DAY 1	992"	3:19 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is	st birthday)	IF UNDER 1 YEA	-	IR 24 HRS.	7. DATE OF BIRTH	-		PLACE (State or Foreign
218-94-9796	1 M 2 X F	27	" -	MONTHS DAY		MIN.	11/21/64		Country)
Sa. FACILITY NAME (If not institution, give	- 44	21		9b. CITY, TOW						Maryland
University Hosp	and the second	7				TION OF D	DEATH	Sc. COL	INTY OF DE	EATH
RESIDENCE OF DECEDENT	Ital 5.1.	J.		Balti	more					
10a. STATE 10b. COU	NTY		10c. CITY	TOWN OR LO	CATION	_				10d. INSIDE CITY
Maryland			Ra1	timore	3					LIMITS?
10a. STREET AND NUMBER			Dai	CINOIC	10f. ZIP CO	ne .		40 000		1 YES 2 NO
9125 Mason Avenu	Δ				2123			- 18		HAT COUNTRY?
11. MARITAL STATUS		T 5000 00 110 1							SA	
1 Never Married 2 Merried	FORCES?	T EVER IN U.S.A.		13. WAS	specify Cut	OF HISPA an, Mexic	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	es or No —	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		10	res 2 X NO	Speci	Hy:		Specif	white
15. DECEDENT'S E	DUCATION	100 0	ECEDENTIA I	USUAL OCCUP						WIIICC
(Specify only highest gra	ide completed)		Give kind of w	ork done during retired.)	most of work	dng	18b. KIND OF B	JSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ısemak				Self			
17. FATHER'S NAME (First, Middle, Lest)		1100	ISCHAN	rer						_
	C Cre				120.45		AME (First, Middle, Meide	n Sumame)		
Vincent J. Anika	S, SI.						Roelecke			
19a. INFORMANT'S NAME (Type/Print)		1					Route Number, City or To			
Benjamin Henry		- 5	125 M	lason A	venue	, Ba	altimore, M	Maryl	and 2	1234
20e. METHOD OF DISPOSITION 1		20b. PLACE Comelety, cr Balt	AND DATE O	r bisposition per plece) Cremat	(Neme of	8,		urel,		vn, State yland
21. SIGNATURE OF FUNERAL SERVICE	ambra			Ambr 1328	Sulp	uner hur	cal Home, : Spr. Rd. A	Arbut	us, M	id. 21227
23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Itead	use on each lin	. will	& Comp				piratory ar	reat,	Approximate interval Between Onset and Death
Sequentially list conditions,	b	(OR AS A CONSE	OUENCE OF							
If any, leading to immediate cause. Enter UNDERLYING	00L 10	(OII AS A CONSE	ODENCE OF	,.						ì
CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSE	OUENCE OF							
that initiated events resulting in death) LAST		(en no n conde	.doznoż or j	,.						i
	d									
PART II. Other significant conditi	one contributing to	death but not	reaulting Ir	the underly	ing couse	given in	Part I. 24e. WAS AI PERFO	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF	DEATH (C	heck only one)			
1 XYES 2 NO	1 Sylnpatient 2 (ER/Outpatient		OTHER: 4 - Nursing I	lome 5 🗆 F	lesidence	8 Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF		28b, TIME	OF 28c.	INJURY AT		28d. DESCRIBE HOW	INJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation	07/22/	792"	4:25	P M 10	WORK? YES 2	X NO	Struck i	n Hea	ad	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE C	of INJURY — At he etc. (Specify) Motel	ome, ferm, st	reet, factory, o	ffice		281. LOCATION (Street 6 785 Wash	and Numbe	or Rural Ro	oute Number,
And Conviered										vu.
							e to the cause(e) end me time, date end place, e			end menner ae stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER		-		29c. LIC	ENSE NU	MBER	29d DAY	E SIGNED	Month, Day, Year)
Alon old HI	Vright,	MO			2.7	C.M.		A.	3/01/	
30. NAME AND ADDRESS OF PERSON V			M 27) (Type I	Print)	1			1,00	, 01/	
DONALD C 1.10.	T MO			n Stra	o+	D-1+	imoro Mars	Land.	2120	1

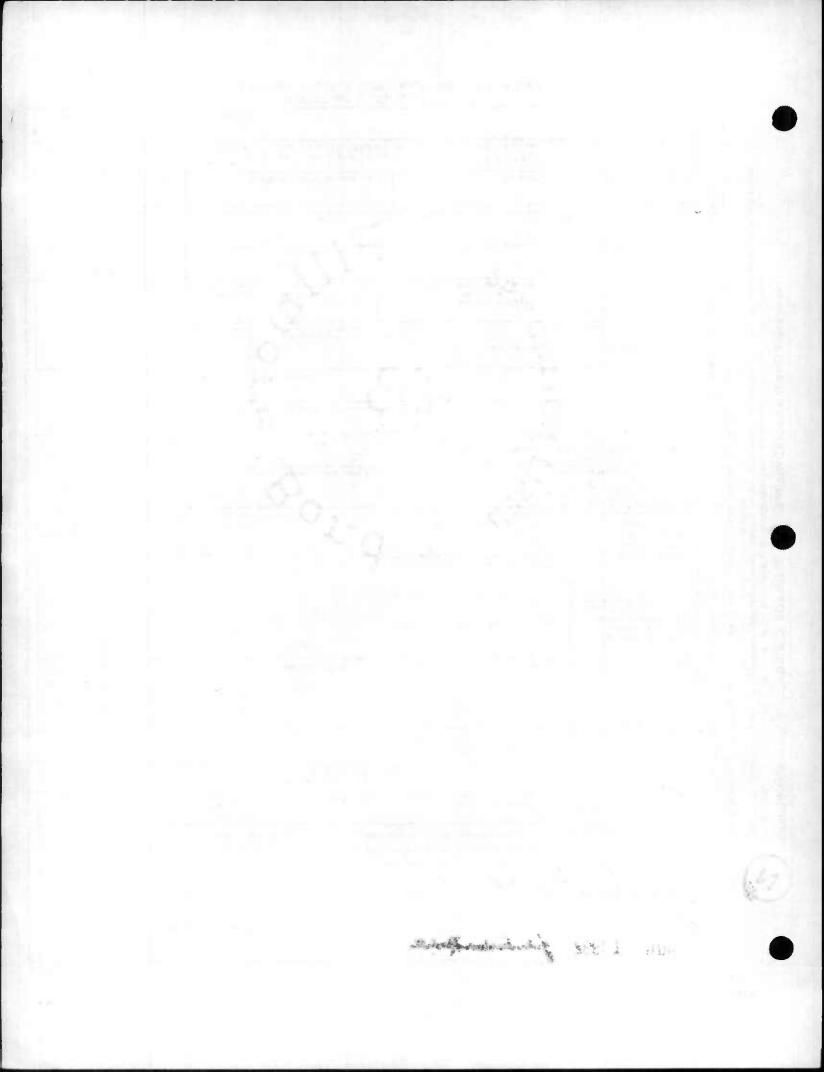


BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours when the first heavy be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the meani director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Deot. of Health and Mental Hygiene prior to burial, cremation, or remove.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ID TO STATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hi	THE INVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the action of the completely filled in by the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last,)						T 2 DATE	OF DEATH			3. TIME OF DEATN
John		Murvin		Howel:			MONT 07	H D		YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER 1 YE		R 24 HRS.	7 DATE	OF BIRTH		92	2:21 7
	1 XM 2 - F	35	YRS.	MONTHS DA		MIN.	(Mont	19-19	56	Country	RYLAND
9a. FACILITY NAME (If not institution, give		0.5		9b. CITY, TO	VN OR LOCATI	ION OF D		.,,,	9c. COUNT		
Easton Memorial	Hospital			East						1bot	
RESIDENCE OF DECEDENT									<u>l</u> la	TDO	
10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO							10d. INSIDE CITY LIMITS?
MARYLAND B	ALTIMORE				DUND						1 YES 2 N
	2010				10f. ZIP COD		0.0		10g. CITIZ		HAT COUNTRY?
2522 W. WOODWELL	V					212					S.A.
1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO	If yes	, specify Cubi	an, Mexico	an, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE Block	- American Indian , White, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES		1 🗆	YES 2 NO	Speci	ly:			Specif	WHITE
15. DECEDENT'S ED	UCATION	16a. D	DECEDENT'S	USUAL OCCUP	ATION	17	168	. KIND OF BUS	SINESS/INDU	STRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of v lie. Do NOT us	work done during se retired.)	most of worki	ng	-		and the state of		
9TH GRADE	N/A	E	BUSINE	ESS OWN	IER		1	ROOFI	NG COI	MPNA	y
17. FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (First,	Middle, Meiden	Sumame)		
FRANK HOWELL								ORSEY			
19e. INFORMANT'S NAME (Type/Print)		1		ADDRESS (Str							
LINDA J. HOWELL			2522	W. WOO	DWELL	ROA	D	BALTIM	ORE, I	MARY	LAND 2
20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rer 4 Donation 6 Other (Specify)		206.PLACE	LAWN (OF DISPOSITION	RY	7-3	0-19	92 B	CATION — CI	ORE,	MARYLAN
21 SIGNATURE DE FUNERAL REBUICE L	ICENSES	11 1		0.0 00000			-				
23. PART i. Enter the disesses, or shock, or heart failure.	complications the	it caused the d	deeth. Do n	792	22 WIS	E AV	ENUE	DUND.	ALK M	D	LK INC. 21222 Approximet Interval Ber Onset and I
23. PART i. Enter the disesses, or shock, or heart failure immediate CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO DUE TO C.	OR AS A CONSE	EOUENCE OF	792 not enter the	22 WIS	E AV	ENUE	DUND	ALK M	D	21222 Approximet
23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO DUE TO C.	OR AS A CONSE	EOUENCE OF	792 not enter the	22 WIS	E AV	ENUE	DUND.	ALK M	D	21222 Approximet
23. PART i. Enter the disesses, or shock, or heart failure iMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	DUE TO C. DUE TO DUE TO DUE TO	OR AS A CONSE	EQUENCE OF	792 not enter the	22 WIS mode of dy	E AV	ENUE this scen	DUND.	ALK M. AUTOPSY MED?	D st,	21222 Approximet
23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significent conditions.	DUE TO C. DUE TO d	OR AS A CONSE	EQUENCE OF	792 not enter the Male Fi: in the underly	22 WIS mode of dy	E AV	Part I.	DUND. Jiec or respi 24a. WAS AN PERFOR	ALK M. AUTOPSY MED?	D st,	Approximet Interval Bei Onset and E Onset
23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significent conditions.	DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	IDR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not	EQUENCE OF	792 not enter the Nac F): in the underly	ying cause of	E AV	Part I.	DUND. Jiec or respi 24e. WAS AN PENFOR 1 VES 2	ALK M. AUTOPSY MED?	D st,	Approximet Interval Bei Onset and E Onset
23. PART i. Enter the disesses, or shock, or heart fellure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. Image: Cause Cau	DUE TO DUE TO C. DUE TO d. HOSPITAL:	IDR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not	EOUENCE OF Tesuiting I	792 not enter the Nac F): The underly OTHER: 4 Nursing	ying cause of	E AV	Part I.	DUND. Jiec or respi 24e. WAS AN PENFOR 1 VES 2	ALK M. ratory arre	D st,	Approximet Interval Bei Onset and E Onset
23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	DUE TO b. DUE TO c. DUE TO d	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	EOUENCE OF EOUENCE OF resulting I 3 □ DOA 1 28b, TIMINJ 1:25	792 not enter the /// Action of the underly of the underly	ying cause of the property of	E AV ing, suc	Part I.	DUND. Jiec or respi 24a. WAS AN PERFOR 1 YES 2 10 (Specify) CRIBE NOW IF	ALK M. ratory arre AUTOPSY MED? NO NUMBER OCCU IN AU	24b.	Approximet Interval Bet Onset and I
23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO DUE TO	IDR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not ER/Outpatlent:	EOUENCE OF EOUENCE OF resulting I 28b, TIMI, INJ. 1:25	792 not enter the Table 1 Table 2 Ta	ying cause of the property of	E AV ing, suc	Part I. Part I. Cock only one Cocc 281. Cocc City Core	DUND. Siec or respi 24a. WAS AN PERFOR 1 YES 2 TO (Specify) GCRIBE NOW II PUDANT ATION (Street a ATION (Street a ATION (Street a ATION (Street a) ATION (Street a) ATION (Street a)	ALK M. ratory arre	24b.	Approximete interval Betto Onset and I Ons
23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation Suicide 8 Could not be determined	DUE TO DUE TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	Tesuiting I	792 not enter the Nac P: The control of the cont	ying cause of the place of December 5 Green injury at Works 2 %	E AV ing, suc	Part I. Part I. Cock only or 6 Other 28d. Des OCC 28f. Loc City Rout	DUND. Jiec or respi 24a. WAS AN PERFOR 1 VES 2 T (Specify) CRIBE NOW II CUPANT ATION (Street a or Rown, State) CE 33 I	AUTOPSY MED? NO NJURY OCCU In Au nd Number on	24b.	Approximet Interval Bet Onset and I
23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation Suicide 8 Could not be determined	DUE TO DUE TO	IDR AS A CONSE (OR AS A CONSE	Tesuiting I 2 Bb. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 3 0 000 000 000 000 000 000 000 000 00	792 not enter the Nac P: The control of the underly Th	ying cause of the property of	EATN (Ch	Part I. Part I. Cock only one Sed. Des OCC 281. Loc City Rout	DUND. Jiec or respi 24a. WAS AN PERFOR 1 D YES 2 To (Specify) CRIBE NOW IF CRIB	ALK M. ratory arre AUTOPSY MED? NO NJURY OCCU in Au near (near mastered	24b.	Approximet Interval Bet Onset and I Onset
23. PART i. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significent conditions in the conditions of the conditions	DUE TO b. DUE TO c. DUE TO d	IDR AS A CONSE (OR AS A CONSE	Tesuiting I 2 Bb. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 2 8b. Timining I 3 0 000 000 000 000 000 000 000 000 00	792 not enter the Nac P: The control of the underly Th	PLACE OF D PLACE OF D Office Injury AT WORK? YES 2 Iffice	EATN (Ch	Part I. Part I. Cock only one Cocc Cocc Cocc Cocc Rout to the ceat time, date	DUND. Jiec or respi 24a. WAS AN PERFOR 1 D YES 2 To (Specify) CRIBE NOW IF CRIB	ALK M. ratory arre AUTOPSY MED? NO NJURY OCCU in Au near (ner se stated d due to the	24b. 24b. RED RUTAL RC Clai Couse(e)	Approximet interval Bet Onset and I onset



31. DATE FILED (Month, Day, Year)
AUG 3 1992

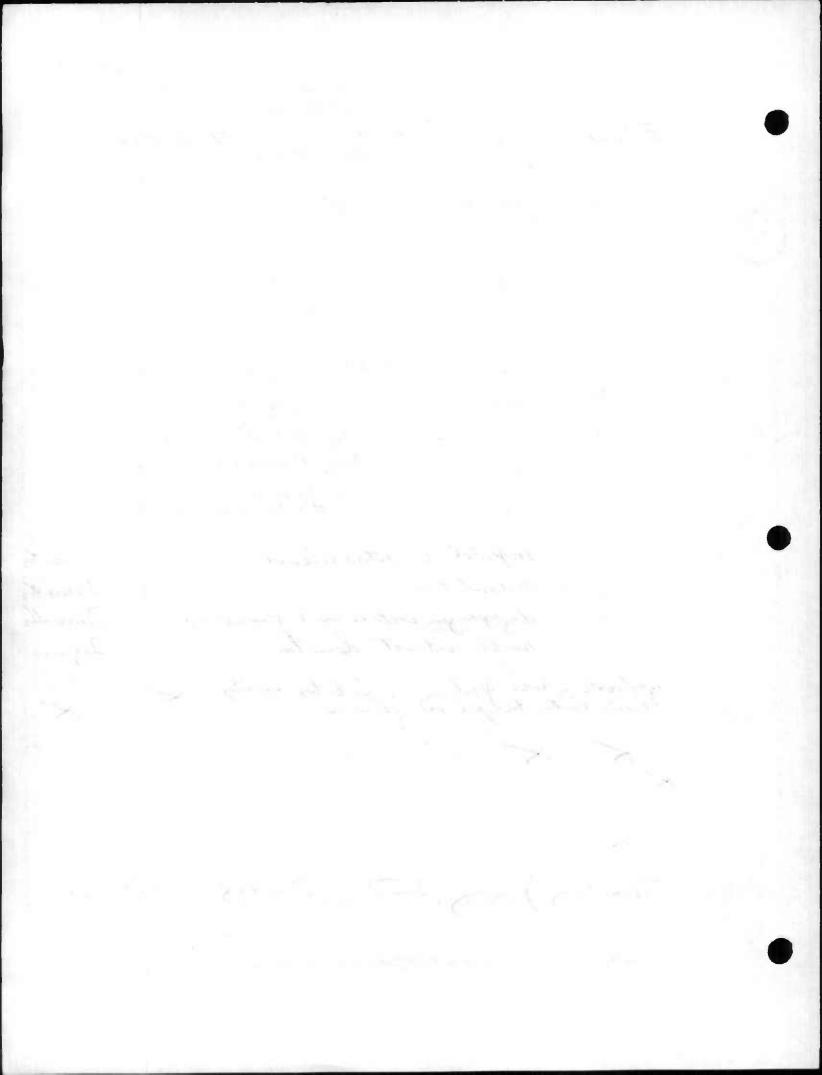


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	15-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	lending physician.
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	as the burial-transit
be nied writin 72 nours after death writi the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SOURCE THE MARK FIRST SLAWS, LAND J. S. SEA S. ALE FOR THE MARKET STATE AND ADDRESS OF THE STATE ADDRESS OF THE STATE ADDRESS OF THE STATE ADDRESS OF THE STATE ADDRESS OF THE STATE ADDRESS OF THE		REGISTRAR		CERTIFICA	AIE OF	DEATH	REG. NO		
SOURCE SCHOOL SECURITY MARKET OF A SHAPE AND A SHAPE OF THE WORK O		II.	7)	Tolongo	10 5	6	MONTH D		3. TIME OF DEATH
THE MALE TO MAINTHAN PROVIDED TO CONTROL TO			-		1	2	7 3	V 1-1-00	223 PM M
TO SOUTH THE MANUELY OF DEPOSITION OF DEPOSI		1000 101 0		O 'C			(Month, Day, Year)	Country	PLACE (State or Foreign
THE DESIGNATION OF DEPARTMENT AND ADDRESS OF PART AND ADDRESS OF P	- 8	9e. FACILITY NAME (If not institution, give street	et end number)	12	CITY TOWN O	21001701105		_	Ta
SO STREET AND IMMERS! SO STREET AND IMMERS!	Œ	T. ()	4		22 - 1-	L.	AIR	9c. COUNTY OF O	EATH
So. STREET AND NAMED STREET AND NAMED STREET AND SAME CONTINUES OF THE STREET OF WAST CONTINUED	5		Medical	CENTER	Dan	70			
So. STREET AND NAMED STREET AND NAMED STREET AND SAME CONTINUES OF THE STREET OF WAST CONTINUED	JE	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY
STREET AND HAMBERS SOUTH FOR THE COUNTY OF THE STAND CONTROL OF THE STAND CONTROL OF THE STAND COUNTY OF		Md		Bala	(h)				LIMITS?
Security Security	AL	10e. STREET AND NUMBER				ZIP CODE		10g, CITIZEN OF W	Α
Security Security	E	5015 Queens	here Rd			2-12-15	•	11	
Security Security	5		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE		C ORIGIN? (Specify Ver	O No. 14 PACE	- American Indian
TO DOT DOT THE CONTROLL STATE OF THE CONTROLL CO		~		2 NO	If yes, spe	cify Cuban, Mexicen	, Puerto Rican, etc.)	Black	, White, etc.
100 100		3 Wildowed 4 Divorced				- And specify.		Specif	Black
100 100		15. OECEDENT'S EDUCAT (Specify only highest grade co	FION (mpleted)	16a. DECEOENT'S USU	AL OCCUPATIO	N t of weeking	16b, KIND OF BU	SINESS/INDUSTRY	Dicore
1986 MARIANG ADDRESS (Down and Authority of American Mariand on American Mariand Authority) 1986 MARIANG ADDRESS (Down and Authority) of American Mariand on American Mariand Authority) 1986 MARIANG ADDRESS (Down and Authority) 1986 MA		Elementary/Secondary (0-12)				t or working			
100 100	MP			Hin	istar				
100 100	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Meiden	Sugneme)	
Security Security			hn san			Georgi	anna Ja	hnson	
22. PART State the disease, or complications that caused the dash. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between Onset and Dash Complications and Dash Complications Complic		19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street an	d Number or Rural Re	oute Number, City or Tow		
Note 2 Committee 3 Remove from State	-		<u></u>	574	Lucia	Ave	Balton	411 7.2	.29
23. PART Enter the diseases, or complications that caused are dash. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on asch line. MAREDINFE CAUSE (Final methods)		1 M Burlat 2 Commetten 2 C Barrer				ne of A	DATE 20c. LO	CATION - City of Tox	vn, State
23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory screat, shock, or heart failure. List only one cause on each line. MARCHET CAUSE (Final Research of the second of the		4 □ Donetion 6 □ Other (Specify)	A		Men	Park	8-392 Lo	aurel.	44
23. PART Enter the diseases, or complications that caused \$\text{pin}\$ death. Do not enter the mode of dying, auch as cerdiec or respiratory streat, historic pance in the property of the p		21. SIGNATURE OF FUNERAL SERVICE LICEN	DEE V		22. NAME AN	ADDRESS OF FAC	ILITY	1)	
23 PART Einter the diseases, or complications that caused pie death. Do not enter the mode of dying, such as cardiec or respiratory streat, indicates per failure. List only one cause on each line. Approximate interval Between classes or condition and the second pack in the cause of the conditions of any feeding to immunity in the initiated events resulting in death) Approximate interval Between Const.		thome +	to the	masm &	Mari	In F.	4 West	6 Aug	
IMMEDIATE CAUSE (Final disease or condition resulting in death) ### AUX TO (OR AS A CONSEQUENCE OF): ### A		23. PART Enter the diseases, or con	ndications that caused	Me death Do not e	nter the mod	la of dying, auch	as cardiec or respi	ratory arrest	Approximate
Gleeses for condition		SHOCK, DI HOSEL ISHUIS. LIS	it Only one cause on as	ich line.					Intarval Between
Sequentially list conditions If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST A. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. Uses 2 1. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 2 0 1 1		disease or condition	in lastal	1 1 1-	+	/			Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 246. WAS AN AUTOPSY PROPAGE PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 246. WAS AN AUTOPSY PROPAGE PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 246. WAS AN AUTOPSY PROPAGE PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 246. WAS AN AUTOPSY PROPAGE PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 246. WAS AN AUTOPSY PROPAGE PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 246. WAS AN AUTOPSY PROPAGE PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 246. WAS AN AUTOPSY PROPAGE PERFORMED? PART II. Other significant conditions contributing to death other significant cannot be death of the subsiderion of conference of the cause given in Part 246. WAS AN AUTOPSY PROPAGE PERFORMED? 25. WAS CASE REFERRED TO MEDICAL EXAMINED TO THE PART OF THE PROPAGE PERFORMED? 26. PLACE OF EATH (Chack only one) 27. MANNER GLOCATION (Street and Number or Rural Route Number, Charles and Number or Rural Route Number, Charles and Number or Rural Route Number, Charles and Number or Rural Route Number, Charles and Number or Rural Route Number, Charles and Number or Rural Route Number, Charles and Number or Rural Route Number, Charles and Number or Rural Route Number, Charles and Number or Rural Route Number, Charles and Number or Rural Route Number, Charles and Number or Rural Ro	1	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):	us u	rens			- months
Sequentiesly risk conditions, due to (or As a consequence of) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other eignificent conditions contributing to death occurse given in Part I. PART II. Other eignificent conditions contributing to death occurse given in Part I. PART II. Other eignificent conditions contributing to death occurse given in Part I. PART II. Other eignificent conditions contributing to death occurse given in Part I. PART II. Other eignificent conditions contribution of Part II. PART II. Other eignificent conditions contribution of Part II. PART II. Other eignificent conditions contribution of Part II. PART II. Other eignificent conditions contribution of Part II. PART II. Other eignificent conditions contribution of	z		malenta	Y'm					13, 4
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part 1 24e, WAS AN AUTOPSY PROPRIED TO MEDICAL PRINCIPLY PERFORMED? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 280. TIME OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OF INJURY 28d.	은	Sequentielly list conditione,		CONSEQUENCE OF:		10000			I make
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part 1 24e, WAS AN AUTOPSY PROPRIED TO MEDICAL PRINCIPLY PERFORMED? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 280. TIME OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OF INJURY 28d.	S	cause. Enter UNDERLYING	dusphon	in with	кост	Im	anores s	-	13 warmitte
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part 1 24e, WAS AN AUTOPSY PROPRIED TO MEDICAL PRINCIPLY PERFORMED? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 280. TIME OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OF INJURY 28d.	E 1	that initiated events	QUE DO 10R AND	CONSEQUENCE OF:	- 1	0.			5700014
PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part 1 24e. WAS AN AUTOPSY PROPRIED TO MEDICAL PRICE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 296. DIRE OF INJURY AT WORKY 296. CERTIFIER (Month, Day, Veer) 296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND ADDRESS OF PERSON WIND COURSE (Month, Day, Veer) 296. LICENSE NUMBER 296. DATE OF INJURY 31. DATE FILED (Month, Day, Veer) 32 SECRETIFIED (Month, Day, Veer) 32 SECRETIFIED (Month, Day, Veer) 33. DATE FILED (Month, Day, Veer) 34. WERE AUTOPSY FINDINGS ANALIZED CHAPTER (Check only one) 246. WERE AUTOPSY FINDINGS ANALIZED CHAPTER (Check only one) 246. WERE AUTOPSY FINDINGS ANALIZED CHAPTER (Check only one) 246. WERE AUTOPSY FINDINGS ANALIZED CHAPTER (Check only one) 246. WERE AUTOPSY FINDINGS ANALIZED CHAPTER (Check only one) 246. WERE AUTOPSY FINDINGS ANALIZED CHAPTER (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On MEDICAL EXAMINER: On the best of my North one of Completing of Chapter (Check only one) 26. PLACE OF INJURY AT WORKY 1 YES 2 NO 27. MANNER OF DEATH (Check only one) 286. DATE OF INJURY AT WORKY 1 YES 2 NO 286. DATE OF INJURY AT WORKY 286. DESCRIBE HOW INJURY OCCURED 287. LOCATION (Street and Number or Rural Route Number, City or Town, State) 288. DATE OF INJURY AT WORKY 1 YES 2 NO 289. PLACE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF INJURY AT WORKY 280. DATE OF	#	d.	multi-	contant	don	otia			Zugans
Adults and Performed? Adults and Performed? Adults and Performed? Adults and Performed? Adults and Performed? Adults and Performed? Operative of Cause of Course	- 11	PART II. Other eignificent conditions of	contributing to deeth be	It NOt resulting in the	e underlying	Cause given in E	hart I as- una su	ALITOROU	1 /
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) EXAMINER OF DEATH 1 YES 2 NO 27. MANNER GEDEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DESCRIBE HOW INJURY OCCURED 28. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 29. CERTIFIER (Check only one) 29. SIGNATURE AND TITLE OF CERTIFIER 29. SI	<u>8</u>	-L -1	who has	^ ^	1 0-	to be	Of PERFOR	MED?	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		al - do	1: 1 1	7	Curoc	Yang	_ YES 2		OF DEATH?
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner es stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7 3 7 7 7 7 7 7 7 7	Σ	Contract Contract	-ver pres	and con	2 Morale		-		1 TES 2 NO
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner es stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7 3 7 7 7 7 7 7 7 7	₹ I	25. WAS CASE REFERRED TO MEDICAL			00.50				
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner es stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7 3 7 7 7 7 7 7 7 7	8	EXAMINER?			HER:				
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner es stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7 3 7 7 7 7 7 7 7 7	Ě								
3 Suicide 4 Homicide 6 Could not be determined 286. PLACE OF INJURY — At home, ferm, street, fectory, office 287. LOCATION (Street and Number or Rural Route Number, City or Town, State) 296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON MY OF PLETED CAUSE DI DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				INJURY	WOR	K?	280. DESCHIBE HOW IF	NJURY OCCURED	
4 Homicide determined City or Town, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO CO. PLETED CAUSE DE DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		2 Deutstalde	28e. PLACE OF INJURY	— At home form street			201 1 00171011 701	40.4	
296. SIGNATURE AND TITLE OF CERTIFIES 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON W/O COMPLETED CAUSE DI DENTH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	쁘	Could not be	building, etc. (Special	ty)	, toolory, office			na Number of Hursi Ho	ute Number,
296. SIGNATURE AND TITLE OF CERTIFIES 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON W/O COMPLETED CAUSE DI DENTH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	<u> </u>	29e. CERTIFIER							
296. SIGNATURE AND TITLE OF CERTIFIES 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON W/O COMPLETED CAUSE DI DENTH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	₽ I	(Check only one)	N: To the best of my knowle	rdge, death occurred at t	the time, date e	nd place, end due to	the cause(s) and man	ner ee stated.	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DE DENTH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	8		In the besis of examination	end/or investigation, in	my opinion, de	ith occured at the ti	me, date end place, end	d due to the ceuse(e)	end menner ee stated.
30. NAME AND ADDRESS OF PERSON WHO CO PLETED CAUSE DE DENTH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Yeer) 32. REGISTRAR'S SIGNATURE	띪	296. SIGNATURE AND TITLE OF CERTIFIED	1 11	1		29c. LICENSE NUMB	ER	29d. DATE SIGNED	Month, Day, Year)
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		30 NAME AND ADDRESS OF THE PARTY		W- /		V3/	758	1/3	192
1002		W. WANE AND ADDRESS OF PERSON WHO C	LETED CAUSE DE DE	TH (ITEM 27) (Type, Print)					
1002	-	31. DATE FILED (Month One Vine)	22 05010771471						
AUG D 1994 a Davidson-Abridan			2 1. 10.		,				
		AUG 5 1992	I sa Davie	wor-handers					



1	S.
(1	
/	
	ermit. Pa

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ı	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO)		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	CLIENTER STEVEN	SON JOHNS	ON				1992	YEAR	11:16 a.m.
	4. SOCIAL SECURITY NUMBER 214–64–6169	15℃M 2 □ F	GE (In yrs. lest birthday) 37 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-30-54		8. BIRTHE Country	LACE (State or Foreign
	90. FACILITY NAME (If not institution, give s THE JOHNS HOPKINS				OR LOCATION OF I	DEATH	9c. COUNT		E CITY
	10e, STATE 10b, COUNT	IMORE CITY		SALTIMOR					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREEPER S	TREET		1	21205			EN OF W	HAT COUNTRY? STATES
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER IN U.S. ARMED VES 2 NO PR DATES	It yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	NIC ORIGIN? (Specify Yellen, Puerto Rican, etc.)			- American Indian, White, stc.
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPAT work done during m se retired.) ANIC	ION ost of working	16b. KIND OF BU	SINESS/INDU	ISTRY	
	17. FATHER'S NAME (First, Middle, Last) KELLY T. JOHN	SON				AME (First, Middle, Malden E JAMES	Sumeme)		
	199. INFORMANT'S NAME (Type/Print) FRANCES JOHNSON		3 YA	RDLEY CO	and Number or Aural	Route Number, City or Tow TIMORE, MA	n, State, Zip C	D 2	1207
1	20e. METHOD OF DISPOSITION Suriel 2 Cremation 3 Rem Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE cemetery, cramatory or o				CATION - CI	Ity or Tow	n, State MARYLAND
1	21. SIGNATURE OF TUNERAL SERVICE LO	Willen		22, NAME A	ND ADDRESS OF F		ARYLAI	ND A	VE. BALTO
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	F):					Yeers
	PART II. Other significent condition	s contributing to deet	h but not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	6	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
2	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: /			LACE OF DEATH (C	neck only one)			
1	1 XES 2 NO	1 Inputient 2 ER/C		OTHER: 4 Nursing Hor	ne 5 🗆 Rasidence	8 Other (Specify)			
2	1 Netural 5 Pending	28s. DATE OF INJUI (Month, Day, Yes		URY WO	JURY AT DRK?	28d. DESCRIBE HOW II	NJURY OCCU	RED	
	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJI	JRY — At home, term, :		YES 2 NO	201 LOCATION (Co)	- 111 - 1		
	4 Homicide determined	building, etc. (S	Specify)			281. LOCATION (Street a City or Town, State)	- und Number of	Hurai Hoi	ite Number,
2	99. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my kr	nowledge, death occurrention end/or investigation	n, in my opinion, o	end place, end due leath occured at the	to the ceuse(s) end men	nner as atated d due to the	l, cause(s) (and menner es stated.
L	96. SIGNATURE AND TITLE OF CERTIFIER	Rocker	ς		29c. LICENSE NU				Aonth, Day, Year)
34	0. NAME AND ADDRESS OF PERSON WHO	Hopking H	DEATH (ITEM 27) (Type,	Print)	N. Wa	le She	el	B.	Thomas
31	1. DATE FILED (Month, Day, Year)	992 Fund	Davidson Pan	della					

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial-transft pages 1.2.3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE OF I	CE	ERTIF	ICATE OF	DEAT	TH	REG. 1		Loss	
1	1. DECEDENT'S NAME (First, Middle,	MRRISTO	2001					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN
	JEANNE		RDAN					07 6	8	92	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Morgin, Day, Your	, .	8. BIRT	HPLACE (State or Foreign intry)
	218 92 1474 9a. FACILITY NAME (If not institution,		34	THS.				06-24			ryland
Œ	Francis Scott		1 Conta	_	96. CITY, TOWN (City		UNTY OF	DEATH
18	RESIDENCE OF DECEDER		i cence		Dait.	THOTE		CILLY			
DIRECTOR		OUNTY			Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	N.C.			Ch	narlotte						1 TYES 2 NO
PA I	10e. STREET AND NUMBER	Tone Tone			101	f. ZIP CODE					WHAT COUNTRY?
FUNERAL	4711 Autumn						3277			U.S.	
	1 Never Married 2 Merried	FORCES? 1	T EVER IN U.S. AR		If yes, sp	ecify Cube	n. Mexican.	C ORIGIN? (Specify , Puerto Ricen, atc.)	Yes or No-	14. RAC Bla	CE — American Indian, ck, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1 🗆 YES	2 XNO	Specify:			Spe	White
COMPLETED	15. OECEDENT' (Specify only highes		16a. OE	CEDENT'S	USUAL OCCUPATION	ON		16b. KIND OF	SUSINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.		work done during mo se retired.)		v				
M.				Nev	er Worke				<u> </u>		
1 -	17. FATHER'S NAME (First, Middle, La		ordan					IE (First, Middle, Meid	_		
BE	19a. INFORMANT'S NAME (Type/Print				1000000 (0)		eano				
2	Eleanor Jorda							oute Number, City or Charlo			20277
	20s. METNOD OF DISPOSITION				OF DISPOSITION (No		Dane		LOCATION -		
	1 S Burial 2 Cremation 3 C 4 Donation 5 Other (Specify		cemetery cre Ceda	matory or o	li Cemet	erv		1			ourg, Penna.
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	-		22. NAME A	NO ADDRES	SS OF FACI	ILITY			
	De (Jones)	m3	, ader	26				nce Funer			A. 21225
	23. PART I. Enter the diseases	, or committations the	t ceused the de	eth. Do r	not enter the mo	de of dyi	ng, auch	as cerdiec or re-	piratory e	rreat.	Approximata
	shock, or heart fei	ture. List only one ceu	ise on eech line								interval Between Onset and Death
	disease or condition resulting in death)	a. Sma	ll bor	vel	obst	ruct	-10n				
	Total III Godiny	DUE TO	(OR AS A CONSEC	DUENCE OF	F):		^				
N N	Sequentially list conditions,	L" END	-STA	JE	RENA	L	MS	EASE			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	ST L	(OR AS A CONSEC	DUENCE OF	F):	- 13	00	Y.		60	hal.
[윤]	CAUSE (Disease or Injury that initiated events	C. DUB TO	(OR AS A CONSEC	THENCE OF	F): 50 (- 3	00	- 4	المال
토	resulting in death) LAST	o Pa	rugo	K	sie						
ö	PART II. Other aignificant con	ditions contributing to	death but not n		J		h				
SAL	TAIT II. Ollier algilliteart con	dittoria contribuing to	death but not r	esuiting 1	m me underlying	g cause g	iven in P		AN AUTOPSY ORMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
								1 □ YES	2 NO		OF DEATH?
Σ								-			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	AL			26. PL	ACE OF O	EATN (Chec	ik only one)			
S	EXAMINER?	HOSPITAL:	LER/Outpatient 3	□ DOA	OTHER:			Other (Specify)			
¥.	27. MANNER OF DEATH	26e. DATE OF	INJURY	28b. TIM	E OF 28c, INJ	URY AT		28d. DESCRIBE NO	V INJURY O	CCURED	
1 12 1	1 Natural 5 Pending 2 Accident Investigs	(Month, D	ay, rewr)	INJ		PRK? YES 2	NO				
≥				me, form, a	street, factory, office	•		281. LOCATION (Stre City or Town, Sh		or or Rural	Route Number,
D BY	3 Suicide 8 Could n	bullding.	# INJURY — At hor atc. (Specify)								
	2 Culateta em	bullding.	if INJURY — At hou atc. (Specify)								
	3 Suicide 8 Could n determine 29e. CERTIFIER (Check only	PHYSICIAN: To the best of	atc. (Specify) my knowledge, de.	eth occum				o the cause(e) end r	nanner as sti		
	3 Suicide 8 Could n determine 29e. CERTIFIER (Check only	ed building,	atc. (Specify) my knowledge, de.	eth occum				o the cause(e) end r	nanner as sti		(e) end menner se stated.
E COMPLETED	3 Suicide 8 Could n determine 29e. CERTIFIER (Check only	PHYSICIAN: To the best of AMINER: On the basic of a	atc. (Specify) my knowledge, de.	eth occum		eath occun		o the cause(e) end r	nanner as eti	the cause	(e) end menner se stated. D (Month, Day, Year)
BE COMPLETED	3 Sulcide 4 Nomicide 8 Could in determine 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CER	PHYSICIAN: To the best of aminer: On the basis of a	my knowledge, dei	ath occum	n, In my opinion, d	eath occun	ed at the ti	o the cause(e) end r	nanner as eti	the cause	
E COMPLETED	3 Suicide 8 Could n determine 29e. CERTIFIER (Check only one) 2 MEOICAL EX.	PHYSICIAN: To the best of aminer: On the basis of a	my knowledge, dei	ath occum	n, In my opinion, d	eath occun	ed at the ti	o the cause(e) end r	nanner as eti	the cause	
BE COMPLETED	3 Sulcide 4 Nomicide 8 Could in determine 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CER	PHYSICIAN: To the best of aminer: On the basis of a	my knowledge, dei	ath occum	n, In my opinion, d	eath occun	ed at the ti	o the cause(e) end r	nanner as eti	the cause	

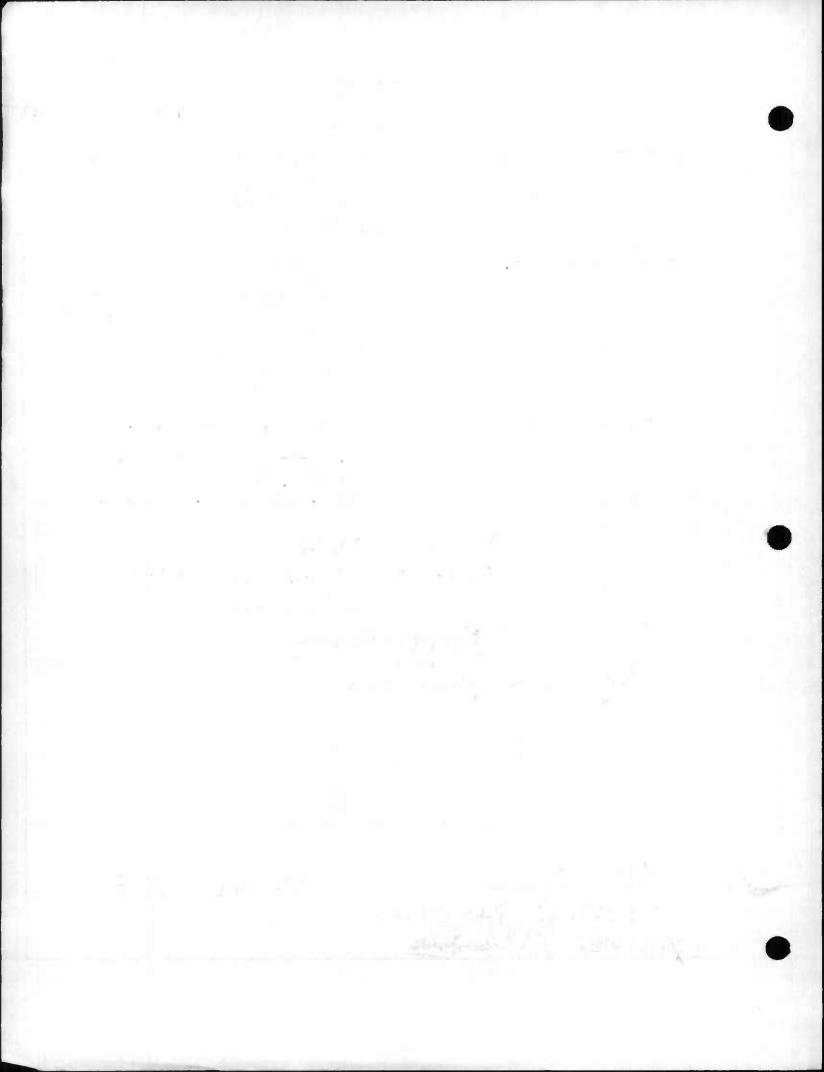
BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans		Ce.
by the	be de		at or
retained	Should		Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ay be	page (be n
e 6 m	rector,		must
th. Pag	eral di		miner
er deal	the fun	N.	exa
urs af	in by	r remo	redica
24 ho	/ filled	tion, o	the m
within	npleteh	crema	vent,
ecuted	nd cor	burial,	atic e
De es	ician a	ior to	maer
rificate	g phys	iene pi	ther 1
ath ce	tendin	al Hyg	0 JO '
the de	the at	d Ment	injury
s that	ned by	atth an	amy
require	een sig	of He	shows
e law	has by	Dept	1 23
AN: Th	ficate	State	r Item
INSIC!	is cert	ith the	ed, o
ING PH	ther th	eath w	mark
TEND	TOR: A	after d	28 18
OR A	DIREC	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ltem.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 30/92 3. TIME OF DEATH 9310P 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH (CORA JOSSEY) CORA JOSSEY 4, SOCIAL SECURITY MUMBER 4 252-66-60-4 4 5 2-66-6054 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 KF DAYS 10-10-Georgia 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6000 SAMARITAN HD City HOSPITAL DIRECTOR none RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City Maryland none 1 2 YES 2 NO FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21218 1417 Homestead St. Jnited States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES ZYF NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES ZENO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO BY Specify: Specify: 3 Widowed 4 Divorced fro-American COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp 4th grade College (1-4 or 5+) Domestic Private Homes 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Max Jossey Addie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 1417 Homestead St. Baltimore, Md. 21218 Christine Jarrett 20a. METHOD OF DISPOSITION
1 M Burlet 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Cem. timore 8-4-92 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Calvin B. Scruggs Funeral Home 1412 E. Preston St. Balto, Md. 23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one ceuse on each line. Approximate **IMMEDIATE CAUSE (Final** Onset and Death disease or condition cula resulting in death) lecolic Catio noveln MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not leaviting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 Homicide 29a. CERTIFIER
(Check ank)
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) MPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TRI CI 31. DATE FILEO (MORRY Day, Year)
AVIG 0 4 1992 32. REGISTRAR'S SIGNATURE

UNIERAL C



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Nem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (FIRE DEMCTR	los	Kasta.	IOS KAS Muras		AS		DEAT		2. DATE OF DEATH MONTH D.	AY	YEAR 9 2	3. TIME OF DEATH S:10 P
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. i		IF UNDER	DAYS	IF UNDER 24	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)		9. BIRTHE	PLACE (State or Foreign
	- 216-68-39			38	YRS.					2-4-54			ece
DIRECTOR	Universit	ty Hosp			9			more			9c. COUP	TY OF DE	ATH
EC	10a. STATE	10b. COUNT	ſΥ		10c. CIT	Y, TOWN C	OR LOCAT	ION					10d, INSIDE CITY
	Maryland	Balt	imore		В	alti	more						LIMITS?
AL	10e. STREET AND NUMBER							. ZIP CODE			10g. CITI		HAT COUNTRY?
FUNERAL	45 Olde Fo	rge La	ine				2	1236		20.00	J	J.S.A	
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 K	RMED NO	1 7	If yes, spe		Maxican,	C ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, atc.
	15. DE/ (Specify or	CEDENT'S EDU	JCATION (e completed)	16a. C	DECEDENT'S	USUAL O	CCUPATIO	ON working		16b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (College (1-4 or 5		Give kind of the Do NOT un			SECT WOTHING		Food			
₹ I	12 17. FATHER'S NAME (First, A	Addition 4 maps		11	- CS Cau	Late	ш						
	Nikolaos K		ıras							Pappazisc			
BE	19a. INFORMANT'S NAME ((Type/Print)		1	195. MAJLING	ADDRESS	e (Street a			oute Number, City or Tow	_	Code)	
2	Mrs. Thean		trides							more, Md.			
	4 ☐ Donation 8 ☐ Other	er (Specify)	noval from Stata	cemetery c	remetory or o	f Fa	ith	Cemet	ery of FAC	8-1 Bal	timo		
CERTIFICATION	21. SIGNATURE OF FUNER/	diseases, or heart feliure.	complications that List only one ceu a. Meta DUE TO b. Prog DUE TO C. Ma	cemetery, c. Gard. Card. Leused the dise on each lin (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI	death. Do rie.	inter plece) f Fa: 22. 30. not enter	ith NAME AN atth 021 the mod	Cemet DADDRESS DEWS F Easte: de of dying	or Facture in A	8-1 Bal Fal Home Avenue, Ba aa cardiec or reapi	timo:	re. M	
MEDICAL C	23. PART I. Enter the description of the shock, or himself. 23. PART I. Enter the description of the shock, or himself. 23. PART I. Enter the description of the shock, or himself. 23. PART I. Enter the description of the shock, or himself. 24. PART I. Enter the description of the shock, or leading to limite cause. Enter UNDERLY CAUSE (Disease or Injury CAUSE (Disea	diseases, or heart feliure.	complications that List only one cau a. Meta DUE TO b. Prog DUE TO c. Ma DUE TO d.	corretery, of Gard. Card. ath. Do rie.	ther place) f Fa. 30 not enter Color Fi. Left: Market Color Fi.	ith NAME AN atth 021 the mod	Cemet D ADDRESS EWS F Easte de of dying	of factures uner A G	8-1 Bal Fal Home Avenue, Ba aa cardiec or reapi	AUTOPSY MED?	ce, More, ore,	Md. 21224 Approximate Interval Batween	
MEDICAL C	23. PART I. Enter the deposition of the shock, or finds and shock,	diseases, or heart feliure. intelligence of the condition	complications that List only one cause as Meta DUE TO b. Programme Contributing to	corretery, of Gard. Card. ath. Do rie.	ther plece) f Fa 30 30 not enter	ith NAME AND ATTENDED THE MOORE THE	Cemet D ADDRESS EWS F Easte de of dying	en in P	B-1 Bal surry ral Home Avenue, Ba as cardiec or reapi c r c r c i / / r Pert I. 24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	ce, More, ore,	Md . 21224 Approximate Interval Batween Onset and Death 7 % S -	
MEDICAL C	23. PART I. Enter the description of the shock, or hard in the shock, or hard in the shock of th	diseases, or heart feliure. intelligence of the condition	complications that List only one ceut a. Mc+a DUE TO b. DUE TO d. DUE TO d. DUE TO d. HOSPITAL:	corretery, or GATO. CATO. CATO. CATO. CATO. CATO. CATO. COR AS A CONSI. COR AS A CONSI. COR AS A CONSI. COR AS A CONSI. COR AS A CONSI. COR AS A CONSI. COR AS A CONSI.	death. Do ree.	in the un	name and atth oct of the mood	Cemet Department of the control of t	ren In P	B-1 Bal Bal Bal Bal Bal Bal Bal Bal	AUTOPSY MED?	ce, More, est,	Md . 21224 Approximate Interval Batween Onset and Death 7 % S -
PHYSICIAN: MEDICAL C	23. PART I. Enter the description of the shock, or followed in the shock, or followed in the shock of the sho	diseases, or heart feilure. inal interest condition of the condition of th	complications that List only one cau a. Meta DUE TO b. Prog DUE TO d. DUE TO d. HOSPITAL:	corretery, of Gard. Card. Card. Card. Card. Card. Card. Card. Conserved the dise on each line Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const.	death. Do rine.	in the un	name and atth 021 the modern of the modern o	Cemet De Address De Ws F Easte: De of dying Ca George glv ACE OF DEA	ven In P	B-1 Bal	AUTOPSY MED?	ce, More, est,	Md . 21224 Approximate Interval Batween Onset and Death 7 % S -
MEDICAL C	23. PART I. Enter the description of the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock, or himself and the shock and the sho	diseases, or heart feilure. inel	CENSEE Complications that List only one ceu a.	corretery, of Gard. Card. Card. Card. Card. Card. Card. Card. Conserved the dise on each line Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const. Con As A Const.	death. Do ree.	in the union the	nAME AN A THE MOST AND A THE MOST AN	Cemet Description	ren In P	B-1 Bal Bal Bal Bal Bal Bal Bal Bal	AUTOPSY MED?	ce, More, ore, est,	Md. 21224 Approximate Interval Batween Onset and Death 7 yrs. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 TNO

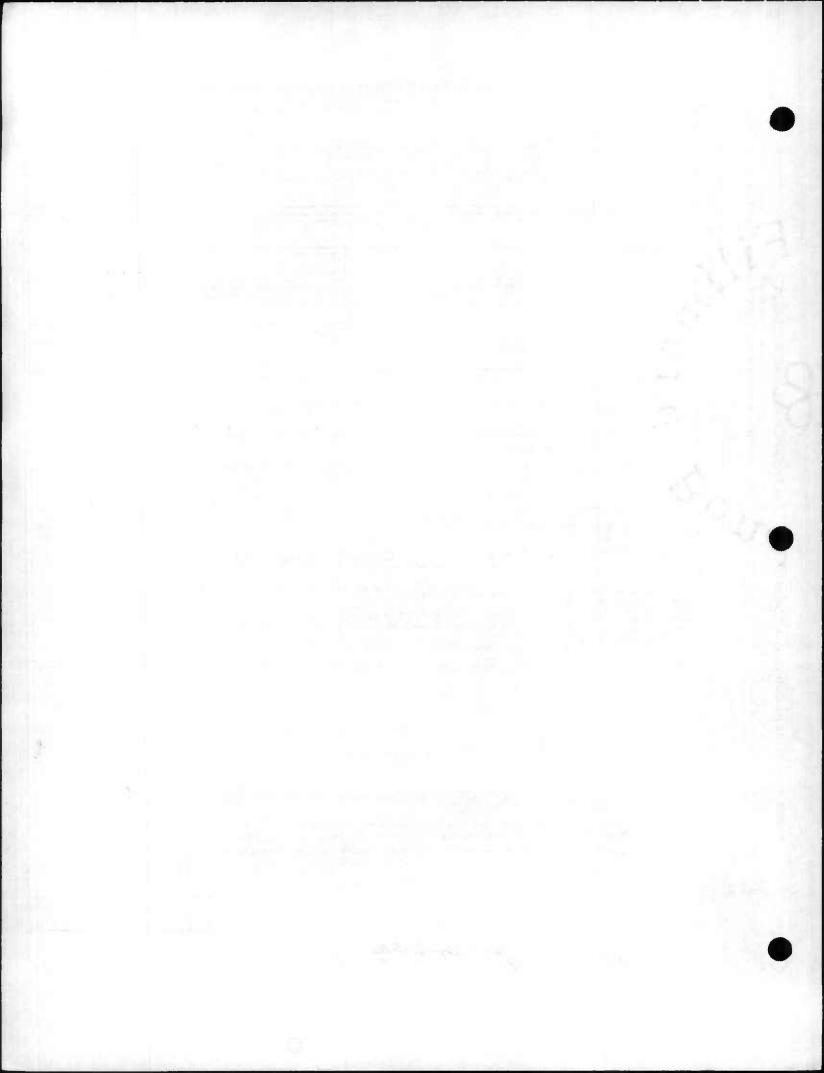
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Oon Chursky University of Maryland

31. DATE FILED (North, Dey, Year)

32. REGISTRATE SIGNATURE

22 S. Greene Butt. MO X1231



FOR STATE REGISTRAR

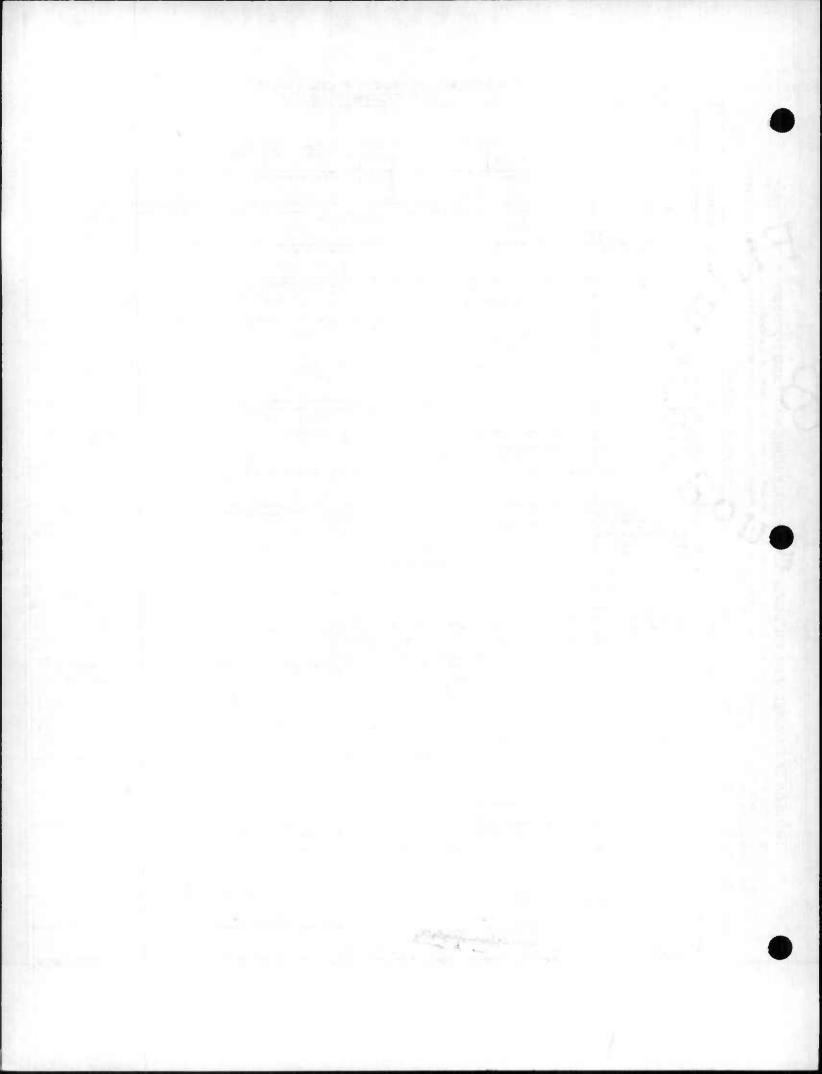
1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physical physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--

STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92 21259

1. DECEDENT'S NAME (FIS	, Middle, Lest) Lexand	ler		KUC	HARCZ	YK		2. DATE OF MONTH		1992	3. TIME OF DEATH 3:29 PM
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.		IF UNDER 1 Y	EAR IF	UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH		IPLACE (State or Foreign
216-20-32 90. FACILITY NAME (# not li		1 M 2 D F	6	5 YRS.				12-2	4-26	MAR	YLAND
FRANKLIN	SQUAR		TAL		9b. CITY, TO	WN OR L	OCATION OF DI	EATH		ltimo	re County
MARYLAND	BALT	0.		10c. CIT	Y, TOWN OR I	OCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
66 RIVERS		D.					1221		- 10	. CITIZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divi	Charles and the second	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	YES 2 [AR OR DATES WWII	ARMED NO	If ye	s, specify	Cuben, Mexica NO Specif	in, Puerto Rici	Specify Yes or No an, atc.)	Speci WHI	E — American Indian, k, White, atc.
15. DEC (Specify on Elementary/Secondary (CEDENT'S EDUC by highest grade 0-12)	CATION completed) College (1-4 or 5+)			USUAL OCCU work done during se retired.)		working		. CUP		
17. FATHER'S NAME (FIRST, A FRANK KUCH		K					MOTNER'S NA	ME (First, Mide BOR	die, Maiden Sume DWA	me)	
MS. THELMA	SHEL	TON							City or Town, State		
20e. METHOD OF DISPOSIT 1	on 3 Remo		CHIPPLY	Se and date	OF DISPOSITION	ON (Name of CEME	ETERY	7-28	BALTO	N $-$ City or To	MD.
21. SIGNATURE OF FUNERA	AL SERVICE LICE	MASA	ine	hi:					RAL HO		1224
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	Gastric DUE TO	OR AS A CONS OR AS A CONS OR AS A CONS	Duod SEQUENCE O	enal	Ulc	ers				
Coronary Cerebro	Arte	ry Dise	ease, F	Hyper			use given in		FER 2 N	Jan Tar	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 X NO	O MEDICAL	HOSPITAL:	ER/Outpetient	3 DOA	OTHER:		OF DEATH (Ch		Specify)		,
2 Accident	Pending Investigation	28e. DATE OF I (Month, Da	y, Year)		M 1		AT NO	28d. OESCR	HBE NOW INJURY	OCCURED	
4 Homicide	Could not be determined		nc. (Specify)					City or 1	ON (Street end Nu Town, State)	_	loute Number,
(Check only one) 2 MEO	ICAL EXAMINER	_	amination end/	or investigation	on, in my opini	lon, death	occured at the	time, date an	d place, end due	to the cause(e) end manner ee stated.
29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS O	sussey	Reside	nt-1C	CA.	Print)	29	N/A	ABER			(Month, Day, Year) - 1992 /3:29
Moustafa 31. DATE FILED (Month, Day,	Moust		900			n S	guare	Dr.	Balto,	Md/	21237
AUG 3 19	192	THE MANAGE			•						

6+1

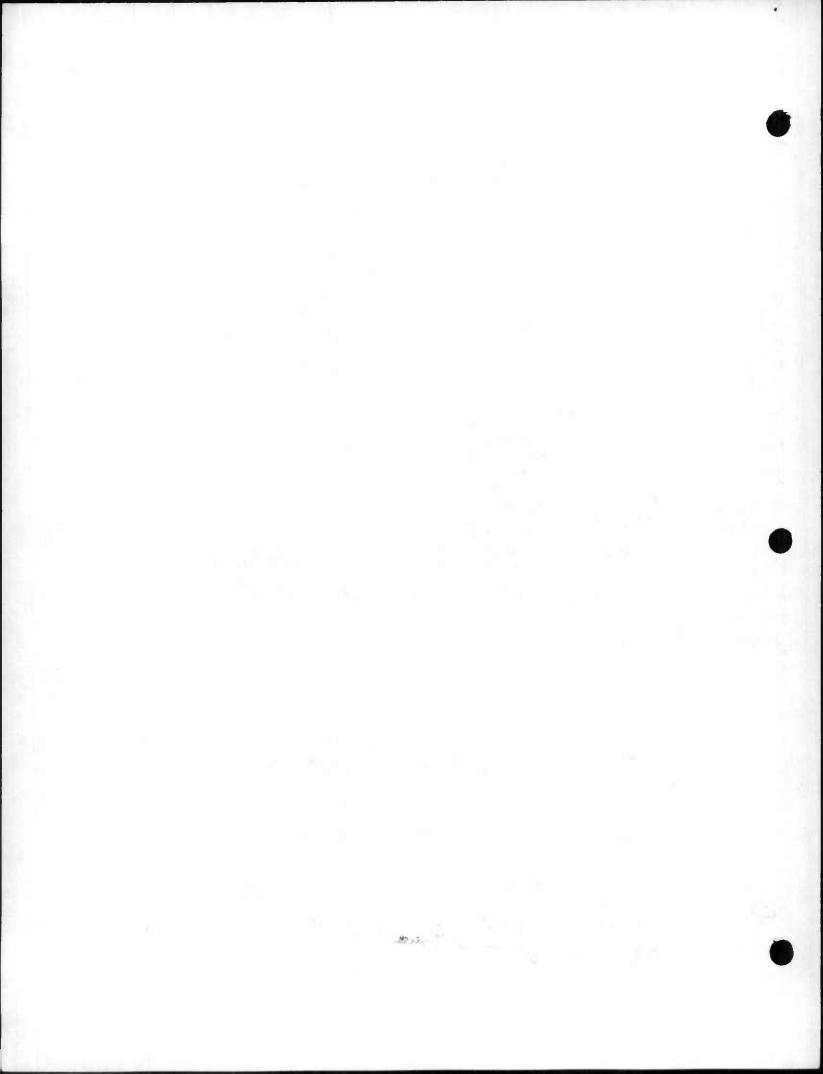


THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should limit at the most limit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRARHERMANIA	STATE OF I	MARYLAND 10 N	/ DEPAI	RTMEN	T OF H	EALTH	AND	MENT		NE	ion (_	21261)
	1. DECEDENT'S NAME (First, Middle, Last)				IOAII		DEA		1 2 247	REG. N	0.			
	HERMANIA	М.	LEM	ON					MON		1992	YEAR	3. TIME OF DEA	A _M
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs.	last birthday)		1 YEAR	IF UNDER		7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or Fi	oreign
	215-01-0854	1 🗌 M 2 🔯 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	017	Count		
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	. TOWN C	R LOCATI	ON OF D		n IU, I		I MAKY INTY OF D	LAND	_
DIRECTOR	5906 FRANKLIN AVE.	The same of the sa			WOOD							TMORE		
Ä	10a. STATE 10b. COUNT	ry		10c. CI1	TY, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
	MARYLAND BALTI	MORE		WOOD	LAWN								LIMITS?	
FUNERAL	100. STREET AND NUMBER 5906 FRANKLIN AVE.	APT. 3F				101	. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?	
Ž	11. MARITAL STATUS	12. WAS DECEDEN	IT EVED IN U.S.	A DIAFO	- 10		2120				USA			
	1 Never Merried 2 X Merried	FORCES? 1	YES 2	NO	13.	It yes, spi	endent Cobe	r, Mexica	VIC ORIG In, Puerto	N7 (Specify Y	ee or No-	14. RACE Binck	- American Indi	en,
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		- 1	1 YES	5 X NO	Specif	y:			Speci		
	15. DECEDENT'S EDU	ICATION	1.00	0505051					_			WHIT	E	
COMPLETED	(Specify only highest grad	e completed)	160.	DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	HN st of workin	g	16	b. KIND OF BI	USINESS/IN	DUSTRY		
٣	Elemantery/Secondary (0-12)	College (1-4 or 5	+)	me. DO NOI U	se reared.)									
M	12		CI	ERK						SOCIAL	SECUR	ITY		
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	VER'S NA		Middle, Maide				
BE (FREDERICK SCHLICKENM	ALER				- 1	ELSI	E		DUERR				
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Parel I	Gourte Nur	nber, City or To	um State 7	o Codel		
5		BAND)		5906 F	RANKL	IN AVI	E. API	3F	BALT	IMORE,	MARYLA	ND 21	207	
	20a. METNOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	20b. PLA C	ERN CE	OF DISPOS	ITION (Na	me of	AUC	DA 4	1992 L	OCATION —	City or To	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	WIGOI	EAN CE	_					, 1992 RAL	TIMORE	, MAR	YLAND	
530	R. Clair W.	The 1			121 16	ROY N	1. & F	USSE ON AV	LL C. VE. C	WITZKE ATONSVI	FUNER	AL HO	ME ND 21228	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	(OR AS A CONS	RST) I	10-1 FI: (on	in	rn	ció	ema -			Onaet and	
	resulting in death) LAST	d									-			
PHYSICIAN: MEDICAL	PART II. Other significant condition	na contributing to	death but no	t resulting	in the un	derlyIng	cause g	Iven in	Part I.	24a. WAS AI PERFO 1 YES	RMED?		WERE AUTOPSY FII AVAILABLE PRIOR COMPLETION OF CO OF DEATN7 1 YES 2 N	TO
3	25. WAS CASE REFERRED TO MEDICAL					28. Pl	ACE OF DE	ATN /Ch	ok onte -	nel				-
25	EXAMINER?	HOSPITAL:	EB/0-4	2025	OTHER	t:		-		-				
ž I	27. MANNER OF DEATN	1 Inpetient 2 I						idence		r (Specify)				
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ry, Year)	28b. TIM INJ	URY M	2Sc. INJU WOF 1 Y	RK7	NO	28d. DE	SCRIBE NOW	INJURY OC	CURED		
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE Of building.	F INJURY At otc. (Specify)	home, term, s	street, facto	ory, office			28t. LOC City	ATION (Street or Town, State	and Number	or Rural R	oute Number,	
w	29e. CERTIFIER													
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											and manner es st	ated.	
	296 BIGNATURE AND TITLE OF CERTIFIE						296 LJCE						(Month, Day, Year)	
O BE	Travalle And	flut					1)-2	706	37		>	1-	-31-92	
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,		Cha	les.	F.	,50	ite 30	1 7	100	mmd	71704
	31. DATE FICED (Month, Day, Year) AUG 3 1992	32/heeistrik	S SNATUR	andalle	7 7				-		, , ,		1	1-1



BALTIMORE, MARYLAND 21215-0020

0
σ.
Ś
Q
Œ
Ö
O
Ш
AL
A
>
14
0
7
2
\subseteq
S
5
=

	1 - STATE REGISTRAR	STATE OF MARY	YLAND /	DEPAR ERTIFI	TMENT OF CATE OF	HEALTH AND	MENTA	L HYGIEN		6.	_ 1 _ 0	
	1. DECEDENT'S NAME (First, Middle, Last)	George E			ner		2. DATE		N 19	YEAR 92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER V 217-40-3529	1 M 2 🗆 F	GE (In yrs. lad	st birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	47	8. BIRTH Countr	HPLACE (State or Foreign	
70R	The same of the sa	tal Corpo	ratio	on	Balti	or Location of De	ty		9c. COUN	TY OF D	EATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT MD	Υ			timore						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 114 N. Colling	ton Ave.				M. ZIP CODE 21231		-		EN OF V	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2	NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica 8 2 NO Specify	n, Puerto	Y? (Specify Yer Rican, etc.)	or No-	Speci	E American Indian, k, White, etc. hy: White	
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unk.	CATION completed) Coffege (1-4 or 5+) Unk.	(G life	CEDENT'S Live kind of wind Do NOT use	,	ON ost of working		Build		STRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) George Lightne	r				16. MOTHER'S NA	ME (First, i	Middle, Meiden	Sumame)			
2	190. INFORMANT'S NAME (Type/Print) Dolores Lightn	er				end Number or Rural F lington					, Md.21231	
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	AND DATE O	F DISPOSITION /N	ame of	DAT	E 20c. LO	CATION C	ity or To	wn, Stete	
	Surfel 2 Cremetion 3 Removal from State Cametery, cremetory or other place) Gardens of Faith Cem. 8/4 Baltimore, MD											
	23. PART I. Enter the diseases or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse of	one of	hal	ot enter the mo	ode of dying, such	h aa cerd	diac or reapi	ratory arre	at,	Approximata interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	b. Seps DUE TO (OR AS	S A CONSEC	DUIENCE OF)	عو							
MEDICAL	d. PART ii Other significant conditions contribution to death but not writing to be a significant conditions.										WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utaction 2		OTHER:	LACE OF DEATH (Che						
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Yeer	Υ	28b. TIME	OF 28c. IN.	IURY AT ORK? YES 2 NO		r (Specify) SCRIBE HOW II	NJURY OCCU	IRED		
E	3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, etc. (S)	RY — At ho	me, farm, st	reet, tectory, offic	•		ATION (Street e or Town, State)	and Number o	r Rural A	oute Number,	
COMPLET		(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated,										
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER					BER	29d. DATE SIGNED (Month, Day, Year) 8 / 1 / 9 2					
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF I	DEATH (ITE	# 27) (Type, I	rine)	ALT, 1	70	2-12	31			

Julia Taviden Bonda Co

medical examiner must be notified at once	INPORTANT II In 28 is marked or flem 23 shows any laiuv. Or other transmissic event, the medical examinar must he marked at once
or removal	or Mental Hydiene prior to burial, cremation, of Health and Mental Hydiene prior to burial, cremation, o
d in by the funeral director, page 5 should be detached	Completely filled in by the function are been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
nours after death. Page 6 may be retained by the hosp	CHAIN PRINCIPLY ATTENDING PHISCIAN: The law requires that the death certificate be executed within 24 ho
BALTIMORE, MARYLAND	BIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND

1. DECEDENT'S NAME (Fit	st, Middle, Last)			CENT	IFICAT	- OF	UCAI	П	2 04	REG. NO			2 7115 05
Vivian I.									MO	NTH D	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NU		5. SEX	6. AGE (h	n yrs. last birthd	ev) IF UND	ER I YEAR	IF UNDER	24 HDS	-	uly 2	25 1	992	11:26 p
234-22-6558		1 □ M 2/2/F	86	YR	MONTHS	1	HOURS	MIN.	FE	B. 27, 19	06		GINIA
9a. FACILITY NAME (# not					9b. CIT	Y, TOWN	OR LOCATIO	ON DF DE	EATH		9c. COL	INTY OF E	DEATH
Avalon Mar	or Hom	e Inc.			Ha	gers	town				Wa	shin	gton
10a. STATE	10b. COUNT	Υ		10c.	CITY, TOWN	OR LOCA	TION						10d, INSIDE CITY
MARYLAND	WASH	INGTON			LEAR								LIMITS?
10e. STREET AND NUMBE						10	f. ZIP CDDE	E			10g. CI1	IZEN OF	WHAT COUNTRY?
11825 ST. P	AUL RO.	AD					2172	2				U. S	. A.
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED	13.	. WAS DEC	CENDENT D	F HISPAN	NC ORIG	GIN? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, alc.
3 Widowed 4 Di		IF YES, GIVE W				1 TYES	2 XNO	Specify	V.	o ricen, etc.)		Spec	
15. DE	CEDENT'S EDU	CATION		16a. DECEDEN	T'S USUAL (OCCUPATION	ON		Τ,	6b. KIND OF BUS	SINESS/IN	DUSTOV	
Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5 a		(Give kind	of work done T use retired.)	durina mo	ost of working	g		oo. Killo of Bo.	JII1E33/III	DOSINI	
10				DOMES	TIC W	ORKE	R			RESIDE	NCE		
17. FATHER'S NAME (First,	Middle, Last)						16. MOTH	ER'S NAI	ME (First	t, Middle, Maiden	Surname)		
CHARLES M.		BUSH						ELIZ					
19a. INFORMANT'S NAME										imber, City or Town			
SHIRLEY ANN								AD,		AR SPRI			21722
1 Buriel 2 Cremat	lon 3 🗆 Ram	oval from Stale	came	TED AT E	or other place	1						City or To	
		ENSEE	100	SEDALE				20/192	MAKI	TNPR	URG, WV		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE ALCOHOM BOOM FUNERAL HOME, 327 W. KING S' PO BOX 821, MARTINSBURG, WV 25401								SS OF FAC	CILITY				
								VERA	L H				
23. PART I. Enter the	Alesana, or o	mplications that	311	ONY Control	/	BROW PO B	N FUN	NERA	L HO	TINSBUR	G. W	V 25	401
	neart tellure.	complications that List only one cau	ceueed se on eac	O// the daeth, D ch ilne.	/	BROW PO B	N FUN	NERA	L HO	TINSBUR	G. W	V 25	Approximate Intervel Between
IMMEDIATE CAUSE (F	neart tellure.	complications that List only ona cau	Sceneed se on each	the daeth. D	/	BROW PO B	N FUN	NERA	L HO	TINSBUR	G. W	V 25	Approximate Intervel Between
IMMEDIATE CAUSE (F	neart tellure.	a	se on eac	the daeth. Doch ilne.	o not anta	BROW PO B	N FUN	NERA	L HO	TINSBUR	G. W	V 25	Approximate Intervel Between
IMMEDIATE CAUSE (F disease or condition reaulting in death)	inal	a	(DR AS A	ch ilne.	o not anta	BROW PO B r the mo	N FUI OX 82 da of dyli	NERA	L HO	TINSBUR	G. W	V 25	Approximate Intervel Setweet Oneat and Daet
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condi if any, leading to imm	tions,	B. A C. DUE TO	(DR AS A (OR AS A (CONSEDUENCE Renal CONSEOUENCE	o not anta	BROW PO B r the mo	N FUI OX 82 da of dyli	NERA	L HO	TINSBUR	G. W	V 25	Approximate Intervel Between Onset and Dast
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to immeause. Enter UNDERLY CAUSE (Disease or In)	tions, edieta	DUE TO DUE TO HYP	OVOL	CONSEDUENCE Renal CONSEQUENCE .emia	O not anta	BROW PO B r the mo	N FUI OX 82 da of dyli	NERA	L HO	TINSBUR	G. W	V 25	Approximate Intervel Between Onset and Dast
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY	tions, edieta	DUE TO DUE TO HYP	OVOL	CONSEDUENCE Renal CONSEOUENCE	O not anta	BROW PO B r the mo	N FUI OX 82 da of dyli	NERA	L HO	TINSBUR	G. W	V 25	Approximate intervel Between Onset and Dasti
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition, is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LAS	tions, solieta ring ury	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(DR AS A (OVO)	conseduence Renal Conseduence .emia Conseduence	O not anta	BROW PO B	N FUI OX 82 da of dyle	NERA	L H(MAR'	TINSBUR	G, W	V 25	Approximate intervel Between Onset and Dasti
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition, and it any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LA: PART II. Other alignific	tions, solieta ring ury	B. DUE TO	(DR AS A (OVO)	CONSEDUENCE Renal CONSEQUENCE CONSEQUENCE CONSEQUENCE	OP): OP): g in the u	BROW PO B	N FUI OX 82 da of dyle	NERA	L H(MAR'	TINSBUR rdiac or reepi	G, W ratbry er	V 25	Approximate intervel Between Onsat and Dast Wee 2 Wee
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition, is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LAS	tions, solieta ring ury	B. DUE TO	(DR AS A (OVO)	CONSEDUENCE Renal CONSEQUENCE CONSEQUENCE CONSEQUENCE	OP): OP): g in the u	BROW PO B	N FUI OX 82 da of dyle	NERA	L H(MAR'	TINSBUR	G , W ratDry er	V 25	Approximate Intervel Between Onaat and Daati
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition, and it any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LA: PART II. Other alignific	tions, solieta ring ury	B. DUE TO	(DR AS A (OVO)	CONSEDUENCE Renal CONSEQUENCE CONSEQUENCE CONSEQUENCE	OP): OP): g in the u	BROW PO B	N FUI OX 82 da of dyle	NERA	L H(MAR'	TINSBUR rdiac or reepi	G , W ratDry er	V 25	Approximate intervel Between Onset and Daeti Wee 2 Wee
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition and it any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LA: PART II. Other aignifications are also in the conditions are sufficient in the condition are	tions, sodieta ring ury strange conditions ant conditions company conditions	B. DUE TO	(DR AS A (OVO)	CONSEDUENCE Renal CONSEQUENCE CONSEQUENCE CONSEQUENCE	OP): OP): g in the u	BROW PO B r the mo	N FUI OX 83 da of dyli	NERA 21, 1 ng, euch	I H(MAR'	TINSBUR ridiac or reepi 24e. WAS AN PERFOR 1 YES 2	G , W ratDry er	V 25	Approximate Intervel Between Oneat and Daeti Wee Wee Were Autopsy Findings Amilable Prior To Completion of Cause DF DEATH?
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition and if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LA: PART II. Other alignific Senile I	tions, sodieta ring ury strange conditions ant conditions company conditions	B. DUE TO DUE TO DUE TO d. a contributing to ia With	(DR AS A (CO) OVO CO) (OR AS A CO) OVO CO) (OR AS A CO) (CONSEDUENCE Renal CONSEOUENCE .emia conseouence t not resulting	O not anta OF): Fai OF): Given the unity of the unity	BROW PO B r the mo	N FUNOX 82 da of dyli	NERA 21, 1 ng, euch	Part I.	Z4e. WAS AN PERFOR	G , W ratDry er	V 25	Approximate intervel Between Onsat and Dast Weel 2 Weel Were Autopsy Findings Amailable Pring To Completion of Cause DF Death?
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition and it any, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated eventa resulting in death) LAST II. Other algnific Senile D	tions, sodieta ring ury strange conditions ant conditions company conditions	B. DUE TO DUE TO DUE TO DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO DUE TO DUE TO A C DUE TO DU	(DR AS A (UTE (OR AS A (OVO))) (OR AS A (OVO)) (OR AS A (OVO)) (OR AS A (OVO))	CONSEDUENCE Renal CONSEQUENCE CONSEQUENCE Thou resulting CONSEQUENCE CONSEQUEN	OF): OF): OF): OTHE OTHER	BROW PO B r the mo	N FUNOX 82 da of dyli	NERA 21, 1 ng, euch	Part I.	24e. WAS AN PERFOR	G, W ratory er Autropsy MED?	24b.	Approximate intervel Between Onast and Dast Week WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition and it any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LA: PART II. Other algnific Senile 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1X Natural 5	tions, solicitors,	B. DUE TO	(DR AS A (UTE (OR AS A (OVO))) (OR AS A (OVO)) (OR AS A (OVO)) (OR AS A (OVO))	CONSEDUENCE Renal CONSEQUENCE CONSEQUENCE Thou resulting CONSEQUENCE CONSEQUEN	OF): Pai OF): Gin the ui ON	BROW PO B r the mo Lure 26. PL R: rsing Home	OX 82 da of dyli	NERAL 21, Ing, euch	Part I.	Z4e. WAS AN PERFOR	G, W ratory er Autropsy MED?	24b.	Approximate intervel Betwee Onast and Dast Weel 2 Weel 2 Weel Autopsy Findings Amailable Prilor To Completion of Cause DF Death?
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition and it any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LA: PART II. Other alignific Senile 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Netural 5 Accident 2 Accident	tions, solieta ring ant condition of ment.	B. DUE TO	(DR AS A (OVO) (OVO) (OR AS A (OVO)	CONSEDUENCE Renal CONSECUENCE .emia CONSECUENCE t not resultin Pessi lient 3 DOA	OF): OF): OF): OTHE A DIME OF NJURY M	BROW PO B r the mo Lure 26. PL R: rsing Home 28c. INJI 1 V	OX 82 da of dyli Carlot of dy	NERAL 21, Ing, euch	Part I.	24a. WAS AN PERFORM 1 VES 2 One) Per (Specify) ESCRIBE HOW IN	AUTOPSY MED?	24b.	Approximate Intervel Betwee Onast and Dast Intervel Betwee Onast and Dast Intervel Betwee Onast and Dast Intervel Betwee Onast and Dast Intervel Betwee On
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition and it any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LA: PART II. Other alignific Senile 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Netural 5 Accident 2 Accident	tions, solicitors,	B. DUE TO	(DR AS A (OUTE (OR AS A (OUTE (OR AS A (OUTE (OR AS A (OUTE (OR AS A (OUTE (OR AS A (OUTE (OR AS A (OUTE (OR AS A (OUTE)	CONSEDUENCE Renal CONSECUENCE .emia CONSECUENCE t not resultin Pessi lient 3 DOA	OF): OF): OF): OTHE A DIME OF NJURY M	BROW PO B r the mo Lure 26. PL R: rsing Home 28c. INJI 1 V	OX 82 da of dyli Carlot of dy	NERAL 21, Ing, euch	Part I.	TINSBUR 24e. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approximate Intervel Between Onset and Dast Intervel Between Onset and Dast Intervel Between Onset and Dast Intervel Between Onset and Dast Intervel Between Intervel Between Intervel Between Intervel Between Intervel Between Intervel Between Intervel Between Intervel Between Intervel
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition and it any, leading to immediate the cause. Enter UNDERLY CAUSE (Disease or injust initiated eventa resulting in death) LA: PART II. Other alignific Senile 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 DEER	tions, sodieta ring ant condition of the nt. TO MEDICAL Pending investigation Could not be determined	B. DUE TO DUE TO DUE TO DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO A C DUE TO DUE TO A C DUE TO A C DUE TO DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO DUE TO DUE TO A C DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A C DUE TO DUE	(OR AS A (OVO) (OVO) (OR AS A (OVO)	CONSEDUENCE Renal CONSEQUENCE CONSEQUENCE t not resulting Tessi Consequence 20b. 1	O not anta O not anta O pp: Pai Opp: Opp: OTHE A CNUM IME OF NJURY M n, streel, fac	BROW PO B r the mo Lur (26. PL R: rasing Home 28c. INJI WO V tory, office	OX 82 da of dyli Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g Cause g	NERA 21, 1 ng, euch	Part I. Part I. Ch. Ch.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approximate Intervel Betwee Onast and Dast Intervel Betwee Onast and Dast Intervel Betwee Onast and Dast Intervel Betwee Onast and Dast Intervel Betwee On
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated eventa resulting in death) LA: PART II. Other algnific Senile ZS. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	tions, edieta find ury strong to medical find ury strong to medical find the medical find the medical find the determined find the determined find the medical find the determined find the medical find the medic	B. DUE TO	(OR AS A (OVO) (OVO) (OR AS A (OVO) (OV	CONSEDUENCE Renal CONSEOUENCE .emia CONSEOUENCE t not resultin PCSSi lient 3 DOA 26b.1	OF): OF): OF): OF): OTHE OTHE A DATE OTHE	BROW PO B r the mo Lure 26. PL R: rsing Home 28. INJI 1 y tory, office	OX 82 da of dyli Cause g Cau	NERA 21, 1 ng, euch liven in I	Part I. Part I. Ch. Ch.	24a. WAS AN PERFORM 1 VES 2 One) Per (Specify) ESCRIBE HOW IN PCATION (Street as y or Town, State)	AUTOPSY MED? NO AUTOPSY MED?	24b.	Approximate intervel Between Onset and Dast Wee Wee
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated eventa resulting in death) LA: PART II. Other algnific Senile ZS. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only)	tions, solieta ring ury ST	B. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A C DUE TO DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO A C DUE TO DUE TO A C DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO A C DUE TO DUE TO DUE TO A C DUE TO A C DUE TO DUE TO DUE TO A C DUE TO DUE TO A C DUE TO D	(OR AS A (OVO) (OVO) (OR AS A (OVO) (OV	CONSEDUENCE Renal CONSEOUENCE .emia CONSEOUENCE t not resultin PCSSi lient 3 DOA 26b.1	OF): OF): OF): OF): OTHE OTHE A DATE OTHE	BROW PO B r the mo Lure 26. PL R: rsing Home 28. INJI 1 y tory, office	OX 82 da of dyli Cause g Cau	NERA 21, 1 ng, euch liven in I ATH (Che and due t d et the t	I_ H(MAR' MAR' h se ce	24a. WAS AN PERFORM 1 VES 2 One) Per (Specify) ESCRIBE HOW IN PCATION (Street as y or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b. CURED or Rural R ted.	Approximate Intervel Betwee Onset and Dest Intervel Betwee Onset and Dest Intervel Betwee Onset and Dest Intervel Betwee Onset and Dest Intervel Betwee Onset and Dest Intervel Betwee Onset Intervel Betwee Onset Intervel

AUG 3 1992

DHMH-16 Rev 1/89

1 - STATE REGISTRAR

1	2	-
	10	to
	69	20
	20	-
	0_	77
	=	ě
	9	F
	2	9
	te.	=
	60	5
	ä	2,
ì	온	8
	4	量
,	0	2
	5	5
	*	ď
	9	6
1	Ħ	1 c
1	ě	S.
	83	6
	8	Si-
	e	3
	Sa	듄
	E	0
	90	iệ
	5	en
	63	뷺
	0	2
	Ě	=
	33	ā
	5	8
	8	5
	Š	.02
	8	9
	>	2
	80	as
	2	400
	-	ate
	3	9 U
	3	E
	3	0
	£	his.
	CL.	-
	N	fe
	9	≪.
	E I	8
	A	5
	Œ	RE
	0	0
	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ma	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is

t	2	1. DECEDENT'S NAME (First, Middle, Last) RUTH E. MEADE MEADE 2. DATE OF DEATH MONTH DAY 7 30 92									3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER 215-07-121		5. SEX	6. AGE (In yrs. 78	last birthday)		YEAR DAYS	IF UNDER 2	MIN.	DATE OF BIRTH	13	Count	IPLACE (State or Foreign ry) ryland
3 should		9a. FACILITY NAME (If not in					9b. CITY, 1	OWN C	OR LOCATIO	N OF DEAT	N		JNTY OF D	DEATH
	OR	2530 Ebb		d.			Man	che	ster			Ca	rrol	1
es 1	DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Y		10c. Cl	TY, TOWN OR	LOCAT	ION					10d. INSIDE CITY
7. 20.	DIR	Maryland	Carr	oll		Manchester						LIMITS?		
регл	IAL	10e. STREET AND NUMBER				10f, ZIP CODE					10g. CITIZEN OF W			WHAT COUNTRY?
an. ransit	FUNERAL	2530 Ebbva	ale Rd						2110				S.A.	
the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, once.	BY	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		lf :	yea, sp	ENDENT OF ecify Cuben, 2 15 NO	HISPANIC , Maxican, I Specify:	ORIGIN? (Specify Y Puerto Rican, etc.)	ea or No-	Spec	E — American Indian, k, Whita, alc. iv:
atten	9	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16a.	DECEDENT'S	work done du	UPATIC	ON st of working		16b. KIND OF B	JSINESS/IN		200
by the hospital or attend be detached for use as at once.	COMPLET	Elementary/Secondary (C 12 Yrs	·) I	Housew	retired.)				0	wn Ho	me			
the hordetach	S S	17. FATHER'S NAME (First, M		,					18. MOTH	ER'S NAME	(First, Middle, Maide	n Surname)		
ould be det	BE	Herman Jo					Ann		E. Bro					
ay be retained I page 5 should be notified	5	Paul Fenker	<u> </u>								hester,			
pe 6 may irector, pa must b		20a. METHOD OF DISPOSIT 1 Burial 2 □ Crematic 4 □ Donation 5 □ Other	n 3 🗆 Rem	oval from State	20b. PLA cemetery, Dru	CEANDDATE comploy occ 11 d Ri	of DISPOSIT other plece) age Co	eme	tery			cesvi		
24 hours after death. Page 6 may be retained by filled in by the funeral director, page 5 should be jon, or removal.		21. SIGNATURE OF FUNERA	SERVICE LIC	CENSEE A			R	uck	Tows York	on F	uneral Ho Towson,	ome,	Inc. 2120	4
th certificate be executed within hiding physician and completely Hygiene prior to burial, cremation of other traumatic event, 1	CERTIFICATION													Intervel Betwee
the death y the attend Memtal		PART II. Other aignifica	nt condition	s contributing to	deeth but no	ot resulting	in the und	eriying	g ceuse gi	ven in Pa	nt i. 24a, WAS A		248	. WERE AUTOPSY FINDING
quires that the signed by the Health and the house any in	MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 1740											AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
has been Dept. of 1 23 sho	ä													
N: The ficate h State E	ic i	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:			OTHER:		ACE OF OE					
SICIAN: The certificate of the State	PHYSICIAN:	1 TYES 2 NO		1 Inpatient 2 I		28b. TII			URY AT		Other (Specify) 8d. OESCRIBE HOW	INJURY O	CUREO	
OING PHYS After this c death with s marked,	ВУ	2 Accident	Pending Investigation	(Month, D.	ey, Year) F INJURY — At		JURY	1 🗌 Y	RK? res 2 🗌	NO	8t. LOCATION (Stree			Courte Manufacture
OR ATTENOING DIRECTOR: After hours after death item 28 is ma	ETED	4 Homicide	Could not be datermined	bullding,	atc. (Specify)			, ome			City or Town, Stat		or norm	noose Number,
HOSPITAL O FUNERAL DI within 72 ho	COMPL	one) & MEDI	CAL EXAMINE											s) and manner as stated.
TO THE HOSPIT TO THE FUNER DE filed within 7	O BE	396. DIGNATURE AND TITLE	OF CERTIFIES	uchae	2st	1			DO.	TO	Tq	29d, DA	TE SIGNED	(Month, Day, Year)
	F	P. Espen	shade	M.D. 4	19 Mal	colm		estr	minst	er. N	Md.			
		31. DATE FILED (Month, Day, AUG 3	1992	FUR DE	FSISIGNATIV	inde				, -				

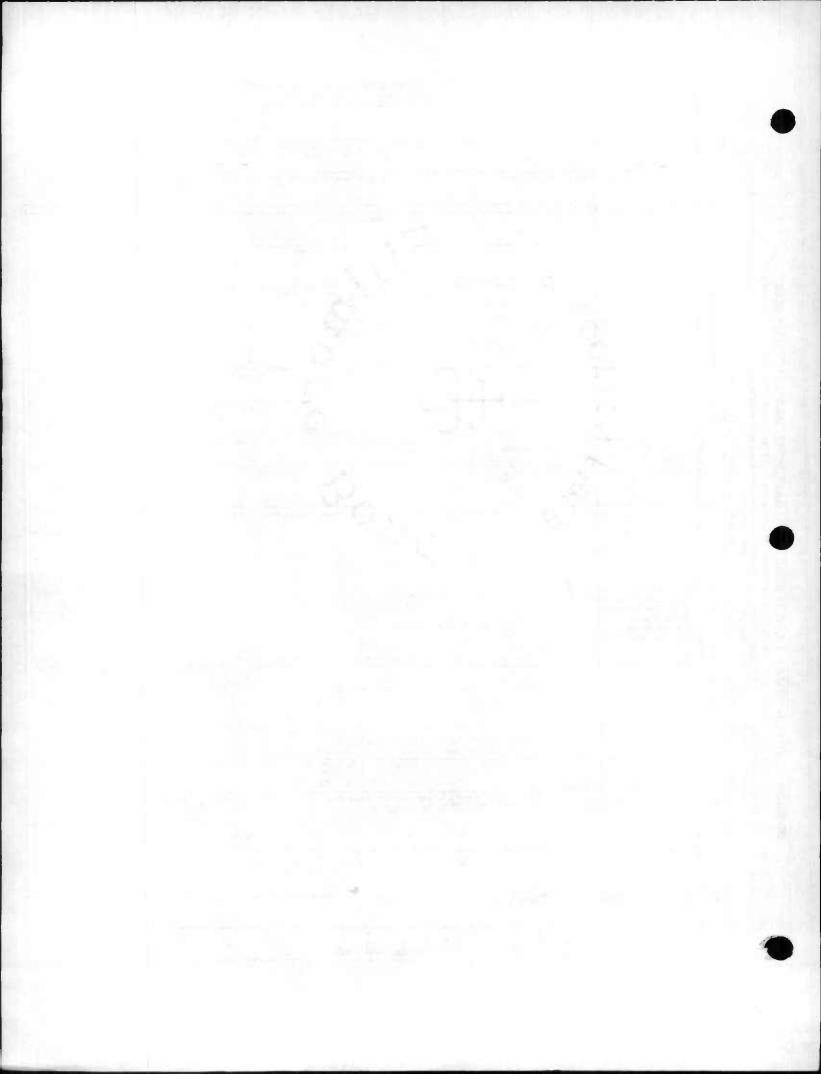
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

. .

	notified	
	must be	
	examiner	
OI TELLIOVAI	medical	
Cellianon,	rent, the	
will the state below. Of neather and market hypering prior to buries, cremation, of removal,	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
Spirite prior	other tra	
או ואופוווים זו	Injury, or	
I INCANTI OF	hows any	
Dept.	n 23 s	
DIE SIGIL	or iter	
I I	ked,	ı

500						21264
FOR STATE REGISTRAR	STATE OF MAI		MENT OF HEALTH CATE OF DEA		AL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) NILES	W.il	liam	MARTIN	2. DAT MON 07	e of DEATH TH DAY 27 199	3. TIME OF DEATH 2 5:15 P
4. SOCIAL SECURITY NUMBER 216-07-4518	1√X M 2 □ F	AGE (in yrs. lest birthday)	F UNDER 1 YEAR F UNDER MONTHS DAYS HOURS	Mor (Mor	E OF BIRTH 1th, Day, Year) 23-1912	8. BIRTHPLACE (State or Foreign Country) CANADA
9a. FACILITY NAME (If not institution, give a FALLSTON HOSPITA			96. CITY, TOWN OR LOCATE FALSTON	ON OF DEATH FALLSTOI		ORD
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		19c. CITY	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
MARVIAND BA 100. STREET AND NUMBER	LTIMORE		DUNDAL 101. ZIP COD		10g. CITI	1 ☐ YES 2 XXNO ZEN OF WHAT COUNTRY?
917 ()AKLEIGH BEAC 11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	H ROAD 12. WAS DECEDENT EF FORCES? 1 IF YES, GIVE WAR	YES Y NO	13. WAS DECENDENT O	in, Mexican, Puerto	IN? (Specify Yes or No	U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: (AMATET)
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w life. Do NOT use	JSUAL OCCUPATION ork done during most of working retired.)	ng	bb. KIND OF BUSINESS/IND	WHITE
8 VFARS 17. FATHER'S NAME (First, Middle, Lest)	N/A	TOOL	& DYE FOREM		MACHINIST Middle, Meiden Sumame)	
NOT KNOWN MA	RTIN	10h MAN MAN	ADDRESS (Street and Number	or Book Cont. **	NOT KNOWN	0-41
VTOIA WOOD			GEISE AVENUE		MORE, MARYL	AND 21219
Burial 2 Cremation 3 Rem 1 Donation 6 Other (Specify)		cemelery, cremetory or of		SS OF FACILITY CK FUNERA	BALTIMO	RE, MARYLAND DUNDALK INC.
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR	AS A CONSEQUENCE OF	:	2		Onset and D
PART II. Other eignificant condition	d			given in Part I.	24a. WAS AN AUTOPSY PERFORMED? YES 2 \(\text{NO} \) NO	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	EATH (Check only o		
7. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJ (Month, Pey, 1)	URY 265 TIME	OF 28c. INJURY AT WORK? M 1 YES 2	28d. DE	SCRIBE HOW INJURY OCC	AUTO IMPACT
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, farm, st (Specify) MARYLANT	ROUTE	281. LO MAR	CATION (Street and Number V. or Town State) YLAND ROUTE:	or Rural Route Number, 136/HARFORD,
	CIAN: To live best of my	knowledge, death occurred	at the lime, date and place	, and due to the cr	suse(a) and manner as state	
96. SIGNATURE AND TITLE OF CERTIFIEF		sute un		ENSE NUMBER	29d. DATE	E SIGNED (Month, Day, Year) 28–1992
O. NAME AND ADDRESS OF PERSON WHO	O COMPCETED CAUSE O	OUL!	Print)			
			111 N. PEN	N ST. BA	ALTIMORE, MAI	RYLAND 21201

DHMH-16 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The saw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	ne prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	
s that the death certificate be executed within 24 hours after death	ned by the attending physician and completely filled in by the fune	aith and Mental Hyglene prior to burial, cremation, or removal.	eny injury, or other traumatic event, the medicel exam	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law require	TO THE FUNERAL DIRECTOR: After this certificate has been sign	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows	

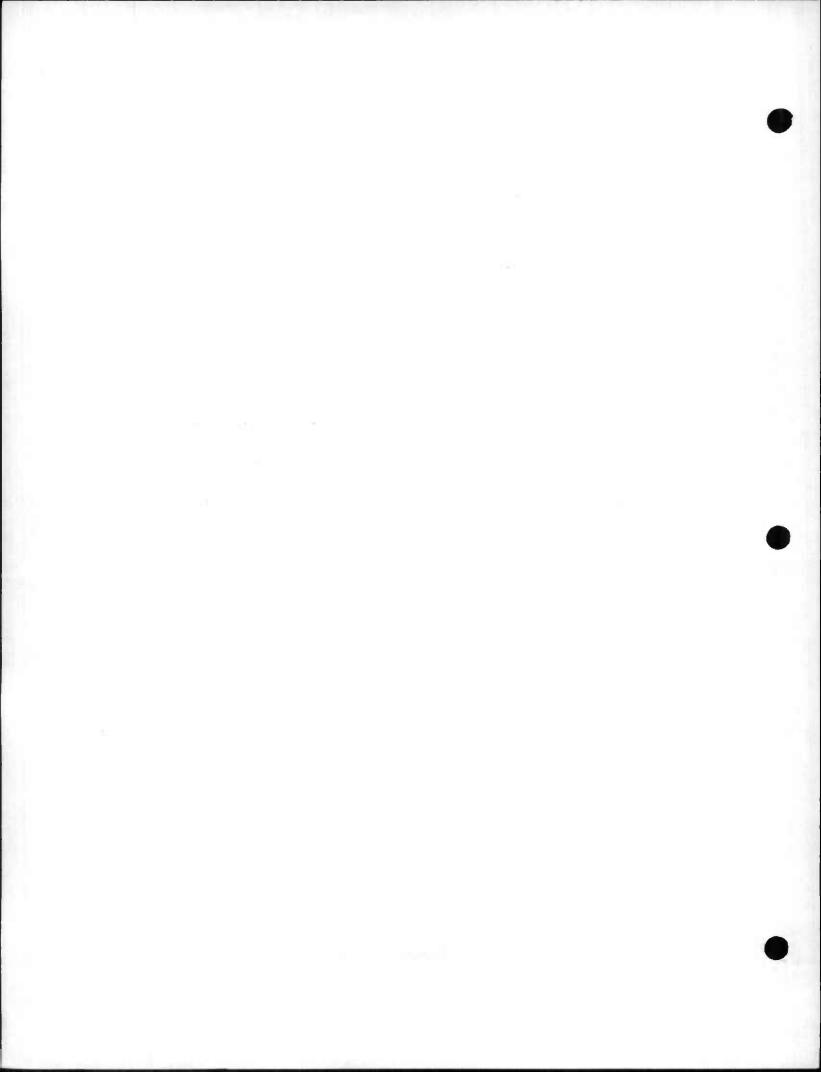
FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

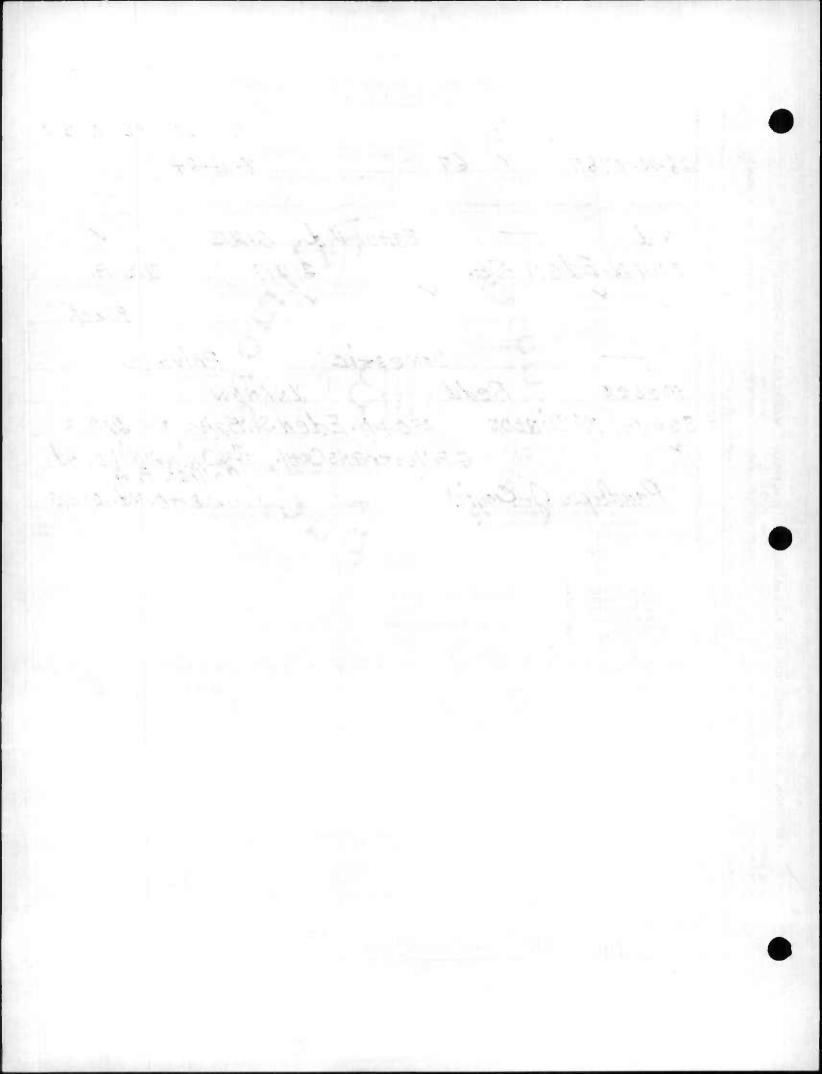
	1. DECEDENT'S NAME (First,	, Middle, Last)							2. DATE OF E	DEATH		YEAR	3. TIME OF DEATH
	Edward	9. M	isiona						Jul		0, 1	992	M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la		ONTHS DAY		ER 24 HRS.	7. DATE OF B	HRTN		8. BIRTHI	PLACE (State or Foreign
	2 / 8 - 0.5 - 7 / 80 1.52 M 2 D F 75 9a. FACILITY NAME (if not institution, give street and number)					ONTHS DA	8 HOURS	APINA,	12-30	-19	16	Man	yland
_					9	b. CITY, TOV					9c. COUN	TY OF DE	EATH
0	3017 Che	sley	Ave.				Balt	imor	re				
S	10a. STATE	10b. COUNTY	Y		10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY
DIRECTOR	Md.						Bal	timo	100				LIMITS?
	10e. STREET AND NUMBER						101. ZIP CO		71.6		10g. CITU	ZEN OF W	HAT COUNTRY?
	3017 Ch	esley	Ave.				21	234				U.S	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED				NIC ORIGIN? (S		or No-		- American Indian,
M F	1 Never Married 2 3 Never Married 2 Divo		IF YES, GIVE Y	YES 2 AR OR DATES	NO		ES 2 X NO		n, Puerto Rican y:	ı, etc.)		Specif.	, white, etc.
						1							walte
COMPLETED	(Specify only	EDENT'S EOU	completed)	16a. D	ECEDENT'S US Sive kind of wor b. Do NOT use i	BUAL OCCUP	MOST of work	king	16b. KIN	D OF BUSI	INESS/IND	USTRY	
ا ٿ	Elementary/Secondary (0	0-12)	College (1-4 or 5		emic				4	1//;	od (hom	ical Co.
8	17. FATHER'S NAME (First, M	liddle, Last)		10.	Cincot	22 0 /			ME (First, Middle			reem	ccuz co:
	John T.		ra				L	illi	an Sz	CZU	pins	ki	
BE	19a. INFORMANT'S NAME (7	Type/Print)		11	b. MAILING A	DDRESS (Str	et and Numb	er or Rural I	Route Number, C	Ity or Town	State, Zip	Code)	
2	Mr. Mitch	ell T	. Misio	ra 3	701	Ina A	ve.	Balt	to., M	ld.	2/20	6	
	20a. METHOD OF DISPOSIT		ouni Isom State		AND DATE OF		(Name of		DATE	20c, LOC	ATION —	City or Tox	vn, State
:	4 Donation 5 Other		A A		Land	Memo	rial	Cen	2.8/3	Ba.	Lto.	. M	d.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE .			22. NAM	AND ADDR	ESS OF FA	cler				
	* jody	DI	lister	m		75	77 H	y III	and Ro	run	eraz	. 110	me MD. 21234
	23. PART J. Entel-the di	iseesea, or o	complications the	t caused the d	eath. Do not	enter the	mode of d	ying, suc	h ss cerdiec	or respin	etory arm	est,	Approximata
	IMMEDIATE CAUSE (Fir		Liet only one cau										Interval Between Onset and Deeth
disease or condition Sudden death													ninto
			DUE TO	(OR AS A CONSE									
Z	Sequentially list conditi	ions	b	commony	arter	y discon	r_						
Ĕ	If sny, leading to imme- cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONS	QUENCE OF)							
CERTIFICATION	CAUSE (Disesse or Inju		c. DUE TO	(OR AS A CONSE	QUENCE OF:								
	resulting in deeth) LAS	т											İ
빙	8		d										1
¥	PART II. Other significe	ent condition				the underl	Ing ceuee	given in	Part I. 24a	. WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL			obstrudin	- lung di	Rose				10	YES 2			COMPLETION OF CAUSE OF DEATH?
W.				0									1 _ YES 2 _ NO
ÿ													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:			THER:	PLACE OF	DEATN (Ch	eck only one)				
₹	1 YES 2 NO		1 Inpetient 2 28a. DATE OF		DOA 4	☐ Nursing I		Residence	6 Other (Spi				
	1 Netural 5	Pending	(Month, D		28b. TIME (IY .	INJURY AT' WORK?	□ NO	28d. DESCRIE	BE HOW IN	JURY OCC	URED	
à	2 Catalan	Investigation	28a. PLACE O	F INJURY — At h	ome, farm, stre				28f. LOCATIO	N (Street at	nd Number	or Rural Br	nute Number
뤱		Could not be determined	building,	atc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Tox	wn, State)	ro moor	DI TIDI WITH	oute Mullion,
	29a. CERTIFIER	TIEVING BUVE	CIAN: To the heat of	and become de-									
COMPLETED			CIAN: To the best of R: On the basis of a										and menner as stated.
	29b. SIGNATUIRS AND TITLE									9 1 1 22			
8	II WY	TAL NUO	10.4	win Ca	diobert	}	_	1946(1	29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	1200	1 114	SE OF OEATN (ITE	M 27) (Type D	rint)	\	1170	0		- (13111	<i>σ</i>
	UI	Oshida		1 102		ven Bly	1 2	1239	B	nlt i	MD		
- 1		- 34.,			· ~ 21 1/4.	AAM AIL		- '	v	.10	-		
	31. DATE FILED (Month, Day.	Year)		R'S SIGNATURE									
	AUG 0 3	1992		R'S SIGNATURE	d.00			-					





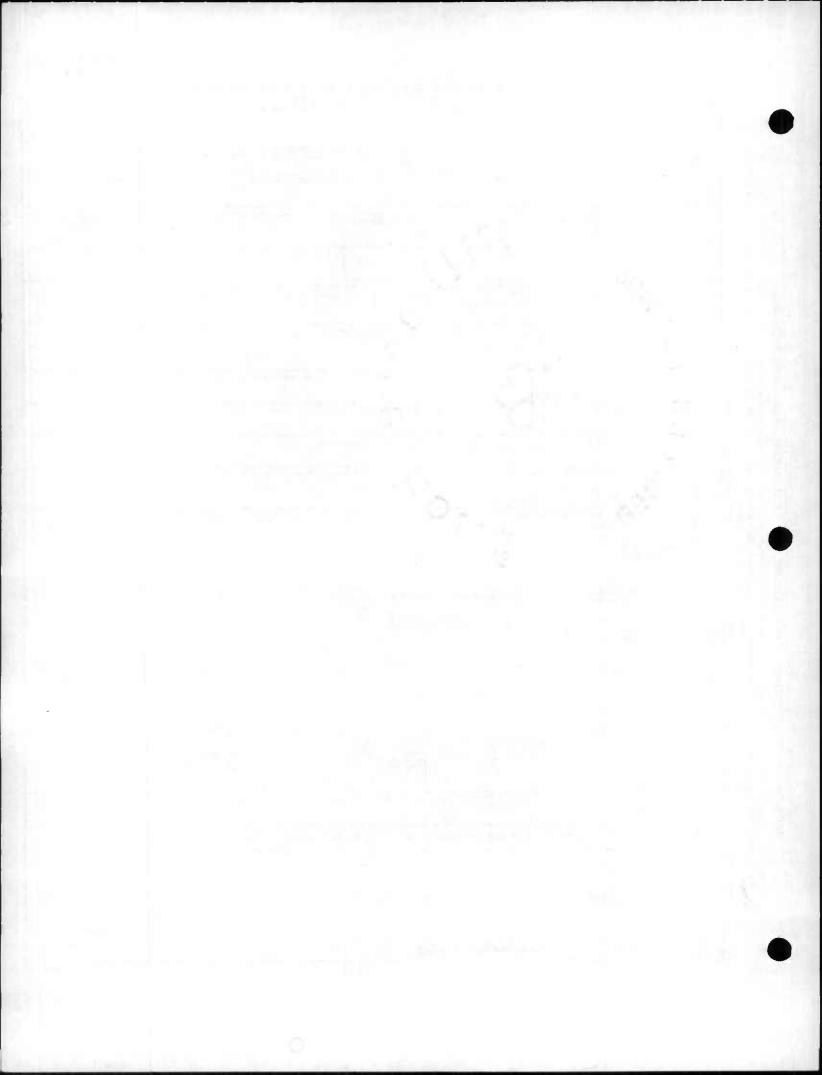
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 21266

	1. DECEDENT'S NAME (First, Middle, Last,									
		1				2. DATE OF MONTH	DEATH	42	3. TIME OF DEA	
	BESSIE 4. SOCIAL SECURITY NUMBER		CCLINTON yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	A7	_	8," 30	
	21/ 20 97/7	1 M 2 F		MONTHS DAYS	HOURS MIN.	(Month, D.	ay, Year)	Gount	HPLACE (State or Fi	
-	Sa. FACILITY NAME (If not institution, give	6	7	9b. CITY. TOWN	OR LOCATION OF E	FATH	1-24	UNTY OF D	TEATH .	
DINECTOR								ONT OF C		
THE INTON MEMORIAL HOSPITAL RALTIMORE CITY RESIDENCE OF DECEDENT										
	10a. STATE 10b. COUN	тү	1 1 2 2 2 2 2	TOWN OR LOCA	TION				10d. INSIDE CIT	
	10e. STREET AND NUMBER		Bak		der	2/2/	3		1 YES 2	
FUNERAL	IEALLN Fd	ON SI		10	of, ZIP CODE		10g. Ci	ITIZEN OF	WHAT COUNTRY?	
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS OF	CENDENT OF HISPA	MIC OBIGINS II	Specify Yes or No.	T 14. RAC	E - American Ind	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Maxic S 2 NO Spec	an, Puerto Rica	in, atc.)	Blac	k, White, atc.	
10	3 Wildowed 4 Divorced							Z	BIZCK	
ETED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S US	ork done during m	ION lost of working	16b, KI	ND OF BUSINESS/II	NDUSTRY	***	
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	-		E 0.	0.1			
COMPL	17. FATHER'S NAME (First, Middle, Last)		Dane	STE	LA MOTHER'S N	ASSE (First Asset)	Priva Ne, Melden Sumame			
	MARCS	Reda	/		7/4/	LATA TO	ne, maiden sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)	1 12 12 12		ADDRESS (Street	and Number or Rura	Route Number,	City or Town, State, 2	Zip Code)		
2	Samuel NºC	LINGON	1504	LN.F	deN.	Stits	No. M	d 1	2/2/2	
17	20e, METHOD OF DISPOSITION 1 Descript 2 Cremation 3 Res	amount from State	PLACE AND DATE OF		lame of	DATE	20c. LOCATION -	- City or T	wn, State	
	4 Donation 5 Other (Specify)	Cape Cr.	ten cramatory or othe	EPANS	CAST.	31 42	DWING	25/10/	118.14	
1.5	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE	5	22. NAME A	ND ADORESS OF F	ACILITY C	MIRK	AX	4	
	arroom, or indust landed	s. List only one cause on as	ch lina.	ot anter tha me	oda of dying, su	ch aa cardisc	or reapiratory s	errest,		
	IMMEDIATE CAUSE (Final disease or condition	a. List only one cause on as	ch lina.		oda of dying, su	ch aa cardisc	or reapiratory a	irrest,	Approxin interval E Onset an	
	IMMEDIATE CAUSE (Final	a Ca . &:	conscouence of		oda of dying, su	ch aa cardisc	or reapiratory a	errest,	Interval I Onset an	
NO	IMMEDIATE CAUSE (Final disease or condition	a. Cardina Due to (or As A	ch line. White pulmonery consciouence off:	arrest	ode of dying, su	ch aa cardisc	or reapiratory s	srrest,	Onset ar	
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Cordinate on as a but to (or as a but to (or as a cordinate of a cordinate of a cordinate of as a cordinate of a c	CONSEQUENCE OF):	arrest	+	ch aa cardisc	or reapiratory s	errest,	Onset ar	
IFICATION	immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Cordinate on as a but to (or as a but to (or as a cordinate of a cordinate of a cordinate of as a cordinate of a c	CONSEQUENCE OF):	arrest	+	ch aa cardisc	or reapiratory s	errest,	Onset ar	
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. DUE TO (OR AS A COURT OF OR A COURT OF OR A COURT OF OR A COURT OF OR A COURT OF OR A COURT OF OR A COURT	consequence of: that reconsequence of:	arrest	+	ch aa cardisc	or reapiratory a	errest,	Onset ar	
-	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Cordinate on as a cordinate of the co	consequence of: - Hay reconsequence of: - Hay reconsequence of:	and du	èun				interval onset ar mins	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (OR AS A OUE TO (OR	consequence of: - Hay reconsequence of: - Hay reconsequence of:	and du	èun	ı Part I. 24	a. WAS AN AUTOPS: PERFORMED?		interval onset ar	
EDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. Due to (on as a bue to (on as a course on a course on a course	consequence of: - Hay reconsequence of: - Hay reconsequence of:	and du	èun	ı Part I. 24	e. WAS AN AUTOPS		interval onset are mind	
EDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	a. Due to (on as a left of the to to the to to the to to the to to the to to the to to the to to the to to the to to the to to the to to the t	consequence of: - Hay reconsequence of: - Hay reconsequence of:	and du	èun	ı Part I. 24	a. WAS AN AUTOPS: PERFORMED?		interval I Onset ar MINS	
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	a. Cordinate on as a cordinate of the co	consequence of: Consequence of: Consequence of: Consequence of: Consequence of: Consequence of: Consequence of: Consequence of:	enry!	èun	1 Part I. 24	a. WAS AN AUTOPS: PERFORMED?		interval onset are mind	
EDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleases or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	a. Due to (on as a left of the to to the to to the to to the to to the to to the to to the to to the to to the to to the to to the to to the t	consequence of: - Italy ru consequence of: - Italy ru consequence of: throw the resulting in	the underlying 26. POTHER:	eun ng cause given is	1 Part I. 24	a. WAS AN AUTOPS' PERFORMED? YES 2 - MO		interval I Onset ar MINS	
EDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of Cause Cause. Examiner? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 788 2 100 27. MANNER OF DEATH	a. Cardina one cause on as a cause on a cause on as a cause on as a cause on as a cause on as a cause on a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on as a cause on a cause on as a cause on a cau	consequence of: - Italy ru consequence of: - Italy ru consequence of: throw the resulting in	the underlying 26. POTHER:	ng cause given in	Part I, 24 1 1 1 1 1 1 1 1 1 1 1 1 1	a. WAS AN AUTOPS' PERFORMED? YES 2 - MO	Y 24b	interval onset are mind	
PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions or your cause. Examiner? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 100	a. Cardinal only one cause on as a DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A d OUE TO (OR AS A d Ury Ons contributing to death but HOSPITAL: 1 Imperiant 2 ER/Outpa 28s. DATE OF INJURY (Month, Day, Year)	consequence of: Conseq	the underlyin 26. P OTHER: 6 Nursing Hon RY M 1	CALLA Ing cause given is PLACE OF DEATH (C) THE S PASSIGNED FOR THE STATE (C) THE S PASSIGNED FOR THE STATE (C) THE STATE	Part I, 24 1 1 1 1 1 1 1 1 1 1 1 1 1	a. WAS AN AUTOPS' PERFORMED? YES 2 - MO	Y 24b	interval I Onset ar MINS	
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	a. DUE TO (OR AS A LET OUT OF AS A LET OUT OF AS A LET OUT OF AS A LET OUT OF AS A LET OUT OUT OUT OUT OUT OUT OUT OUT OUT OU	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: That ru CONSEQUENCE OF: That ru CONSEQUENCE OF: LINUTE AND AND AND AND AND AND AND AND AND AND	the underlyin 26. P OTHER: 6 Nursing Hon RY M 1	CALLA Ing cause given is PLACE OF DEATH (C) THE S PASSIGNED FOR THE STATE (C) THE S PASSIGNED FOR THE STATE (C) THE STATE	1 Part I. 24 1 1 1 29d. DESCRI	a. WAS AN AUTOPS' PERFORMED? YES 2 - MO	Y 24b	interval onset are mind onset are mind onset are mind on one of the mind of the mind on one of the mind of the mind on of the mind of the mind on of the mind of the mind of the mind on of the mind o	
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	B. List only ona cause on as a. DUE TO (OR AS A. b. DUE TO (OR AS A. c. OUE TO (OR AS A. d	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: That you can thent 3 DOA 4 28b. TIME (INJUE Al home, farm, stre W	the underlying the un	rLACE OF DEATH (C) me 5 Residence JURY AT ORK(7) YES 2 NO	8 Other (S. 286. DESCRI	a. WAS AN AUTOPS' PERFORMED? YES 2 MO Pecify) DR (Street and Numb own, State)	Y 24b	Interval I Onset ar MINJ Cy WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	B. List only one cause on as a. Cord DUE TO (OR AS A C. OUE TO (OR AS A d. OUE TO (OR AS A d. CORD HOSPITAL: 1 Despitant 2 ER/Outpa 28a. DATE OF INJURY 28a. PLACE OF INJURY	consequence of: Consequence of: Consequence of: Consequence of: The consequence of: It not resulting in Consequence of:	the underlying 26. POTHER: Wind	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ce	a Part I. 24 1 1 28d. DESCRI 28f. LOCATIC City or Ti	ia. WAS AN AUTOPS' PERFORMED? YES 2 NO Pecify) IBE HOW INJURY O ON (Street and Numb own, State)	Y 24b	Interval I Onset ar MINS 7 da 7 d	
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	B. List only one cause on as a. DUE TO (OR AS A: b. DUE TO (OR AS A: c. OUE TO (OR AS A: d. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: DUE TO (OR AS A: OUE TO (OR A	consequence of: Consequence of: Consequence of: Consequence of: The consequence of: It not resulting in Consequence of:	the underlying 26. POTHER: Wind	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ce	a Part I. 24 1 1 1 1 1 1 1 1 1 1 1 1 1	a. WAS AN AUTOPS' PERFORMED? YES 2 -WO Pecily) DN (Street and Numb own, State) a) and manner as at d place, and due to	Y 24b CCURED oer or Rural I	interval onset are mind onset are mind onset are mind on one of the mind of th	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	B. List only one cause on as a. DUE TO (OR AS A: b. DUE TO (OR AS A: c. OUE TO (OR AS A: d. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: DUE TO (OR AS A: OUE TO (OR A	conscouence of: Consco	the underlying the un	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ce a and place, and du death occured at th	a Part I. 24 1 1 1 28 Other (S) 281. LOCATIC City or Ti 28 time, data and	a. WAS AN AUTOPS' PERFORMED? YES 2 -WO Pecily) DN (Street and Numb own, State) a) and manner as at d place, and due to	Y 24b CCURED oer or Rural I tated. the cause(s	Interval & Onset an MINS Onset an MINS Out of MINS Out of MINS Out of MINS Out of MINS Out of MINS Route Number,	
D BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions or resulting in death) LAST PART II. Other significant conditions or resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of Suicide 8 Could not be detarmined of the conditions of the	B. List only one cause on as a. DUE TO (OR AS A: b. DUE TO (OR AS A: c. OUE TO (OR AS A: d. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: d. C. OUE TO (OR AS A: DUE TO (OR AS A: OUE TO (OR A	consequence of: Consequence of: Consequence	the underlying 26. P OTHER: 6 Nersing Hor OF 28c. IN. W 1 reet, factory, office is at the Ilma, date is in my opinion, of	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ca a and place, and du death occured at the	a Part I. 24 1 1 1 28 Other (S) 281. LOCATIC City or Ti 28 time, data and	a. WAS AN AUTOPS' PERFORMED? YES 2 -WO Pecily) DN (Street and Numb own, State) a) and manner as at d place, and due to	Y 24b CCURED oer or Rural I tated. the cause(s	interval (Onset ar MINS Cy, Cy, WERE AUTOPSY: AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Route Number,	



LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. LORGTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Helath and Memail Hygines prior to burial, cremation, or removal. Henry 28 is marked, or Henry 28 should save intervent and when the trainmails avent has marked as another trainmails.	TO THE TALL OF THE TALL TO STORE THE THE TALL THE THE TALL THE THE TALL THE
LOR ATTENDING PHYSICIAN: The law requires that the death of OHECTOR: After this certificate has been signed by the attend hours after death with the State Dept. of Health and Mental Hisman 28 is manded on Hearth 28 shouse and latter to the street of the	. It item to be indived, or her to enough any infails, or

	FOR 1 STATE	STATE OF MARY	YLAND / DEPAR	RTMENT OF H	EALTH AND	MENTAL HYGI	9 2 NE	21267			
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	S D	DEATH	REG. N 2. DATE OF DEATH MONTH		YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 231-07-7282	SE (In yrs. lest birthday) 81 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/02/1	1	BIRTHPLACE (State or Foreign Country) Virginia				
TOR	9a. FACILITY NAME (If not institution, give so University Hospi		Baltimo	R LOCATION OF D	EATH	9c. COUNT	Y OF DEATH				
DIRECTOR	100. STATE 105. COUNTY Maryland			ry, rown on Locati	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	1318 West Lombar	d Street, 2	2nd Fl.	101.	21223		10g. CITIZE	EN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2 X NO	If yes, spe		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yes or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White			
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coflege (1-4 or 8+)	16e. DECEDENT'S (Give kind of life. Do NOT u Police		N at of working		GOVT.				
COMPL	17. FATHER'S NAME (First, Middle, Last)	14	101100	SILCATI	18. MOTHER'S NA	AME (First, Middle, Maid					
TO BE	190. INFORMANT'S NAME (Type/Print) Esteele V. Mowry					Route Number, City or 1		timore, Md.			
	20e. METHOD OF DISPOSITION 1 General Buriel 2 Comments General General Comments General Genera	20b. PLACE AND DATE	OF DISPOSITION (Nex	me of	DATE 20c						
	21. SIGNATURE OF FUNERAL SERVICE LICE	Englua	8	Ambro	Se Fune	val Home.	Inc	us, Md. 21227			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algoriticant conditions	contributing to death	h but not resulting	in the underlying	cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	outpatient 3 DOA	OTHER:	ACE OF DEATH (C)	8 Other (Specify)					
	27. MANNER OF DEATH 1 Asturel 5 Pending	28a. DATE OF INJUR (Month, Day, Yea		AE OF 28c. INJU	JRY AT	28d. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	JRY — At home, ferm, specify)			28f. LOCATION (Stree City or Town, Sta	. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET		EIAN: To the best of my kn						cause(a) and menner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 lins	mo		29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)				
F	30. NAME AND ADDRESS OF PERSON WHO	a um	mr A	ospital	Ball	inie m	0 2	124			
	AUG 0 3 1992	Fishe Davidson	GNATURE - ACHOLOG								

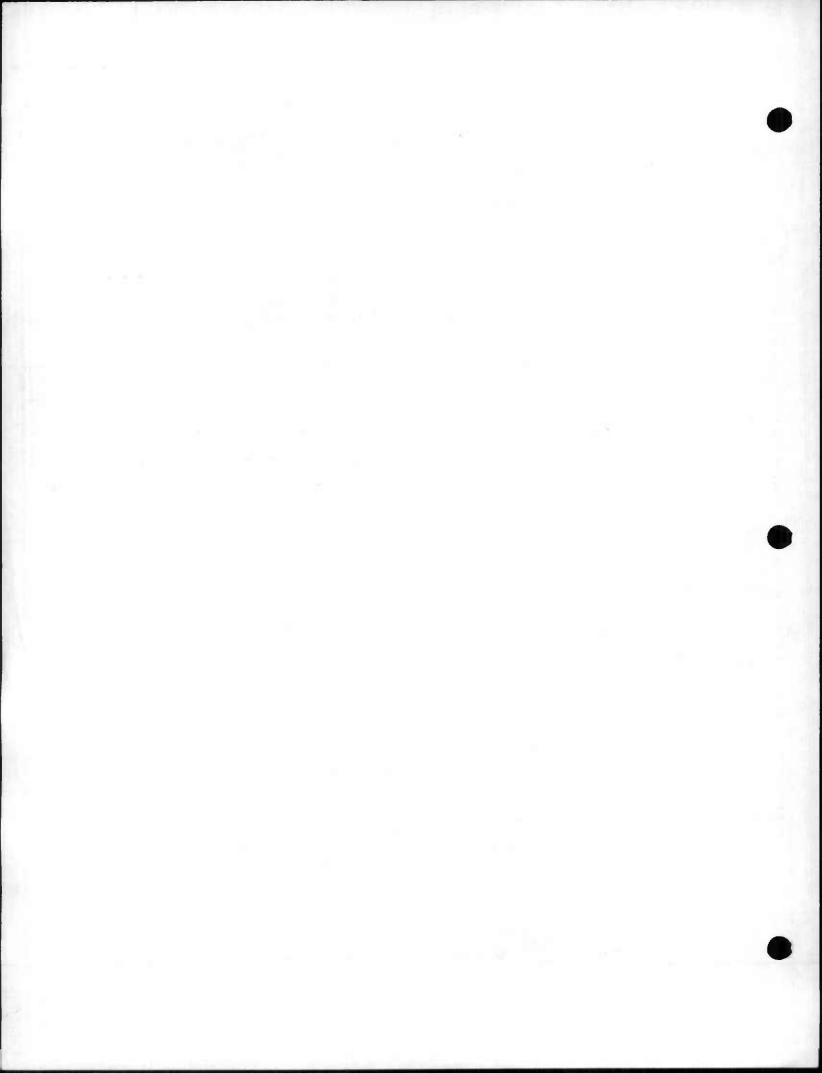


68760,
BOX
P.0.
RDS,
RECOR
ITAL I
OF
SION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLANDI/	DEPAR ERTIF	RTMENT	OF H	EALTH DEAT	AND I		HYGIEN REG. NO	E	2 2	1268
	1. DECEDENT'S NAME (First, Middle, Last)	ZEDDIE	R. NIC	EWON	GER				2. DATE OF MONTH	D	199	YEAR	. TIME OF OEATH
æ	4. SOCIAL SECURITY NUMBER 190-03-5302 9e. FACILITY NAME (If not institution, give so	5. SEX 1 M 2 F reet end number)	6. AGE (In yrs. Ias 82	YRS.	IF UNDER MONTHS	DAYS	IF UNDER HOURS	MIN.	7. DATE OF (Month, 1)			8. BIRTHPL Country)	ACE (State or Foreign NSYLVANTA ITH
DIRECTOR	FRANCIS SCOTT KES RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		CENTER	7	Y, TOWN O			ORE	CITY				ad World Over
_		LTIMORE				E	DGEM ZIP COD				I	1	Od. INSIDE CITY LIMITS? YES ZYNO
FUNERAL	2820 WELLS ROAD	12. WAS DECEDENT	SVER IN LLC AS					21	219			J.S.A.	AT COUNTRY?
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	R OR DATES	10	1	Yes, spe	2 No	or HISPAN In, Mexica Specify		an, atc.)		Black, \ Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8TH GRADE	College (1-4 or 5+)	(G	ive kind of a Do NOT us	WSUAL OC work done d se retired.)	uring mo:	st of workin	ng			SINESS/INC		
	17. FATHER'S NAME (First, Middle, Lest)			SILE	EL WO	KAE		HER'S NA	ME (First, Mid	-		STEEL	
TO BE	WILLIAM NICEWONGE 198. INFORMANT'S NAME (Type/Print)	R	191	b. MAJLING	ADDRESS	(Street a	nd Number		LONG Route Number,			Code)	
	KENNETH F. NTCFWO	NGER	20b. PLACE		COOL			ROAT	D BFI			City or Town	21015
	1 M Burlel 2 Cremation 3 Remo		cemetery, cre	metory or o	ther place) EG ME	MOR	TAL	7-	31-92				RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE) Coor	du			DUDA	ADDRE	CK FL	UNERAL	. ном	E OF	DUNDA	LK INC.
	23. PART I. Entar the diseases, or contained the shock, or heart failure. In immediate CAUSE (Final disease or condition resulting in death)	ist only ona ceus	ceused tha de se on aach lina I D C C V C OR AS A CONSEC			the mod	de of dyl	ng, aucl	h aa cardla	c or reapl	retory arr	rest,	Approximata interval Between Onset and Daath 7/25 ft Z Zhonrs
HILLALION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):								-	5/92 2months			
2 2	d											ERE AUTOPSY FINDINGS	
N: MEDICA	Atrial fibrillation 1 PERFORMED?								AA CC OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO			
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Y NO	HOSPITAL:			OTHER	:			ick only one)				
DI PRI	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	3 DOA 4 Nursing Home 5 Residence 8 28b. TIME OF NURSING WORK? M 1 YES 2 NO				8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED							
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, ta building, stc. (Specify)						, tactory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Yown, Stete)					te Number,	
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER												nd menner en stated.
10 DE	29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	20c. LICENSE NUMI											
	Todd Koelling W	1.D. GOIN	. Wolfe S SIGNATURE	St.J	Johns	Hop	kin.	s Ho	spital	C, Be	et, N	IDZ	17.02
	AUG 3	THE AN	in disciplin	n-Au									DHMH-18 Rev 1/89



FOR STATE REGISTRAR

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AN	MENTAL HYGI		2 21269			
	1. DECEDENT'S NAME (First, Middle, Less HAROLD	W.		PARKER SR.	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH 92 8:46 pm			
	4. SOCIAL SECURITY NUMBER 219–52–8839	1 🔀 M 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HR NTHS DAYS HOURS MIN	/84	7	BIRTHPLACE (State or Foreign Country) North Carolina			
TOR	80. FACILITY NAME (If not institution, give UNIVERSITY HOSE RESIDENCE OF DECEDENT		91	BALTIMORE		9c. COUNT	Y OF DEATH			
DIRECTOR	10a. STATE 10b. COUN Pennsylvania	york	10c. CITY, T	DWN OR LOCATION Hand	ver	10d, INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO				
FUNERAL	104. STREET AND NUMBER	anet Street		101. ZIP CODE	331	10g. CITIZE	U. S. A.			
8	11. MARITAL STATUS 1. Married: 2 Married 3 Widowed M Divarced	12. WAS DECEDENT EVER FORCES? 15 YES IF YES, GIVE WAR OR E Sept. 30, 197	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mei 1 VES 2 NO Sp	dcan, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S E0 (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5 +)	ille. Do NOT use re	done during most of working		BUSINESS/INDUS				
111		Luther Parker			NAME (First, Middle, Maid Bernice	e Lamb				
2	Johnny R. Lat		6909Rid		iottsville	e,Maryla	nd 21104			
מיפווווופן וווחפו חפ	20s. METHOD OF DISPOSITION 1 Structed 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of camelen, crematory or other place) Raeford Cemetery 22b. PLACE AND DATE of DISPOSITION (Name of camelen, crematory or other place) Raeford Cemetery 22c. LOCATION — City or Town, State Reford, North Caro									
	Marzullo Funeral Service B981 Carrollton Road Upperco, Maryland21155 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
and the second	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Narcotic I	ntoxication	enter the mode of dying, a	uch as cardiac of re	apiratory arrea	t, Approximata interval Batween Onset and Death			
CATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.									
ERTIFIC	that initiated events resulting in death) LAST DUE TO (DR AS A CONSEDUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	ns contributing to death b	out not resulting in t	he underlying cause given	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND			
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 11/2 YES 2 NO	HOSPITAL: 1 ☐ inpetient 2 ☐ ER/Out		26. PLACE OF DEATH						
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 7/3/92	28b. TIME O	WORK?	28d. DESCRIBE HO	W INJURY OCCUP	RED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe Found On		t, factory, office	City or Town, St.	ON (Street and Number or Aural Route Number, Town, State) Olk Edmonson Ave, Balto Md				
COMPLETED	2 MEDICAL EXAMIN	ER: On the basis of examination		the time, date and place, and or my opinion, death occured at			ause(s) and manner as stated.			
TO BE	26. NAME AND ADDRESS OF PERSON W	Halle	AM	O.C.		≥ 07	(Med (Morris, Day, Hair) 1/04/1992			
	MARD + GOLL 31. DATE FILED (MITTED ST)	E, JR., MO	/		TIMORE, MA	ARYLAND	21201			
	U		100							

8. BIRTHPLACE (State or Foreign

3. TIME OF DEATH

DHMH-16 Rev 1/89

4. SOCIAL SECURITY NUMBER

104-09-4710

PETTRONE

YRS.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (in yrs. last birthday)

88

CHARLES

1 XM 2 F

5. SEX

BALTIMORE COUNTY GENERAL HOSPITAL

2. DATE OF DEATH MONTH JULY 29,

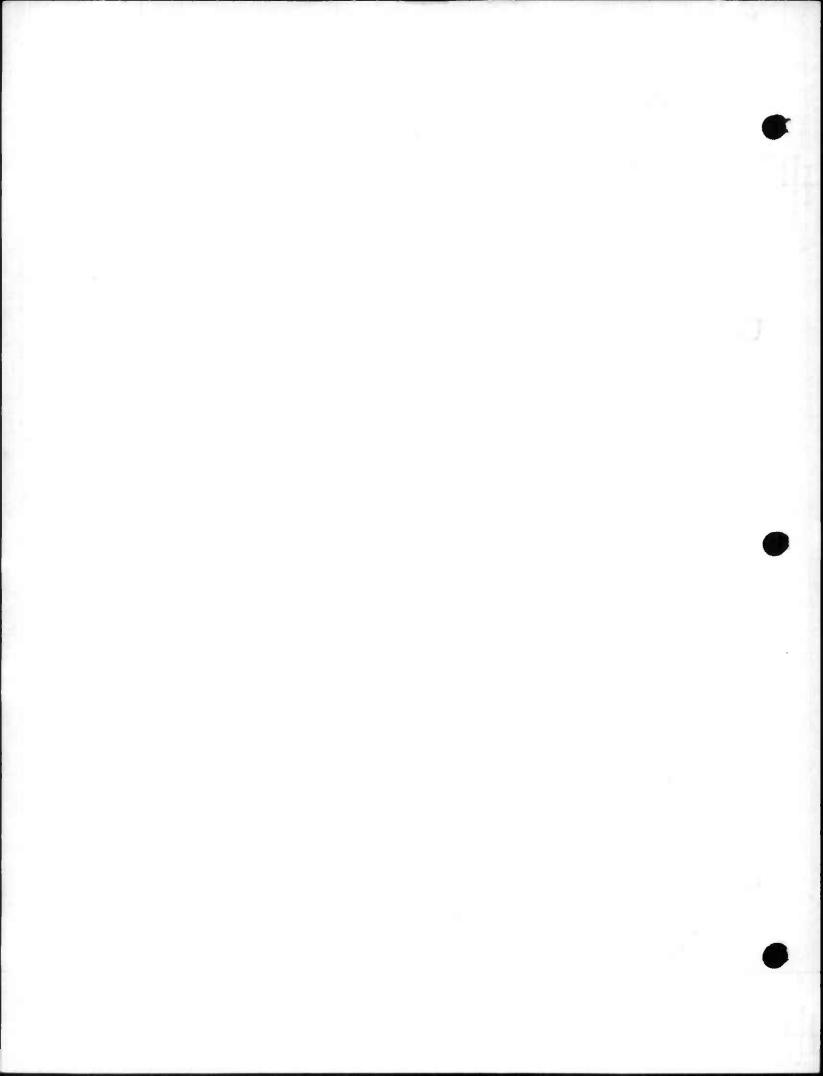
7. DATE OF BIRTH (Month, Pay, Year) 2-12-1904

1992

9c, COUNTY OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ЕСТОЯ	BALTIMORE COUNTY GENERAL HOSP	PITAL	BALTIMORE			BALTIMORE		
E S	10a. STATE 10b. COUNTY	10c. CITY, TO	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
DIR	GEORGIA		SUWANEE			1 - YES 2 - NO		
FUNERAL	100. STREET AND NUMBER		101. ZIP COOE	1	10g. CITIZEN	N OF WHAT COUNTRY?		
JA	2077 YORK RIVER WAY 11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	3017	C OBIGIN? (Specify Ver	C No. 14	U.S.A.		
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	X X X NO	If yes, specify Cuben, Mexican 1 YES 2 NO Specify	, Puerto Rican, etc.)	10.100	. RACE — American Indian, Black, White, etc. Specify: WHITE		
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU		16b. KINO OF BU	SINESS/INDUS			
LET	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use re	*					
COMPL	12TH GRÁDE N/A 17. FATHER'S NAME (First, Middle, Last)	MACHI			RAFT M	FG.		
ECC	GEORGE PETTRONE			NE (First, Middle, Meiden DEL VECCHI				
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING AD	DRESS (Street and Number or Rural R			ode)		
유	GEORGE JOHN PETTRONE	2077 YOI	RK RIVER WAY S	UWANEE, G	EORGIA	30174		
	20a. METHOD OF DISPOSITION 20b. IX Burlal 2 Cremetion 3 Removal from State 10g	PLACE AND DATE OF D	SPOSITION (Name of	OATE 20c. LO	CATION — Chy	y or Town, State		
	21. SOMATURE OF FUNERAL SERVICE LICENSEE	WINNETT ME	MORIAL PARK 22. NAME AND ADDRESS OF FAC	18/1 LAW	RENCEV	ILLE, GEORGIA		
	I (that on Fin	6/	DUDA-RUCK FUN	ERAL HOME				
\vdash	23. PART I. Enter the diseases, or complications that caused	the death Do not	1922 WISE AVE					
	anock, or heert fellure. List only one cause on e	ach line.				Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) A. VENTRICULAR TACY CARD, A							
	Sequentially list conditions, Interpretation VENTRICULAR TACY CARDIA Onset and Death Onset and Death							
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):							
YAT!	If any, leading to immediate cause. Enter UNDERLYING							
Ē	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST d. Dev Jewer DF HY OR ATION							
	PART II. Other significant conditions contributing to death b	ut not resulting in ti	ne underlying cause given in i	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO		
MEDICAL	SKY/LE DEMEN/IT							
	OF DE							
AN:	25. WAS CASE REFERRED TO MEDICAL		04 04 05 05 05 05 05					
PHYSICIAN:	28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) 28. PLACE OF OEATH (Check only one) 1							
[꽃	27. MANNER OF DEATH 260. DATE OF INJURY	28b. TIME OF	28c, INJURY AT	28d. DESCRIBE HOW I	NJURY OCCUP	REO		
BY	1 A Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NQ					
0	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)					Rural Route Number,		
	290. CERTIFIER OF CERTIFYING BUYSICIAN, To the house of							
COMPLET	CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner es stated.							
E C	29b. SIGNATURE AND TITLE/OF CENTURER		29c. LICENSE NUM			IGNEO (Month, Day, Year)		
00	Stablabarer		13153	50	> 7	7. 30 92		
입	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Prin	9 REYTERIT	- 10-1	1 to	44/04		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN,		y regioni	BA	TUC	1021315		
	AUG 0 3 1992 July Savidson Fam							

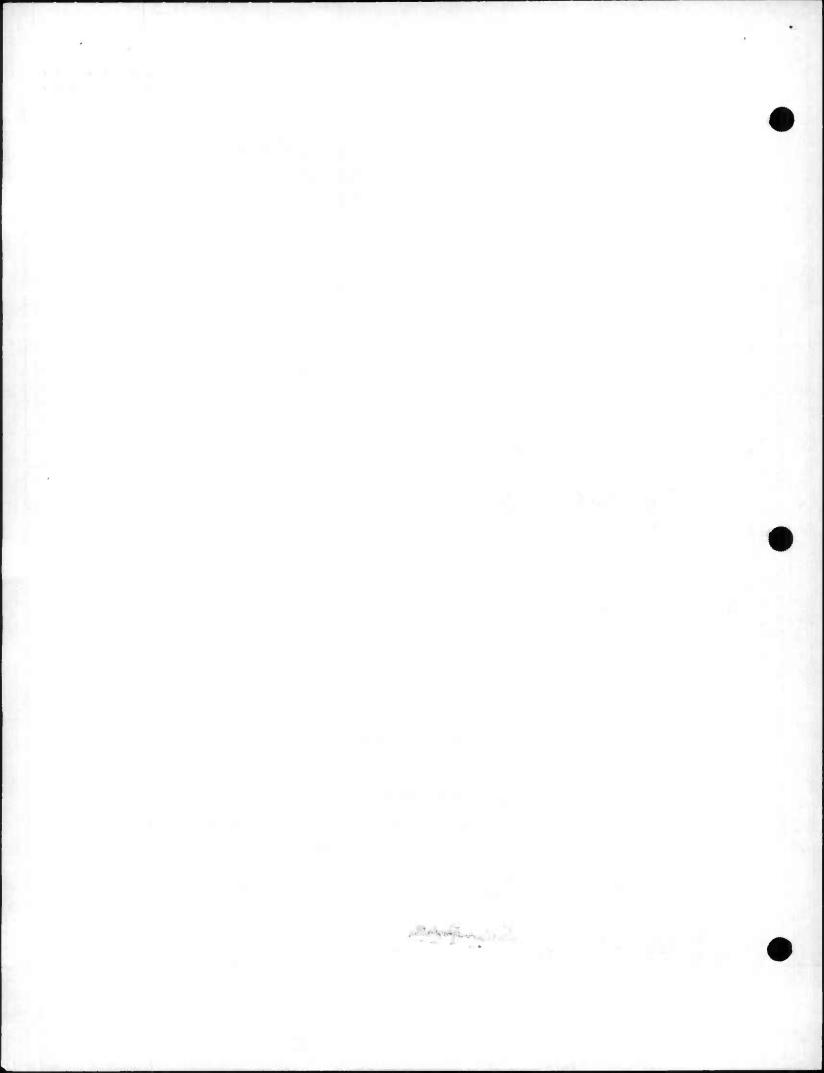


	į
9	
9	
~	
68760	
Θ	
×	
3	
O	
BOX	
_	
0	
O	
۵.	
_	
10	
97	
CC.	
RECORDS,	
\sim	
O	
ш	
~	
-	
_	
ď	
2	
=	
>	
OF	
0	
_	
Z	
0	
\simeq	
S	
>	

VTENDING PHYSICIAN: The law requires that the death certificate be GTDR: After this certificate has been signed by the attending physicia after death with the State Dept. of Health and Mental Hygiene prior 28 is marked, or flem 23 shows any Injury, or other trax	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer pares 1.2.3 enough	to burial, cremation, or removal.	matic event, the medical examiner must be notified at once
	D THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hr	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

9	2	21	2	7	1
2	6	6	6	1	ı

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF HI	EALTH AND DEATH	MENTAL HYGIE		2 21271
		PRUCHNIEWSK	(I			2. DATE OF DEATH MONTH 7-27-	92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-22-6207	1 M 2 X F	· · · · · · · · · · · · · · · · · · ·	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 4,	1928	BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	99. FACILITY NAME (If not institution, give 829 S. MONTFORE RESIDENCE OF DECEDENT			BALTIM	A STATE OF THE STATE OF	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	10a. STATE 10b. COUNT	Y		TIMORE	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	829 S. MONTFOR	RD AVENUE		101.	ZIP CODE 21224		10g. CITIZE	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECE If yes, spec 1 YES	offy Cuban, Mexic	NIC ORIGIN? (Specify) an, Puerto Rican, etc.) ly:	fee or No 14	Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 8 Years	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOMEMA)	ork done during most retired.)	of working	16b. KIND OF B	USINESS/INDUS	STRY
BE CON	17. FATHER'S NAME (First, Middle, Leet) JOSEPH PRUCHNI	EWSKI			ANNA E	AME (First, Middle, Maide BORECKI		
5	190. INFORMANT'S NAME (Type/Print) MRS. ELAINE RAK		3142	YORKWAY	BALT	Route Number, City or R		ode)
	20s. METHOD OF DISPOSITION 1\(\) Burlei 2 \(\) Cremation 3 \(\) Ren 4 \(\) Donation 5 \(\) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	noval from State	b. PLACE AND DATE OF	SLAUS	CEMETE	RY 7-30	BALTO	
	23 PART & Enter the diseases, pr	Lesures	lui	2525	FLEET	FUNERAL ST. BALT	го мо	21224
	shock, or heart failure. IMMEDIATE CAUSE (Final disease Dr condition resulting in death)	Caylo	irespu	din	aru.	1	piratory erres	t, Approximate Interval Between Onset and Death
LION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						24	
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other eignificent condition	ns contributing to deeth t	out not resulting in	the underlying	ceuse given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
PHYS	1 VES 2 NO 27. MANNET OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		OF 26c, INJUI	RY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
TED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined determined long state of the determined long state of the determined long state of the determined long state of the determined long state of the lo						Rural Route Number,	
COMPLET		ICIAN: To the best of my know						ause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 297. LICENSE NUMBER								IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)				
	AUG 31992	g REPERING	Andrews.					



YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH

Paul G. Ringrose

5. SEX

1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER

detached for use as the buriaf-transit permit. Pages 1, 2, 3 should

hours after death. Page 6 may be retained by the hospital or attending physician.

8

the attending physician and completely filled in by the funeral director, page 5 should Mental Hygiene prior to burial, cremation, or removal.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

signed by the

has been signed by it e Dept. of Heatth and m 23 shows any in

this certificate has with the State De irked, or Nem 2

L DIRECTOR: After the bours after death w

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 h

is marked,

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

once.

notified a

ě

must

medicai examiner

the

traumatic event.

or other

BALTIMORE, MARYLAND 21215-0020

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. May" 10, 1001924 216-18-4999 1 M 2 - F DAYS HOURS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Good Samaritan Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Md. FUNERAL 10e. STREET AND NUMBER 21213 3211 Shannon Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1, YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced WW II X COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5+) Ret. Jeweler 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maldon Surname)
Aimee LaFlame John Ringrose BE 19a. INFORMANT'S NAME (Type/Print) 196. MAJLING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)
3211 Shannon Drive Baltimore, Md. 21213 Theresa R. Ringrose 20a. METHOD OF DISPOSITION
1X Buriel 2 Cremation 3 Removal from Stata
4D Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Aug. 3, 1992 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gladden Leonard J. Ruck Inc. 5305 Harford Road 21214 acues 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heert failure. List Dnly one ceuse on each line. IMMEDIATE CAUSE (Final disesse or condition EVER CEREBROVASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): resulting in death) MULTIPLE
DUE TO (OR AS A CONSEQUENCE OF): INFARCTHONS CERTIFICATION Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING HRONIC HEART FAILURE CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 10 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, if my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE MOHAMMAD-SEYED-BERENJI

Guy11

92 21272

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE - American Indian, Black, White, etc.

1 X YES 2 NO

Approximate

Interval Between

Onset and Death

9 DAYS

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

> 7/3/92

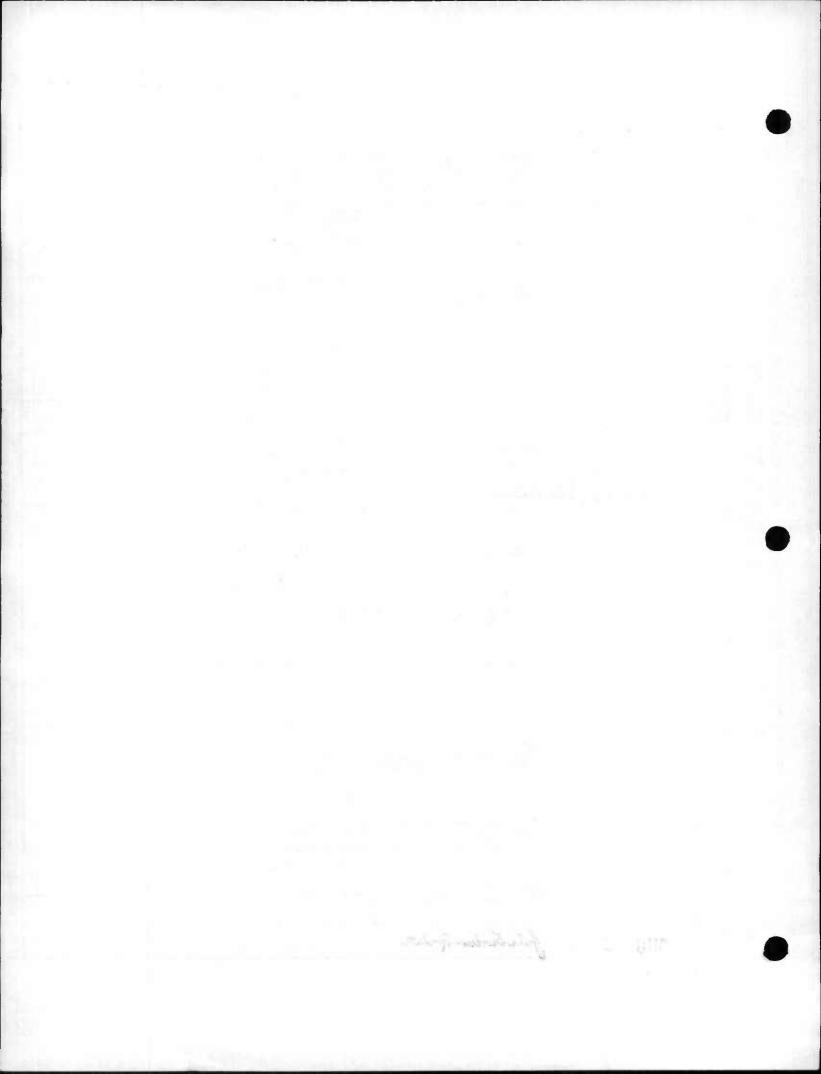
AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign Compt)

AUG 3 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

12, REGISTRAR'S SIGNATURE



- 10	-
0	1
9	-
~	4
3	
_	
×	
0	2
m	4
_	-
0	1
٧.	
Q.	4
ဟ	3
	4
œ	4
$\overline{}$	4
\sim	
O	į
ш	i
Œ	1
_	
~	1
	É
=	1
>	4
10	3
$\overline{}$	8
\cup	2
7	
$\overline{}$	7
	ç
S	-
	-
>	,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second outside the second
	14

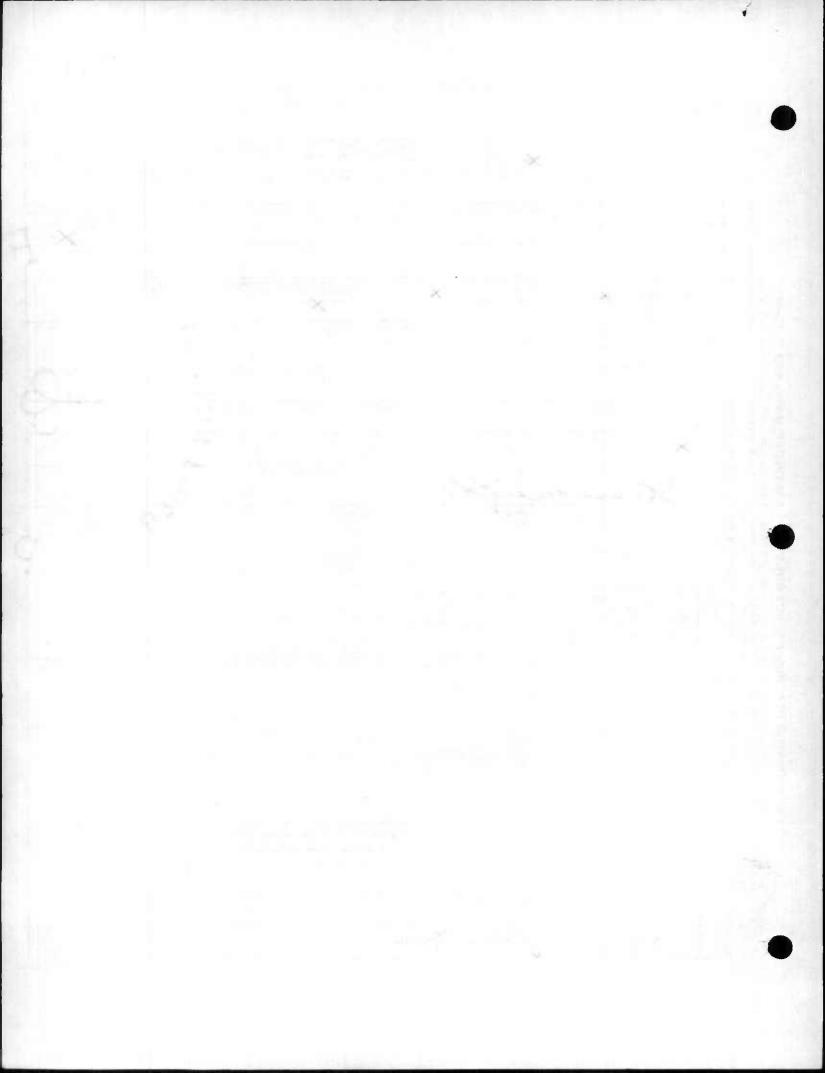
THE MOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should shours after death with the State Dept, of Health and Mental Miglene prior to burial, cremation, or removal.	PORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Ą	F4	۴

	FOR STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF I		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	EMMA JEAN RIC	CE		2. DATE OF DEATH MONTH DAY 7 27	YEAR 9 2 M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest I	YRS. F UNDER 1 YEAR DAYS	7. DATE OF BIRTH (Month, Day, Year) 8-18-42	a. BIRTHPLACE (State or Foreign Country) Maryland				
OR	9a. FACILITY NAME (If not institution, give st 3425 Walbrook		96. CITY, TOWN Bal	timore	City % CC	DUNTY OF DEATH			
DIRECTOR	100. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAL Baltimo		7	10d. INSIDE CITY			
	100. STREET AND NUMBER 3425 Walbrook	Avenue		21216		1 M YES 2 NO HIZEN OF WHAT COUNTRY? U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 7 NO Specif	ISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indiantican, Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give	EDENT'S USUAL OCCUPATION of Work done during me to NOT use retired.) enefit Aut	st of working	Social				
BE CON	17. FATHER'S NAME (First, Middle, Last) Mack Rice		ME (First, Middle, Meiden Sumame ne Holcomb)					
TO B	19a. INFORMANT'S NAME (Type/Print) Barbara West 19b. Mailing Acoress (Street and Number or Rural Route Number, City or Town, State, Zip Codes 3425 Walbrook Ave. Balto., MD. 21216								
	200. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Stother (Specify) Fire ombinent Combinent								
	21. SIGNATURE OF PUNERAL SERVICE LIC	J. Phillips	E.L.F	hillips	F/HBalto.,	7 N.Monroe ST. ,MD. 21217			
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOU	JENCE OF):	de of dying, suc		Approximata Interval Between Onset and Death Commis Aud			
MEDICAL	PART II. Other algnificant conditions	d							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Hom 28b, TIME OF 28c, INJ		a ☐ Other (Specify) 28d. DESCRIBE HOW INJURY O	OCCUPED			
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJURY WO	RK?	28d. DESCRIBE HOW INJURY O	CCUNED			
	2 Accident Investigation 3 Suicide								
COMPLETED	29e. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
H	200. SIGNATURE AND TITLE OF CERTIFIER	Tondul	mp	29c LICENSE NUM	#BER 9 29d. Dr	ATE SIGNED (MONTH) Day, Year)			
5	RAME AND ADDRESS OF PERSON WHO	I are true	3 V V V V ,	B-1	e, md.	4216			
	AUG 3 1992	32 REGISTRAR'S CIGNATURE							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		HERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
		Pages 1.		
		sit permit.		
	physician.	burial-tran		
	attending	se as the		
	nospital or	iched for u		
	ed by the	uld be deta		ed at onc
,	be retain	age 5 short		be notifie
	зде 6 та	director, p		er must
	ter death. F	the funeral	wal.	examin
	4 nours at	filled in by	in, or remo	ther traumatic event, the medical examin
	od within 2	ompletely 1	il, crematic	event, th
	be execute	cian and c	ior to buria	raumatic
	certificate	oding physi	Hygiene pn	r other t
	t the death	by the atter	nd Mental	injury, o
	equires tha	en signed	of Health a	hows any
	The law r	ate has be	tate Dept.	tem 23 s
	HYSICIAN	his certific	with the S	ked, or i
	and a Price of a Price of the law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	OR: After 1	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TAL OR AT	AL DIRECT	72 hours a	If Item 2
	8	WER.	E	뜯

1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, L HOWARD	·	BERTSON			2. DATE OF DEATH	1992 YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 215-22-9745	1 XM 2 🗆 F	E (In yrs. last birthday) 83 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 31, 19	8. BIRT	THPLACE (State or Foreign		
1402 WOODBRID	GE ROAD			NSVILLE	EATH	9c. COUNTY OF BALTI			
10a. STATE 10b. CO MARYLAND			ATONSVI				10d, INSIDE CITY LIMITS? 1 YES 2 NO		
1402 WOODBR	IDGE ROAD		101.	ZIP CODE 21	228	U.S.A	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO		cify Cuban, Mexica	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	Bla	CE — American Indian, ck, White, etc. City: WHITE		
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5 +)	(Give kind of w	(Give kind of work done during most of working ife. Do NOT use retired.)				JSINESS/INDUSTRY		
17. FATNER'S NAME (First, Middle, Leel HOWARD	ROBERTSON	DRANOII	CHIEF	18. MOTHER'S NA	SOCIAL ME (First, Middle, Maiden S E	SECURIT Surname) SNYDER	Y ADM.		
196. INFORMANT'S NAME (Type/Print) MATILDA ROBE	RTSON (WIFE)	196. MAILING /			Poute Number, City or Town, D CATONSVII		21228		
20e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20c. LOCAT									
21. SIGNATURE OF FUNEMAL SERVICE) •	e e	LEROY		CLTY LL WITZKE E N AVE. CATO				
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	aDUE TO (OR AS	A CONSEQUENCE OF	in-	Rophy b No	tia.		Approximate interval Between Onset and Deal 5-10 mm		
CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):						
PART II. Other significant cond	itions contributing to death	but not resulting in	n the undarlying	cause given in	Part i. 24a. WAS AN A PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO	HOSPITAL:	Instinct 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	IRY AT	28d. DESCRIBE NOW IN	JURY OCCURED			
2 Accident 3 Suicide 6 Could not be determined 4 Nomicide Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
	NYSICIAN: To the best of my kno						(a) and menner as stated.		
29b. SIGNATURE AND TITLE OF CHIP	WITH (Posox. le	0	29c, LICENSE NUM	MBER 9	29d. DATE SIGNE	O (Mogth, Day, Year)		
THOMAS J	WHO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type,	Print3026	OAKO	CREST AU	E BA	TO MO		
AUG 3 199	32 REGISTRAR'S SIG						11.39		



2	PIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit Pages 1 2 3 should	in a bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	V	of within	BEAR !
S	Æ	ü	配

	1 - FOR REGISTRAR	STATE OF MARYLAN	ID / DEPARTI	MENT OF HI	EALTH AND	MENTAL HYGI		2 2	1275
	1. DECEDENT'S NAME (First, Middle, Last)	R		epri	on	2. DATE OF DEATH MONTH		42 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-22-2855 9e. FACILITY NAME (If not institution, give str	1 - M 2 5%,F 6	8 YRS.	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Mortin, Day, Year, 7/26)	24	Country)	NCE (State or Foreign
DIRECTOR	Francis Scott RESIDENCE OF DECEDENT		loted		ti mor		Ba Count	Jor DEAT	one City
	Maryland Baltings, STREET AND NUMBER	more City	1.54.5	own or located imore C	ity				d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	425 N. Streeper S	treet		10f.	ZIP CODE 21224				states
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 NO	If yes, spec	NDENT OF HISPAI	NIC ORIGIN? (Specify in, Puerto Ricen, etc.)		14. RACE — Black, W	American Indian, hite, atc. White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16: completed) College (1-4 or 5+)	life. Do NOT use n	done during most dired.)	of working	16b. KIND OF	BUSINESS/INDL	JSTRY	
OM	1.2 17. FATNER'S NAME (First, Middle, Lest)		Homem	aker	16. MOTNER'S NA	Home ME (First, Middle, Meid	en Sumeme)		
BE C	Frank Novotny						_		
10	19e. INFORMANT'S NAME (Type/Print)		1			Route Number, City or 1			
	Artnur E. Richards	20h B1	425 N.			et Baltimo	Dre, Ma		
	1 N Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State cemeter	ry, crematory or other	placel .			ssville		0000
	21. SIGNATURE OF PUNETIAL SERVICE LICE	MARIE SURA	1	22. NAME AND CVach,	Rosedal	e Funera	L Home		
	23. PART I. Enter the diseases, or co	omplications that caused the	e desth. Do not	enter the mod	e of dying, suc	h ss cardlec or re-	plratory srre	st,	Approximate
	IMMEDIATE CAUSE (Finei disease or condition			F 1					Interval Between Onset and Death
	disease or condition resulting in death) s. Cerabral Edema Due to (or as a consequence of):						19 m		
N	Sequentially list conditions - Stroke 48hr								
ATIC	tf sny, leading to immediate course to (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in daath) LAST								
	PART ii. Other significent conditions	contributing to death but a	not resulting in t	No usedant dan		To a large series			
MEDICAL	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert					DRMED?	AVA CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
								1	YES 2 NO
PHYSICIAN:		HOSPITAL:	0	26. PLA	CE OF OEATH (Ch	ock only one)			
HYS	1 TYES 2 DANO 27. MANNER OF GEATH	1 Nonetient 2 ER/Outpaties 26e. OATE OF INJURY		Nursing Home		6 Other (Specify) 28d. DESCRIBE HOY	IN HIRW OCCU	IDEO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	Month Day, Year)	INJUR	WOR	K?	204. DESCRIBE NO	INJUNY OCCU	MEO	
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, Stele)						Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge On the basis of exemination	e death occurred a	t the time, dete e	nd plece, end due	to the cause(e) end n	enner se atated	i. ceuse(e) and	d manner se atated.
TO BE C	296. SHOW STUTIE AND TITLE OF CERTIFIER	Organi	MB	11	29c LICENSE NUM D4	0987	29d. DATE	SIGNED (Mo	ith, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED QUEE OF OEATH	(ITEM 27) (Type, Prin	Pork	won	Balt	mod	W	91309
	AUG 3 1992 3	132. HEGISTHAR'S SINGLE)]			

The state of the s god and 7.... ₩ 2004

BALTIMORE, MARYLAND 21203-3146

	FOR STATE OF MARYLAND 1 - STATE REGISTRAR C		IENT OF HI		MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA	тн		. TIME OF DEATH
	Walter Raymond Rickards, Sr.				July 30	1997	YEAR 3	3:30 p. M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	ast birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	S. BIRTHPL	ACE (State or Foreign
	221-16-3002 1	YRS.	NTHS DAYS	HOURS MIN.	Oct. 25	,1930	MD MTY OF DEA	711
œ								
DIRECTOR	Rt. 1, Box 37 Morris Road Pittsville					WIC	<u>omico</u>	
Ä	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						10	Dd. INSIDE CITY LIMITS?
	Md Wicomico Pittsville						1	YES 2X NO
AL	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?
<u> </u>	Rt. 1, Box 37, Morris Road		21	850		US	Α	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 1 YES 2	RMED		ENDENT OF HISPAN city Cuban, Maxican			14. RACE - Black, V	- American Indian, White, atc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES			2 NO Specify			Specify:	White
	15. DECEDENT'S EDUCATION 16e. D	ECEDENT'S US	UAL OCCUPATIO	N	16h KIND C	F BUSINESS/IND	LISTRY	
Ë I	(Specify only highest grade completed) (done during mos		100.1010			
7		arpente	r		carp	enter		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	n pente		16. MOTHER'S NAI				
BE C	Harry C. Rickards			May Re	egina Fo	V		
		96. MAILING AD	DRESS (Street ar	nd Number or Rural F			Code)	
2	Mary Louise Rickards	Rt.1,	Box 37	, Pittsvi	lle, Md	. 2185	0	
	1 Develot 2 N Connection 2 Democrat from State Office of	n/ace)		etery, crematory or		e. LOCATION —		ACTUAL III
	4 Donation 6 Other (Specify) Cape	Henlo		rematori		rankfo	rd, [De
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Burb	age Fund	eral Hor	ne. 108	Willia	ams St.
	W. Sxil Burbage			n, Md.		,		
	23. PART I. Enter the disassas, or complications that caused the c	leath. Do not	antar tha mod	da of dying, suci	h ss cerdiec or	respiratory sri	rest,	Approximats
	shock, or heart failure. List only orie zause on each lin		O ,					Onset and Death
	disease or condition resulting in death) a. caranina of lung DUE TO (OR AS A CONSEQUENCE OF): Chrome obstructive pulmonary disease							
	DUE TO (OR AS A CONSEQUENCE OF):							
Z	Sequentially list conditions, The chronic obstructure pulmonery disease							
Ĕ	due to (or as a consciuence of):							
5	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):							
Ē	that initieted events resulting in death) LAST	EUGENIOE OF J.						
CERTIFICATION	d							1
Ä	PART II. Other significant conditions contributing to death but not	resulting in	the underlying	csusa given in		AS AN AUTOPSY ERFORMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
200					1 🗆 '	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
MEDIC					_		1	YES 2 NO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient	3 🗆 DOA 4	☐ Nursing Hom	• 5 Realdence		**		
F	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WO	RK?	26d. DESCRIBE	HOW INJURY OC	CURED	
ВУ	2 Accident Investigation			ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	home, farm, stre	et, factory, office	•	City or Town	Street and Numbe , State)	r or Rumi Ro	ute Number,
COMPLETED			•					
MPL	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, one)							
00	2 MEDICAL EXAMINER: On the oseia of axamination and/o	or investigation,	in my opinion, d	aath occured at the	time, data and pi	aca, and dua to t	he cause(a)	and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI		29d. DAT	E SIGNED	Month, Day, Year)
2	20 NAME AND ADDRESS OF SERSON WILL COME TO DAMAGE AND ADDRESS OF SERSON	TEM AT G	d-at		853		1/31	170
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT CAUSE) /	to Bur	er Street	+ Salis	Long 11	s an	1801
	31. DATE FILED (Month, Day, Year) AUG 3 1992 July Day Day Some Day Comments	inde po	· · · · · ·					
	AUG 3 1992 guha Davidson-No	4.						

17 - 36

pre 1, 2, 3 should

the state		
35 1		
Se		
Por		
pa		
ach		Ce
de		5
200		at
Ouk		Hed
es o		를
90		9
pa		4
ctor,		NGS.
dire		H
E		Ē
fune		TIES.
2	NE.	-
6	emo	dica
=	10	116
200	S.	9
ek	natik	=
plet	Cred	lea!
mo3	10	8
P	P	atic
an a	9	E
Sicie	Drior.	2
É	ne i	10
ing	ygie	=
tend	I	9
at at	emt	7,
£	D	Ī
9	an I	è
gne	eafth	20
S U	I	ě
ĕ	H. C	3 5
has	8	2
ate	tate	te i
rife	e S	10
60	4	d,
4	W.	Te a
ther	eath	E
AECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	irs after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E	afte	28
W	5	E

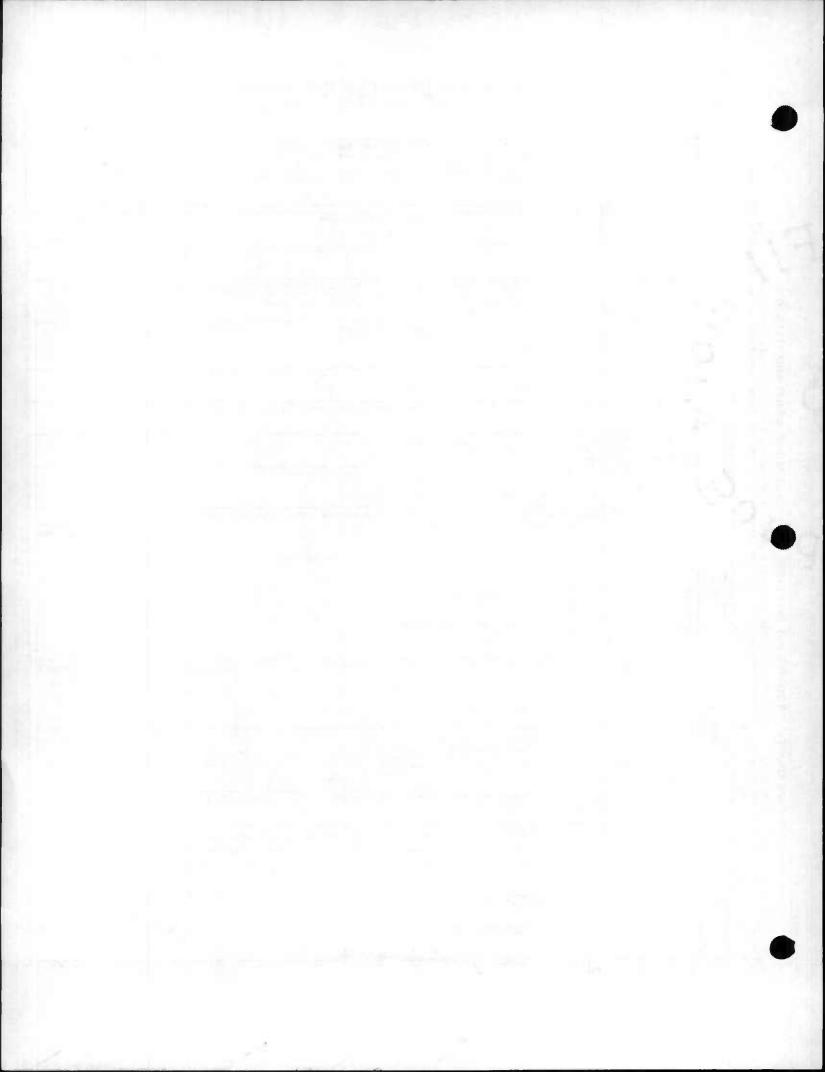
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER A SOCIAL SECURITY HOMBER B BUTTHACLE SINCE B BUTTHACLE	TRAR		OF1111111	ONIE OF	DEATH	REG. NO				
4. SOURCE PRIMERS S. SEX S. ADG (firm, fact birthough) F. WORD 1 MARY F. WORD 1 MARY R. ADG (firm, fact birthough) F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MARY F. WORD 1 MAR			1	ROE		MONTH D.	MONTH DAY YEAR			
19. MACHTY MARKE (If or a himbling, give sincer and multiple) PRESIDENCE OF DECEDENTY 19. STATE						7. DATE OF BIRTH	8.	BIRTHPLACE (State or Form		
Maryland Sec. COUNTY Sec. CETY, TOWN OR LOCATION Baltimore Sec. CETY, TOWN OR LOCATION Baltimore Sec. CETY, TOWN OR LOCATION Baltimore Sec. CETY, TOWN OR LOCATION Baltimore Sec. CETY, TOWN OR LOCATION Baltimore Sec. CETY, TOWN OR LOCATION Baltimore Sec. CETY, TOWN OR LOCATION	FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE =======									
Maryland Baltimore Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006 Inc. Americal Inc. 2006										
11. MARTAL STATUS 12. NAS DECEDENT EVER IN U.S. ANNED 13. MARTAL STATUS 14. MARTAL STATUS 15. NAS DECEDENTS CONCINCTON 16. PECEDENTS CONCINCTON 16. PECEDENTS CONCINCTON 17. NAS DECEDENTS CONCINCTON 18. NAS DE	land =====	====			ON 10d. INSIDE CITY LIMITS? 1 X YES 2					
Types aperly Chless, Marcian, Puretic Nears, etc.) Types, give Mar And Property Near No. Types, give Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (1) Divorced Specify: Windows 4 (2) Divorced Specify: Windows 4 (2) Divorced Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 4 (2) Divorced Marcian, Puretic Nears, etc.) Types 2 (2) NO Specify: Windows 5 (2) No Specify: Windows 5 (2) No Specify: Windows 6 (2) No Specify: W				101.		5		4964		
16. KIND OF BUSINESSIMOUSTRY 16. KIND OF BUSINESSIMOUSTRY	TATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES GIVE WAR OR DATES		II yes, spe	cify Cuban, Mexican	n, Puerto Rican, etc.)	or No- 14.	RACE — American Indiar Bleck, White, etc. Specify: White			
Andrew Uzarowski 196. MAILING ADDRESS (Street and Number or Rural Rouse Name (First, Modin, Maidon Surmary) Maryanna Wojkowski 196. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Rown, State, Zip Code) Matida Degges P.O. Box 213 Taylors Island, Maryland 21 206. METHOD OF DISPOSITION 196. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Rown, State, Zip Code) P.O. Box 213 Taylors Island, Maryland 21 206. PLACE AND DATE of DISPOSITION (Name of 1) Taylor (Park) 1 Cemetery 7/30 Baltimore, Maryland 21 221. SHAME AND ADDRESS OF FACILITY GEORGE J. Conner Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21. 222. PART I. Enter the diseases, for complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): A. DUE TO (OR AS A CONSEQUENCE OF): A. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	(Specify only highest grade complete y/Secondary (0-12) Coffe	rted)	(Give kind of wo	ork done during mos retired.)				TRY		
Andrew Uzarowski Maryanna Wojkowskii 198. INFORMANT'S NAME (Type/Print) Matilda Degges 198. MALLING ADDRESS (Street and Mumber or Paral Rouse Number, City or Rown, State, Zp Code) P.O. Box 213 Taylors Island, Maryland 21 206. PLACE AND DATE OF DISPOSITION (Temmetal or DATE) (Cedar Hill Cemetery 7/30 Baltimore, Maryland 21 21. SHOMATURE OF FUNERAL SERVICE LICENSEE (Cedar Hill Cemetery 7/30 Baltimore, Maryland 21 22. PART I. Enter the diseases, for complications that caused the death. Do not enter the moda of dying, such as cardiac or respiratory arrest, independent of conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or conditions) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or individual conditions contributing to death but not resulting in the underlying cause given in Part I. DUE TO (OR AS A CONSEQUENCE OF): DU				ITE	40 MOTHER'S NAL			er		
Matilda Degges P.O. Box 213 Taylors Island, Maryland 21 20a. METHOD OF DISPOSITION Removal from State 20b. PLACE AND DATE OF DISPOSITION Name of Carneting, ceremistry, or other piece) 7/30 Baltimore, City of Town, State 20b. PLACE AND DATE OF DISPOSITION Name of Carneting, ceremistry, or other piece) 7/30 Baltimore, Maryland 21 20b. PLACE AND DATE 20c. LOCATION — City of Town, State 2										
20s. METHOD OF DISPOSITION 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. DOATE 20c. LOCATION — City or Town, State 20c. Locatio	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS					oute Number, City or Tow	n, Stefe, Zip Coo	de)		
1 (\$ Burlai 2 Cremetton 3 Removel from State Consider, Committing or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Canality or other place) 22. NAME AND ADDRESS OF FACILITY GEORGE J. GONCE FUNERAL SERVICE LICENSEE Canality or other place) 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest diseases or conditions, as a consequence of: 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interesting in death) 24. PART II. Other algorificant conditions, or contributing to death but not resulting in the underlying cause given in Part I. 25. PLACE OF DEATH (Check only one) 26. DUE TO (OR AS A CONSEQUENCE OF): 26. DUE TO (OR AS A CONSEQUENCE OF): 27. ANAME AND ADDRESS OF FACILITY GEORGE J. GONCE FUNERAL HOSPITAL: 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. ANAMER OF DEATH 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 20. PLACE OF INJURY AT WORK? 21. PLACE OF INJURY AT WORK? 22. PLACE OF INJURY AT WORK? 23. PLACE OF INJURY AT WORK? 24. WORK? 25. PLACE OF INJURY AT WORK? 26. DUE TO COLUMN NUMBER OF Place IN Number or Place In Place In Number or Place In Place In Number or					Taylo	ors Island	, Mary	land 21669		
22. NAME AND ADDRESS OF FACILITY GEOTGE J. GONCE FUNERAL SERVICE LICENSEE PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest failure. List only one cause on each line. Appliance or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): D	1 Removal from State 4 Donation 5 Dother (Specify) Cedar Hill Cemetery 7/30 Baltimore, Maryland									
23. PART I. Enter the diseasea, or complications thet caused the death. Do not enter the moda of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Application	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	crome zn	amerae	with							
H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C	disease or condition									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	condition death) a/	Htherosc Due to (or as a	CONSEQUENCE OF):	Caro	liovascu	clar Di	sease			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	y list conditions, ing to immediate r UNDERLYING lease or injury d svents	DUE TO (OR AS A	CONSEQUENCE OF):	:	liovascu	ular Di	sease			
EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF INJURY At home, farm, street, factory, office	y list conditions, ling to immediate r UNDERLYING c. lease or injury d events death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF): CONSEQUENCE OF):							
EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — Al home, farm, street, factory, office 28e. PLACE OF INJURY — Al home, farm, street, factory, office 28e. PLACE OF INJURY — Al home, farm, street, factory, office 28e. PLACE OF INJURY — Al home, farm, street, factory, office 28e. PLACE OF INJURY — Al home, farm, street, factory, office 28e. PLACE OF INJURY — Al home, farm, street, factory, office	y list conditions, ling to immediate r UNDERLYING c. lease or injury d events death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF): CONSEQUENCE OF):			Part i. 24a. WAS AN	AUTOPSY IMEO?	24b. WERE AUTOPSY FIN AMILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be Death Description of the Death Description of the Death Description of the Death Description Description of the Death Description	y list conditions, ing to immediate or UNDERLYING case or injury desth) LAST ther algnificent conditions controls REFERRED TO MEDICAL	DUE TO (OR AS A O	CONSEQUENCE OF): CONSEQUENCE OF):	the underlying	couse given in F	Part i. 24a. WAS AN PERFOR	AUTOPSY IMEO?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?		
2 Accident Investigation 1 1 YES 2 NO 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Favor String.	y list conditions, ing to immediate r UNDERLYING c. ease or injury d events death) LAST d	DUE TO (OR AS A DUE TO (OR AS A detributing to death but a death b	CONSEQUENCE OF): CONSEQUENCE OF): at not resulting in	the underlying	ceuse given in F	Part i. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMEO?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?		
4 Homicide detarmined City or rown, State)	y list conditions, ling to immediate r UNDERLYING c. lease or injury d events death) LAST d. lease agnificent conditions control last reference to medical r	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): Lat not resulting in Lat not resulting in Lat not resulting in Lat not resulting in	26. PLJ OTHER: I Nursing Home OF 28c. INJURY	ACE OF DEATH (Chee	Part i. 24a. WAS AN PERFOR 1 TYES 2 ck only one)	AUTOPSY IMED? IMED?	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner.	y list conditions, ing to immediate r UNDERLYING c. lease or injury d events death) LAST TREFERRED TO MEDICAL RY LONG TO MEDIC	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in attent 3 □ DOA 6 28b. TIME INJUR Al home, farm, str.	26. PLJ OTHER: I Nursing Home OF WOF M 1 1 1	ACE OF DEATH (Check of 5 Residence of RRY AT RK?	Part i. 24a. WAS AN PERFOR 1 YES 2 ck only one) 5 Other (Specify) 28d. DESCRIBE HOW II	AUTOPSY IMED? NO NO	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 0.C.M.E 296. LICENSE NUMBER 0.C.M.E	y list conditions, ing to immediate r UNDERLYING c. ease or injury d events death) LAST THE REFERRED TO MEDICAL PORT OF DEATH TO SE DEATH TO SE DEATH TO SE OCUIDANCE OF COURT OF C	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): at not resulting in attent 3 □ DOA □ 0 28b. TIME INJUE Al home, farm, struy)	26. PL/OTHER: Nursing Home OF WOF M 1 1 YO	ACE OF DEATH (Chee	Part i. 24a. WAS AN PERFOR 1 TYES 2 CK only one) 5 Other (Specify) 28d. DESCRIBE HOW if City or Town, State)	AUTOPSY IMED? NO NJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO		

Julia Navidra Randalle

AUG 3

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.	sedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLA	UN / NEDAR	THENT OF L	IFAITU AND	*********	92	2	278
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Migdle, Last) Edward B. Swarn	CERTIF	ICATE OF			REG. NO.	4E27 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) F UNDER 1 YEAR NONTHS DAYS H				7. DATE OF (Month), Do	ny, Your)	8. BIRTHPL Country)	ACE (State or Foreign
œ	90. FACILITY NAME (If not Institution, give street and number) LORIEN NURSING CENTER	DR LOCATION OF D	1 1 1	1 1	NTY OF DEA	- /		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							
	Maryhard Howard Ellicott City						1	TYES 2 NO
FUNERAL	2833 Pinewick Rd. 21042						S.A.	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN 0 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 V NO	It yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Specia	en, Puerto Rice	specify Yea or No— n, etc.)	14. RACE — Black, V Speedy:	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Yrs.	(Give kind of vi life. Do NOT us				OF BUSINESS/INC	DUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)	Fire Ch	11ет	16. MOTHER'S NA		co Steel		
BE	Edward B. Sargent, Sr.	LOD MAIL ING	1000500	Edna L				
10	Patricia E. Sargent					City or Town, State, Zip t City, M		042
	20e, METHOD OF DISPOSITION 1 A Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of competery, cremetery or other place) HOLY RECEIPT Cemetery 8-4-92 Baltimore, Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. Cather ROY H. Cather		22. NAME AN	ID ADDRESS OF FA				to MH 21214
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Approximata interval Between Onset and Death Onset and Death							
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
HYSICIAN: MEDICAL C	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in I					I. WAS AN AUTOPSY PERFORMEO? YES 2 NO	AV CC Of	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F OEATH? YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26, PL	ACE OF DEATH (Ch	eck only one)			
HYS	1 ☐ Inputient 2 ☐ ER/Output 27. MANNER OF DEATH 28. DATE OF INJURY	26b. TIME	A Harsing Hame				URED	
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	(Year) INJURY WORK?						
TED	3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — building, etc. (Specify,	At home, term, at	ireet, factory, office		261. LOCATIO City or To	N (Street and Number wn, State)	or Rural Rout	e Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination a	ge, death occurre	d at the time, date	and place, and due	to the cause(s) and manner as state	ed.	nd manner se stated
BE C	290. MICHATONE AND WAR POW CENTIFIER			29c. LICENSE NUI	MBER .	29d. DATE	SIGNED (M	onth, Day, Year)
2	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Туре,	Print)	022	256	0	3-1-	92 1021044
	STREE THE (MONDY, DBY, YOUT) 32. BEGISTRAR'S SIGNATI	1055Z	HLEPA	TURENT	Ky!	Coleuns.	19 7	1021044
	AUG 3 1992 July Keriden April	مال			V /			

Service Statement of the Company of The state of the s

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transfer narmin phase 1.2.3 security	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be nextitled at once
TO THE	THE I	be filed v	MPOR
F	H	A	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN	E	2 21279
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Stanley Sla	STAN	LEY ARNO	LD SLAVI	N	MONTH D	AY	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE /	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	1	12 10:30AM
	215-56-4868	1 1 M 2 □ F	4/7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	70 12/04/49 VII9							
_	8e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	Sinai Hospital of Baltimore Baltimore							
15	RESIDENCE OF DECEMENT							
1 12	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
	MD Baltimore 1 XYES 2 NO							
A	10e. STREET AND NUMBER		/		ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
E	2310 Penny	KANAL TO	was		217	09	II	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III ADMED	12 WES DECS	-	NIC ORIGIN? (Specify Yes		
	1 🔀 Never Married 2 🗌 Merried	FORCES? 1 TYES	2 7 NO	If yes, spe	city Cuban, Mexic	an, Puerto Rican, etc.)	or No-	14. RACE American Indian, Black, White, etc.
84	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Speci	lly:		spectly: white
	16. DECEDENT'S EDUC	PATION	14 - DECEDENTIA			Towns to the second sec		
1	(Specify only highest grade	completed)	(Give kind of	USUAL OCCUPATIO work done during mos se retired.)	N It of working	16b. KIND OF BU	SINESS/INDL	JSTRY
"	Elementary/Secondary (0-12)	College (1-4 or 6+)	Presid			ARCZ	Into T	ransport Inc.
M	12	4	110010	CIIC		A.D.C.	iuco i	ransport inc.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Malden	Sumame)	
BE (Charles M.	Slavin			Mary	Drumhelle	er	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar	nd Number or Rural	Route Number, City or Tow	n. State. Zio i	Code
5	Mrs Frances Lohos	ki				altimore, N		
	20e. METHOD OF DISPOSITION							
	tyty Buriel 2 Cremation 3 Ramo	oval from State 20b	. PLACE AND DATE	OF DISPOSITION (Nar ther place)	ne of	DATE 20c. LO	CATION — C	Ity or Town, State
			ulaney V	alley Me	m. Gards	8-4-92 1	'imoni	um, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGRE /	/	22. NAME AN	D ADDRESS OF F	ACILITY		
	I Konglet (Wall Ve				uneral Home		
	23 PART I Enter the decrees	amathetisms that accord	I de la la la la la la la la la la la la la	1 1050	York Roa	ad, Towson	Md.	21204
1 1	21 PART I. Enter the diseases, or c shock, or heart fellure. I	let ship one ceuse on e	ech line.	not enter the mod	le of dyling, au	ch aa cardisc or resp	ratory arre	at, Approximata
	IMMEDIATE CAUSE (Finel		,					Onset and Death
	disease or condition resulting in death) a. Gastric Lymphoma 2 mos Oue TO (OR AS A CONSEQUENCE OF):							
	DUE TO (OR AS A CONSEQUENCE OF):							
z		HIV+	1.A1	0.5				5 Ves
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):				1 3/13
	cause. Enter UNDERLYING							
트	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):				
E	resulting in death) LAST							
CERTIFICATION		•						
	PART II. Other algnificant conditions	contributing to death be	ut not reaulting	In the underlying	cause given in	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL						PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	□ NO	OF DEATH?
								1 TYES 2 NO
PHYSICIAN:								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCDITAL			CE OF DEATH (C	neck only one)		
SI	1 YES 2 NO	HOSPITAL:	etlent 3 DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)		
至	27. MANNER OF DEATN	28e, DATE OF INJURY	28b. TIM	E OF 28c. INJU	RY AT	28d. DESCRIBE HOW I	NJURY OCCI	JRED
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WOR	IK? ES 2 NO			
8	2 Accident Investigation 3 Suicide & Could and be	26e. PLACE OF INJURY	- At home term			261 1 00471001 70-	ad M	a Breat Co. a. a.
8	4 Homicide determined	building, etc. (Speci	ify)			261. LOCATION (Street a City or Town, State)	ina Number o	riurei Houte Number,
Ш								
COMPLETED	(Check only 1 CERTIFYING PNYSIC	CIAN: To the best of my knowle	edge, death occurre	ed at the tima, date of	and place, end due	to the cause(e) and man	ner se state	1.
OM								ceuse(e) and manner ee stated.
_	2915-BIGNATURE AND TITLE OF CERTIFIER	19						
8	1010 19	t	111		29c. LICENSE NU	MBEH	29d. DATE	SIGNED (Myrri, Day Year)
2	Marcy of	anisme	1/11)				. 0	0/01/12
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED GAUSE OF DEA	TH (ITEM 27) (Type,		0.	1.1	.0	/ /
	Nancy G. LEVE	SQUE 4	ob Sin	21 Hosp.	of Da	Himore, 1	Salt	morso MD
	31. DATE FILES (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		7 10 -17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11-11
	AUG 3 1992	wie Leviden 1	ndelle					
السب								

and well and the second second

31

BALTIMORE, MARYLAND 2	24 hours after death. Page 6 may be retained by the hospital	y filled in by the funeral director, page 5 should be detached for	tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	To Tie World of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	the second of the state of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IN PORTANT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

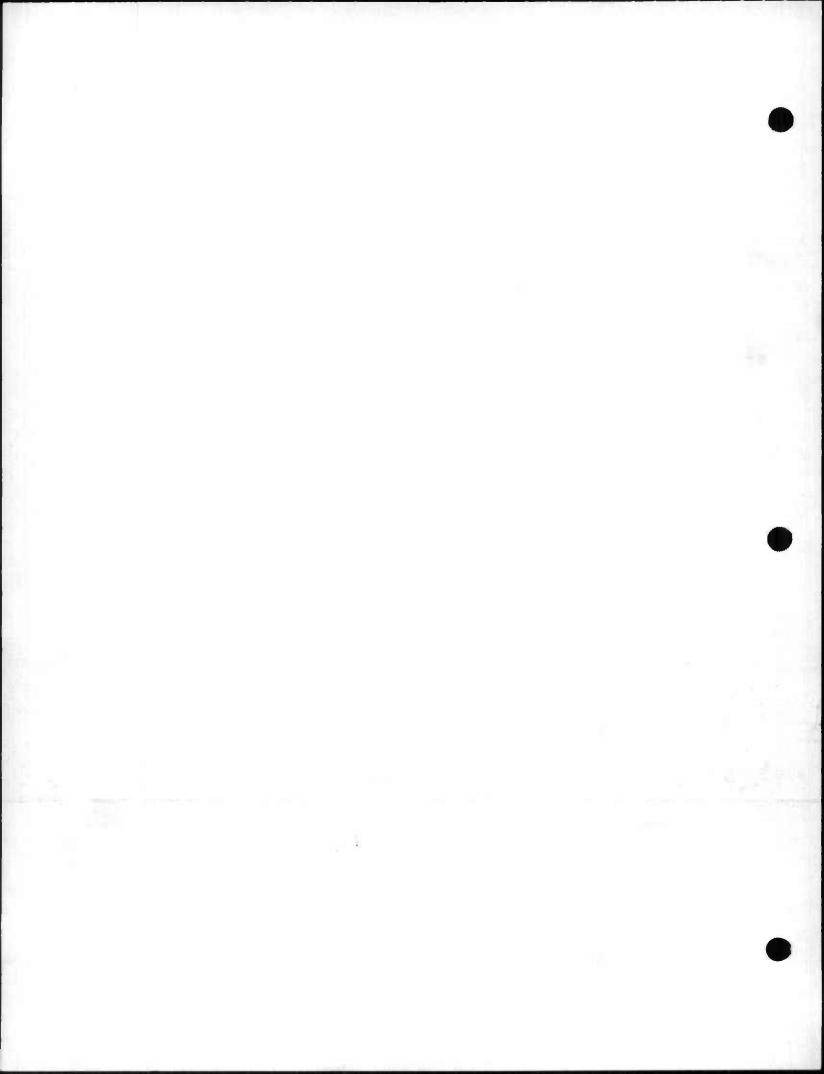
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAI	RTMENT	OF H	IEALTH DEA	AND TH	MENTAL	HYGIEN	e 92	21280
	1. DECEDENT'S NAME (First, Middle, Lest)					-			2. DATE	OF DEATH		3. TIME OF DEATH
	WILLIAM THOMAS	SULLIV	AN JR						MONTH			YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR IF UNDER 24 HR		24 HRS.	7 DATE (VE BIOTH	I a	12:35 p M	
	228-18-6935	NXM 2 □ F	71	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month,	8,192	1	VIRGINIA
	9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
DIRECTOR	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY								. COUNT	TOT DEATH		
REC	10a. STATE 10b. COUNTY	Υ	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
ā	VIRGINIA WINCHESTER 1XXves 2 \(\triangle \) NO											
A	10s. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	343 MILLER STREET							226	601			U.S.A.
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			RMED	13, W	S DEC	ENDENT C			(Specify Yes	or No.— 1	4. RACE — American Indian,
	1 Never Married 2 XX Married FORCES? 1 YES XX NO If yes, specify Cuban, Max				n, Mexica	in, Puerto R	Ican, etc.)	U. 110-	Black, White, etc.			
BY	3 Widowed 4 Divorced		on on bales		1 ''	_ TES	2 MANO	Specin	у:			Specify: WHITE
COMPLETED	15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OCC	UPATIC	ON		16b.	KIND OF BUS	INESS/INDU	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- A	Give kind of le. Do NOT u	work done dur se retired.)	ring mo.	st of worldr	g				
립	12			AL ES	TATE	AGE	NT		1	REAL E	STATE	
8	17. FATHER'S NAME (First, Middle, Last)		***	IID DO		1101		4FR'S NA		iddie, Maiden		
	WILLIAM THOMAS SU	T.T.TVAN	SR					MARY		NEVIEV	33.	CINC
BE	19a. INFORMANT'S NAME (Type/Print)	DEL VAII,		05 MAH ING	ADDRESO #	2	_			or, City or Town		
2	ANNA BELLE SULLIV	AN (WI										
								, WIN				A 22601
19.4	VEADURE 2 Commenter 3 Premover from Suite Cemetery, Crematory or other place)											
	The state of the s											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES											
	n. Ciaig C	Withe	1									ILLE, MD.21228
CERTIFICATION	23. PART I. Enter the diseases, or cehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Aclo DUE TO b. Seps	(OR AS A CONSE	EOUENCE O	51	2.5			inde		otory arroa	Approximate Interval Between Onset and Death 3 weeks 4 weeks
Ě	CAUSE (Disease or Injury											
E	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Curchoma Znully											
ਹ	PART II Other significant conditions contribution to death by											
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? AMALIABLE PRIOR TO COMMISTION OF CAMMISTION OF COMMISTION OF CAMMISTION OF COMMISTION OF CAMMISTION ON OF CAMMISTION OF CAMMISTION OF CAMMISTION OF CAMMISTION O											
요Ⅱ	Acute renal Enilus						_	1 XES 2	□ NO	OF DEATH?		
2	hannelen	1.5-							-			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
O I	EXAMINER?	HOSPITAL:		Т	OTHER:	26. PL	ACE OF D	EATN (Che	eck only one;)		
<u>×</u>	1 TES 2 NO	Inpatient 2		_	4 D Nursing	_		sidence	8 🗆 Other	(Specify)		
4	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF (Month, D.	INJURY ay, Year)	28b. TIM	E OF 28	Bc. INJU	JRY AT RK?		28d. DESC	RIBE NOW IN	JURY OCCUI	RED
B	2 Accident Investigation	M 1 YES 2 NO										
<u>a</u>	3 Suicide 8 Could not be	26a. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm, i	street, factory	, office				TION (Street ar	nd Number or	Rural Route Number,
Ë L	4 Homicide determined								0.1, 0.1	John, State)		
COMPLET		R: On the basis of a										ause(a) and manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER		Howand	26 4	a Ca	Ser I	29c. LICE		IBER			IGNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF STREET	200				"]	0 -	73	-		P ¥ /	1/92
	30. NAME AND ADDRESS OF PERSON WHO		SE OF OEATH (ITE		Print)							
	31. DATE FILED (Month, Day, Year) AUG 3 1992	32 REGISTER	N'S SIGNATURA	mark.		-						
	AUG 3 1992	1										

Alle 3 TEO Continue Tours

-	
68760,	
9	
1	
∞	
9	
×	
BOX	
\simeq	
•	
_ •	
0	
-	
4	
10	
07	
Œ	
0	
ō	
RECORDS,	
2	
1	
_	
4	
-	
_	
>	
LL.	
OF VITAL RE	
_	
Z	
SION	
\simeq	
S	

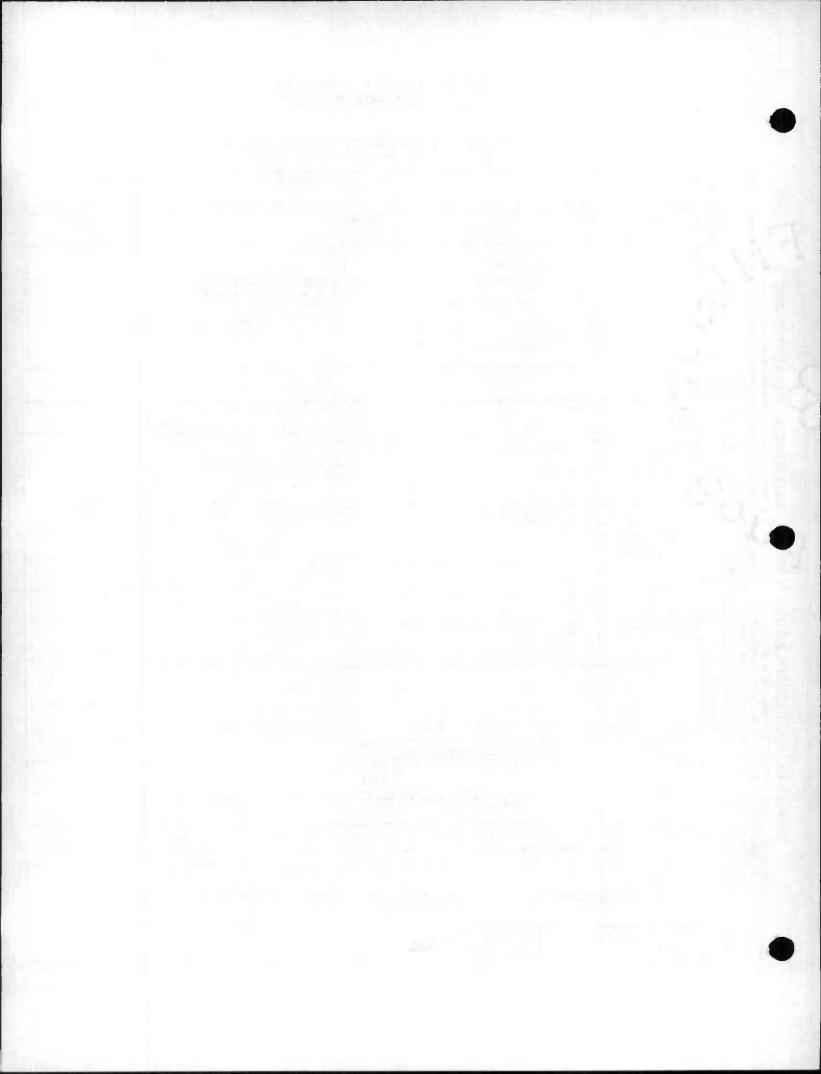
2	TO BE COMPLETED BY FUNERAL DIRE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
3	al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
g)ri	the funeral director, page 5 should be detached for use as the burlat-transit perment wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perms. Properties of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
V	ter death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
	BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH	H AND MEI	NTAL HYGIEN		21281	
	1. DECEDENT'S NAME (First, Middle, Last) HENRY SC	ATT			2.	DATE OF DEATH	AY YE		
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	ER 24 HRS. 7. I	DATE OF BIRTH		IRTHPLACE (State or Foreign	
	241-58-5770	1 ☑ M 2 ☐ F	97 YRS.	MONTHS DAYS HOURS	Min. 8	(Month, Day, Year) -11-1895	0	OUTH CAROLINA	
or l	9a. FACILITY NAME (If not institution, give s			96. CITY, TOWN OR LOCAT			9c. COUNTY	OF DEATH	
DIRECTOR	ST. AGNES HOSPI	TAL		BALTIMORE	<u> </u>				
IRE	10e. STATE 10b. COUNTY	7	10c. CITY,	TOWN OR LOCATION	,	10d. INSIDE CITY LIMITS?			
	MD. 100. STREET AND NUMBER	BALTIMO				1 √ YES 2 □ NO			
FUNERAL	28 NORTH BERNIE	CE AVENUE		10f. ZIP COI	229		10g. CITIZEN		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT	OF HISPANIC O		or No 14. I	RACE - American Indian	
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DO WWI - A	TES .	If yes, specify Cuban, Mexican, Puerto Ricar 1 YES 2 NO Specify:				Black, White, etc. Specify:	
	15. DECEDENT'S EDU	CATION		ISUAL OCCUPATION		16b. KIND OF BU		LACK	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done during most of work	dng	IOD. KIND OF BO	31NE33/1ND0311	11	
P.			CUSTODI	AN		N.C. PU	BLIC SO	CHOOLS	
8	17. FATHER'S NAME (First, Middle, Last)			16. MOT	THER'S NAME (First, Middle, Maiden	Sumeme)		
BE									
6	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number					
	CLAUDIA CLAYBOR			RTH BERNIEC					
	1 XBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	etery, crematory or oth	er place) OREST VA. C	FMFTFD	DATE 20c. LO	NCS MIT	LLS, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC		TRRIBON F				NGS FILL	LS, FID.	
	22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P. A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433								
	23. PART I. Enter tha diseases, or o	complications that caused	the deeth. Do no					Approximata	
	shook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SEPSIS	CONSEQUENCE OF					Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events rasulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	Sotre Pu	eumio	ma			
	PART II Other algoldinest condition	a acceptant and a death to							
PHYSICIAN: MEDICAL	TANT II. Other aigniticant combiner	PERFORMED? 1 YES 2 NO OF DI					24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ž								1 TYES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			DEATH (Check or	nly one)			
XS.	1 TYES 2 NO	1 Inpatient 2 ER/Outp		OTHER: I - Nursing Home 5 - R	tesidence 6 🗆	Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT WORK? M 1 YES 2		DESCRIBE HOW I	NJURY OCCURE	D	
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						rel Route Number,	
COMPLETED		CIAN: To the beat of my knowler. R: On the beats of examination						se(s) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LIC	ENSE NUMBER		29d. DATE SJG	NED (Month, Day, Year)	
TO BE	Letter	5					▶08/0	1/92	
-	30. NAME AND ADDRESS OF PERSON WHO	0 1 11		ST Aquel	Hain.	troll			
	31. DATE FILED (Month, Day, Year)		echane	s' I guel	LIONK	100			
	on once meet (Month, pay, 1987)	32. REGISTRAR'S SIGNA	- L	Soula 92					
	AUG 3	11337	Laurdson-1	onpage				DHMH-16 Rev 1/89	



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dapt. of Health and Mental Hydiene prior to brial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THEODORE SHAW MONTH DAY YEAR	1. DECEDENT'S NAME (First, Middle, Lest)		CE			F DEATH	2 DAT	REG. NO).		3. TIME OF D	EATH
4. SECURITY MARKET PART AND ALL STATE OF BUTTLY TO A SECURITY TAMBER OF THE STATE OF BUTTLY TO A SECURITY TAMBER OF THE STATE OF BUTTLY TO A SECURITY TAMBER OF THE STATE OF BUTTLY TO A SECURITY TAMBER OF THE STATE OF BUTTLY TO A SECURITY TAMBER OF THE STATE OF BUTTLY TO A SECURITY TAMBER OF THE STATE OF BUTTLY THE STATE OF B			SHAW						29	92		
THE PROPERTY MEDICAL CENTER RESIDENCE OF DECORATY MEDICAL CENTER THE STRE MARYLAND No. CITY, TOWN OR LOCATION BALTIMORE No. COUNTY SALES THAN MARYLAND No. STREET AND MAUBER 28.06 CROCKROSE AVENUE 19. WE SPOOL 19. WE							7. DAT	E OF BIRTH		A BIRTH	IPLACE (State of	or Foreign
TREIDIDING OF DECEDENT 19. SHITE 19. COUNTY 19. SHITE 19. COUNTY 19. SHITE 19. NAM DECEDENT AND NUMBER 28. OF ROCKROSE AVENUE 19. NAM DECEDENT EVEN AND AND IN THE SHIP AND AND IN THE SHIP AND AND IN THE SHIP AND AND AND AND AND AND AND AND AND AND	90. FACILITY NAME (If not institution, give s	street and number)			96. CITY, TOW BALT	MORE CIT	_	±/ ± [/ .				ML
MARYLAND BALTIMORE 1. X PROCES 199, CTIZED OF WART COUNTRY 28.06 ROCKROSE AVENUE 1. WAS DECEMBER 25 WART OF THE NAME OF T		CDIVIDIO										
28. Securities AND ANIMERS 28. DECORDER AVENUE 19. MAN DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Or No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDER TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDED TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDED TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDED TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDED TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDED TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDED TO PRISON OF CHICAPT (Specify The Order of No. 11.) MAY DECEDED TO PRISON OF CHICAPT (Specify The Order of No. 1		Υ		10c. CIT							10d. INSIDE (CITY
2806 ROCKROSE AVENUE 11. MARINEL STATUS 12. WAS OCCEDENT EVEN IN U.S., JAMASO PORCEST OF I SER 3 ALMOS PORCEST OF I SER					BALT				100000			
11. MAND LATERUM 12. MAS OCCORDING FOR PAR MAY IN ADMINISTRATION 12. MAS OCCORDING FOR PART MAY IN ADMINISTRATION 12. MAS OCCORDING FOR PART MAY IN ADMINISTRATION 12. MAS OCCORDING FOR PART MAY IN ADMINISTRATION 12. MAS OCCORDING FOR PART MAY IN ADMINISTRATION 12. MAS OCCORDING FOR PART MAY IN ADMINISTRATION 12. MAS OCCORDING FOR PART MAY IN ADMINISTRATION 12. MAS OCCORDING FOR PART MAY IN ADMINISTRATION 13. MAS OCCORDING FOR PART MAY IN ADM		AVENUE					215		10g. CITI2			¥7
Security Decrease	11. MARITAL STATUS	12. WAS OECEDENT	EVER IN U.S. ARA	AED		DECENDENT OF HIS	PANIC ORIG		s or No—	14. RACE	E — American I	Indian,
Content on Anyther great completed (Section on Anyther great completed (Section of a work one during mode of working the De Not user mined)				·				o Rican, etc.)			м	CK
T. PATHERS NAME (First, Mickin, Larit) LEO M. SHAW 198. MAILING ADDRESS (Store and Murber or Pauli Routin Number, City or Run., State, Ze Code) BARBARA WASHINGTON 2806 ROCKROSE AVENUE BALTIMORE, MD 2121 280. MAILING ADDRESS (Store and Murber or Pauli Routin Number, City or Run., State, Ze Code) BARBARA WASHINGTON 2806 ROCKROSE AVENUE BALTIMORE, MD 2121 280. MAILING ADDRESS (Store and Murber or Pauli Routin Number, City or Run., State, Ze Code) DATE 280. LOCATION — City or Town., State CATONSVILLE, MARYLL 28. SIGNATURE of PURPORAL SERVICE LUCRISEE LERGY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21. 29. MARY LERGY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21. SEQUENTIALLY Let only one cause on significant conditions, and state of the cause of the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, infrared Bett Onset and D 28. Sequentially list conditions, and the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause of the state of the cause	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Giv	re kind of v	work done during	ATION most of working	10	Sb. KIND OF BU	JSINESS/INDI	USTRY		
LEO M. SHAW LUCY TAYLOR	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)							
The MAILING ADDRESS (Street and Authories or Rusel Poules Number, City or Town, States, 2¢ Code)	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First	, Middle, Meider	n Sumeme)			-
BARBARA WASHINGTON 2806 ROCKROSE AVENUE BALTTMORE, MD 2121 200-PLACE AND DATE OF DISPOSITION Concept of the Committee of Committee			100		1.75611							
20a_MERTHOO OF DISPOSITION Committed 3 Ammored from State CATONSVILLE, MARY L		ACHTRAGE									MD 03	271
1. General 2 Crementon 3 Removal Trom State 2 CATONS VILLE, MARY L 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LERCY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. FART Shifty the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, List only one cause on each line. APPRILIA Shifty the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, List only one cause on each line. APPRILIA Shifty the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, line and diseases or constitutions of the diseases or constitutions or each line. APPRILIA Shifty the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, line and diseases or constitutions or each line. APPRILIA Shifty the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, line and diseases or constitutions or each line. APPRILIA Shifty the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, line and active the mode of dying, such as cardisc or respiratory arrest, line and active the mode of dying, such as cardisc or respiratory arrest, line and active the mode of dying, such as cardisc or respiratory arrest, line and active the mode of dying, such as cardisc or respiratory arrest, line and active the mode of dying, such as cardisc or respiratory arrest, line and active the line. APPRILIA Shifty the disease, or constitution of the death of the cause of place, and due to the cause of line and number or Rural Route Number or Rural Route Number. APPRILIA Shifty the disease, or constitution and or manner selected. APPRILIA Shifty the disease. APPRILIA Shifty the disease. APPRILIA Shifty the disease. APPRILIA Shifty the disease. APPRILIA Shift		ASHINGTO				-						.21
22. NAME AND ADDRESS OF PROCUTY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART - Effity the diseases, of complications that causes the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Basto on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one cause on Security (List only one) (List one) (List one) (List one) (List one) (List one) (List only one) (List one) (List one) (List one) (List one) (List one) (List one) (List one) (List only one) (List	1 Buriel 2 Cremation 3 Rem	oval from State	cernetery creat	ERN	STAR	CEMETE						RYL
23. PART I, Effiltr the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Bett Onset and D disease or condition and the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Bett Onset and D disease or condition and the cause of the cause (Final disease or condition and D disease or condition are sutting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1	21. SIGNATURE OF FUNERAL SERVICE LI											
23. PART LEfrity the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failfore. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter NDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1. DUE TO (OR AS A CONSEQUENCE OF): 1. DUE TO (OR AS A CONSEQUENCE OF): 1. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PRO AMALABLE PRIOR TO CONFERENCE? 1. YES 2 NO 25s. WAS CASE REFERRED TO MEDICAL PART OF DEATH (Check only one) 27s. MANNER OF DEATH 1. Nother algnificant conditions and provide the sequence of the conference of conferenc		CENSEE	()	. /		AND ADDRESS OF	FACILITY OV ETT	TP 8. C/	ON THE	IMEL	OAT UC	ME
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1	immediate cause (Final disease or condition	complications that c	on each line.		22. NAM LE] 460 not anter the	00 LIBE	RTY ouch as ca	HEIGH!	TS AV	ENU	JE 212	207 kimata il Betwe
25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1	shock, or heart failure) IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or injury that initiated events	ARTERIOS OUE TO (O	CLEROTI OR AS A CONSECUTOR AS A CONSECUTOR	C CA UENCE OF	22. NAM LE 46(not anter the ARDIOVA F):	00 LIBE	RTY ouch as ca	HEIGH!	TS AV	ENU	JE 212	207 cimata
26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 280. DATE OF INJURY (Month, Day, Year) 280. DATE OF INJURY 280. INJURY AT WORK? 3 Sulcided 8 Could not be determined 280. CERTIFIER (Check only one) 281. LOCATION (Street and Number or Rural Route Number, Chy or Town, Stete) 282. DATE OF INJURY At home, farm, street, factory, office 283. LOCATION (Street and Number or Rural Route Number, Chy or Town, Stete) 284. DATE SIGNED (Month, Day, Year) 285. SIGNATURE AND TITLE OF CERTIFIER 286. CERTIFIER (Check only one) 287. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation Investigation Investigation Investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 286. CERTIFIER OF CERTIFIER On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 286. CERTIFIER OF CERTIFIER On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 287. CLICENSE NUMBER O. C. M. E. 288. DATE SIGNED (Month, Day, Year) 289. DATE SIGNED (Month, Day, Year)	shock, or heart failure immediate or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ARTERIOS a. ARTERIOS OUE TO (O DUE TO (O	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF	22. NAM LE 460 not anter the ARDIOVA F):	OO LIBE mode of dying, a SCULAR D	RTY 1	HEIGH!	TS AV	ENU	JE 212 Approximately and a second control of the second control of	207 dimata il Betwand Da
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 28. DATE OF INJURY M NORTH, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE OF INJURY M North, Day, Veer) 28. DATE SIGNED (Month, Day, Veer) 29. C.M.E. 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 29. DATE SIGNED (Month, Day, Veer)	shock, or heart failure immediate or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ARTERIOS a. ARTERIOS OUE TO (O DUE TO (O	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF	22. NAM LE 460 not anter the ARDIOVA F):	OO LIBE mode of dying, a SCULAR D	RTY 1	HEIGH! E 24e. WAS APPERFO	TS AV	ENU	Approvinterval Onset	207 dimata il Betwin and Da
HOSPITAL: 1 YES 2 NO Normal	shock, or heart failure immediate or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ARTERIOS a. ARTERIOS OUE TO (O DUE TO (O	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF	22. NAM LE 460 not anter the ARDIOVA F):	OO LIBE mode of dying, a SCULAR D	RTY 1	HEIGH' rdiac or reap 24a. WAS AR PERFO 1 YES	TS AV	ENU	Approvinterval Onset	207 climata il Betwand De
27. MANNER OF DEATH 1 Netural 2 Accident 3 Sulcide 4 Homicide 28. DATE OF INJURY Accident 3 Sulcide 4 Homicide 28. PLACE OF INJURY — At home, farm, street, fectory, office 4 Homicide 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)	Sequentially list conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	ARTERIOS a. ARTERIOS OUE TO (O DUE TO (O	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF	22. NAM I.E. 46 (not anter the ARDIOVA) F): F): In the underl	Mode of dying, a	RTY Uuch aa ca	HEIGH' rdiac or reap 24e. WAS AR PERFO 1 YES INQUI	TS AV	ENU	Approvinterval Onset	207 climata il Betwi and Da
1 Netural 2 Accident 3 Suicide 4 Netural 2 No 3 Suicide 4 Notice 5 No 5 Notice 6 Notice 6 Notice 6 Notice 6 Notice 7 Notice 7 Notice 8 No 7 Notice 8 No 7 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 Notice 8 No 8 No 8 Notice 8 No 8 No 8 No 8 No 8 No 8 No 8 No 8 No	SHOCK, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. ARTERIOS OUE TO (O b. DUE TO (O d. DUE TO (O	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF	22. NAM LE 460 not anter the ARDIOVA F): F): In the underline the unde	MODO LIBEI mode of dying, a SCULAR D	RTY uch as ca [SEAS In Part I.	PEIGH: 24e. WAS AF PERFO 1 U YES INQUI	TS AV	ENU	Approvinterval Onset	207 climata il Betwo and Da
3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 4 City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28f. LOCA	SHOCK, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	ARTERIOS a. ARTERIOS OUE TO (O b. DUE TO (O d. DUE TO (O d. HOSPITAL: 1 Inpetient 2X E 280. DATE OF IN	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF	22. NAM LE 460	DO LIBEI mode of dying, a SCULAR DI ying cause given PLACE OF DEATH	RTY uch as ca ISEAS In Part I. Check only so 8 0 Ott	PEIGH: 24e. WAS APPERFO 1 U YES INQUI	N AUTOPSY RMED?	JENU est,	Approvinterval Onset	207 climata il Betwo and Da
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated. 250. SISHATURE AND TITLE OF CUITIFIER 290. LICENSE NUMBER 0 .C .M .E . 291. DATE SIGNED (Month, Day, Year)	SHOCK, or heart failure immediate cause. Enter UNDERLYING CAUSE (Pinel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	ARTERIOS a. ARTERIOS OUE TO (O b. DUE TO (O d. DUE TO (O d. HOSPITAL: 1 Inpetient 2X E 280. DATE OF IN	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF	22. NAM LE 460 not anter the ARDIOVA F): F): In the underl OTHER: 4 Nursing EURY 28c.	DO LIBEI mode of dying, a SCULAR D ying cause given PLACE OF DEATH, forme 5 Resident INJURY AT WORK?	RTY uch as ca ISEAS In Part I. Check only so 8 0 Ott	PEIGH: 24e. WAS APPERFO 1 U YES INQUI	N AUTOPSY RMED?	JENU est,	Approvinterval Onset	207 climata il Betwo and Da
29c. LICENSE NUMBER 29d. DATE SIGNED (Morrith, Day, Year) O.C.M.E. ULLY 29, 1992	SHOCK, or heart failure immediate cause. Could not be sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (O	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF UENCE OF DENUITING I	22. NAM LE 460 not anter the ARDIOVA F): F): In the underl OTHER: 4 Nursing EURY M 1	DO LIBEI mode of dying, a SCULAR D ying cause given PLACE OF DEATH, tome 5 Resident INJURY AT WORK? YES 2 NO	ISEAS In Part I. Check only 28d, Dr	PETCH! 248. WAS APPERFO 1 U YES INQUI. DONE) DESCRIBE HOW CATION (Street	N AUTOPSY RMED? 2 💥 NO RY INJURY OCC.	Z4b	Approvinterva Onset WERE AUTOPS AVAILABLE PR COMPLETION 1 YES 2	207 climata il Betwi and Da
O.C.M.E. JULY 29, 1992	SHOCK, or heart failure immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	ARTERIOS OUE TO (O b. DUE TO (O c. DUE TO (O d	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF UENCE OF DEBUILING I	22. NAM LE 460 not anter the ARDIOVA F): F): In the underl OTHER: 4 Nursing is E OF 28c. URY 1 street, factory, of	DO LIBEI mode of dying, a SCULAR D ying cause given PLACE OF DEATH form 5 Resident INJURY AT WORK? 2 NO	IN Part I. Check only: 28d, Direction to the control of the cont	PEIGH: 24e. WAS AP PERFO 1 YES INQUI. DOTE: Specify) ESCRIBE HOW CATION (Street y or Town, Stete	N AUTOPSY RMED? 2 💥 NO RY INJURY Occionner se state	24b.	Approvinterva Onset WERE AUTOPS AWAILABLE PRICOMPLETION OF DEATH? 1 YES 2	Control of Control of
	SHOCK, or heart failure immediate cause. Enter UNDERLYING CAUSE (Placese or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	COMPlications that cause a ARTERIOS OUE TO (O) a. ARTERIOS OUE TO (O) b. DUE TO (O) c. DUE TO (O) d	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF UENCE OF DEBUILING I	22. NAM LE 460 not anter the ARDIOVA F): F): In the underl OTHER: 4 Nursing is E OF 28c. URY 1 street, factory, of	DO LIBEI mode of dying, a SCULAR D Ving cause given PLACE OF DEATH Office S Residence INJURY AT WORK? YES 2 NO Hitce	In Part I. Check only 286, Do	PEIGH: 24e. WAS AP PERFO 1 YES INQUI. DOTE: Specify) ESCRIBE HOW CATION (Street y or Town, Stete	N AUTOPSY REMED? 2 NO RY INJURY OCC.	24b 24b or Rural F	Approvinterva Onset WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH? 1 YES 2	cimate il Between de la Betwee
	SHOCK, or heart failure immediate cause. Enter UNDERLYING CAUSE (Placese or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in desth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	COMPlications that cause a ARTERIOS OUE TO (O) a. ARTERIOS OUE TO (O) b. DUE TO (O) c. DUE TO (O) d	CLEROTI OR AS A CONSECUTOR AS	C CA UENCE OF UENCE OF DEBUILING I	22. NAM LE 460 not anter the ARDIOVA F): F): In the underl OTHER: 4 Nursing is E OF 28c. URY 1 street, factory, of	DO LIBEI mode of dying, a SCULAR D Ving cause given PLACE OF DEATH NUMPY AT WORK? YES 2 NO Hitce Interest and cause and can, death occurred at the course of the course of the cause	IN Part I. Check only 28d, Do 28f, LC Check time, de	LATION (Street Ny or Town, Stete susse(e) and ma	N AUTOPSY RMED? 2 NO RY INJURY OCC. and Number of the due to the	24b. 24b. Or Rural F ad. a ceuse(e	Approvinterva Onset WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH? 1 YES 2 (Month, Day, Manual Completion of Death)	cimate il Between de la Betwee

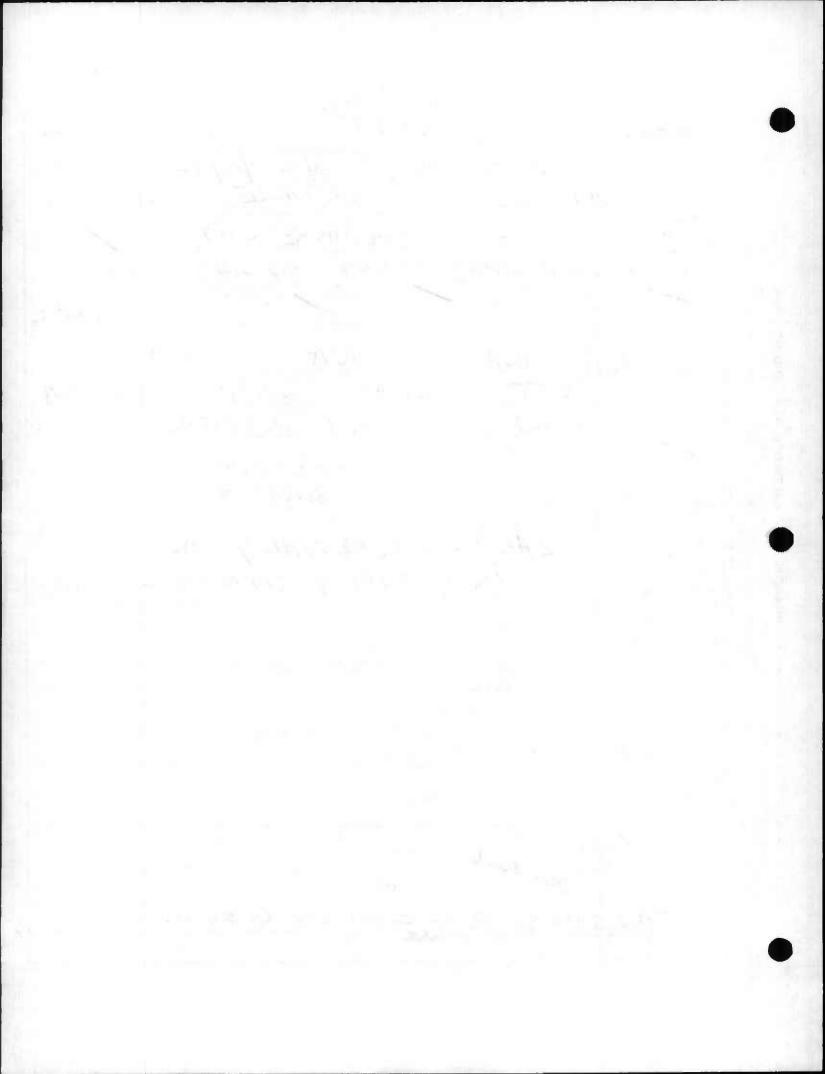


1 - FOR STATE REGISTRAR

BOX 68760	
BOX	
P.0.	
RECORDS,	
OF VITAL	
11	
-	
0	
7	
\overline{a}	
\simeq	
DIVISION	i
5	

1	QUINNELL STAR		E (In yrs. lest birthday)	F UNDER 1 YEAR IF UND	ER 24 HRS. 7, D	7 3 PATE OF BIRTH	1492	HPLACE (State or Foreign
		1		ONTHS DAYS HOURS	MIN. 7	130 92	Cour	
OB	90. FACILITY NAME (If not institution,	1	5	BALTI	TION OF DEATH	= 1	9c. COUNTY OF	DEATH CITY
DIRECTO	10a. STATE 10b. C	COUNTY	10c. CITY,	TOWN OR LOCATION	RE C	174		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		.08 STONE			mp:	21207	Ц	WHAT COUNTRY?
₽-	11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT If yes, specify Cul 1 YES 2	off, Mexican, Pu	RIGIN? (Specify Yes- erto Rican, atc.)	or No— 14. RAC Blac Spe	E - American Indian, ck, White, atc. City: BLACE
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION Il grade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of worl	king	16b. KIND OF BUS	NESS/INDUSTRY	
ш	17. FATHER'S NAME (First, Middle, La	A	DAVID	16. MO	THER'S NAME (F	First, Middle, Meiden S		VO BIA
TO B	19a. INFORMANT'S NAME (Type/Print	- NU	196. MAILING AI	NA /	er or Aural Route	Number City or Town		BALTIM
	20. MISHOD OF DISPOSITION Burlel 2 Cremetion 3 C Donation 5 Citier (Specify, 21. SIGNATURE OF FUNERAL SERVI	Removal from State	enb. PLACE AND DATE OF Commetery, cremetory or othe WOODI. AWN		7 8	/4/92 W ETT/&S	ON FUN	n, Md.
	IMMEDIATE CAUSE (Final disease or condition	s, or complications that cause for List only one ceuse on	each line.				o DCC	Approximate Interval Between Onset and Dea
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	MON	- 1		1010	(
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. PREDUE TO (OR AS	A CONSEQUENCE OF):	RIFY	- 1		ABLE EFUS,	14/1/14
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF):	RIFY	CN	אט טנו ה	UTOPSY 24	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS d	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): D but not resulting in	the underlying cause	CN	I. 24a. WAS AN A PERFORM	UTOPSY 24	b. WERE AUTOPSY FINDING AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient conditions.	DUE TO (OR AS DUE TO (OR AS d. ditiona contributing to death N	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S but not resulting in the consequence of	26. PLACE OF THER: Nursing Home 5 F	given in Part DEATH (Check on lealdence 8 28d.	I. 244. WAS AN A PERFORM 1 YES 2 (UTOPSY 244	COMPLETION OF CAUSE OF DEATH?
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are conditionally lightly li	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	26. PLACE OF THER: Nursing Home 5 F	given in Part DEATH (Check on tesidence 5 0 28d.	I. 24a. WAS AN A PERFORM 1 YES 2 [UTOPSY 244 NED? NO NO	b. WERE AUTOPSY FINDING AMRIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigations are conditionally leading in the condition of the cause of the ca	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	28. PLACE OF THER: Nursing Home 5 F WORK? M 1 YES 2	given in Part DEATH (Check on tesidence 8 0 28d. NO 28f.	I. 24a. WAS AN A PERFORM 1 YES 2 (Thy one) Describe HOW IN. LOCATION (Street an City or Town, State)	JURY OCCURED d Number or Rurel er se stated.	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigations are conditionally leading in the condition of the cause of the ca	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF):	26. PLACE OF THER: Nursing Home 5 F WORK? M 28c. INJURY AT WORK? M 1 YES 2 et, factory, office	given in Part DEATH (Check on tesidence 8 0 28d. NO 28f.	I. 24a. WAS AN A PERFORM 1 YES 2 { Other (Specify) DESCRIBE HOW IN. City or Town, State) cause(e) end mann date end place, end	JURY OCCURED d Number or Rurel er se stated. due to the cause(b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



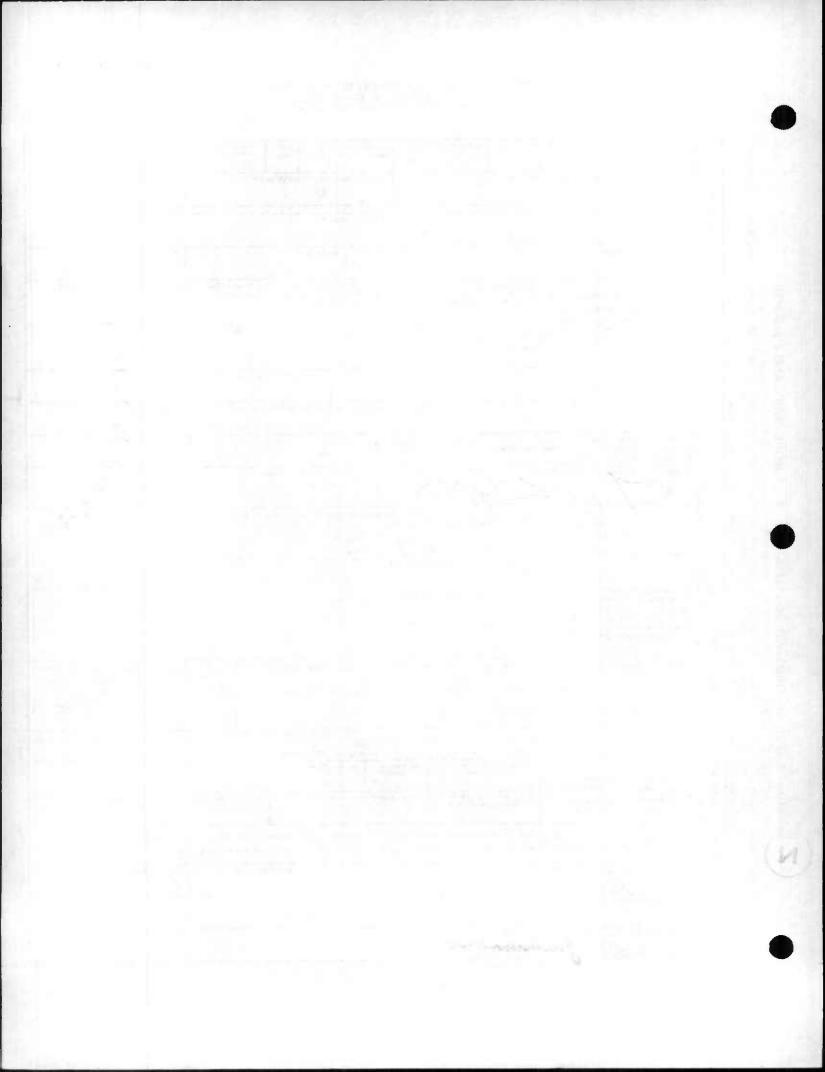
TO THE PROPORT OR ATTENDING PRESIDAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE RUNE RAL DIFFERENCE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Debt, of Health and Mental Hydiere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
th A	8	#
pa pa	Pin	99
rtain	S	=
90	40	9
lay	pag	ă.
Б п	cgo.	200
age	dire	-
H.	le de	를
deal	\$	ехэ
after	y th	ca
SIN	In b	9
4 Po	liked n	8
in 2	ation of	=
Mil.	crem	Jun 1
petr	100 E	5
poeci	and	nati
2	cian or to	30
cate	MySi	10
artife	d Bu	the second
th co	E H	10
dea	enta	7,
the	A P	三
that	De to	any
ires	Sign	2
requ	50	Sho Sho
MP	as by	23
The	te h	E
100	Sta	=
SICE	8.5	0,0
PHY	TO THE FUNCTION DIRECTION when this certificate has been signed by the attending physician and completely filled in by the fi- the filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	-
BNB	Sept.	m
END	田田	
ATT	E	1 2
OR	DIR	the state of
Ā	五日	=
2	UNE	EM.
4	世界	E
0.7	0.0	M.P.
-	丹南	-

31. DATE FILED (Month, Day, Year)

32. REGISTRAB'S SIGNATURE

FOR 1 - STATE REGISTRAR			MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	92 21284						
1. DECEDENT'S NAME (First, Middle, Last) DAVID	BRIA	AN	SMITH	2. DATE OF DEATH 3 PAY	92EAR 8:05 P						
4. SOCIAL SECURITY NUMBER 216-72-4411			F UNDER 1 YEAR F UNDER 24 HRS. OHTHS DAYS HOURS MIN.		8. BIRTHPLACE (State or Foreign Country) BALTIMORE, MD.						
9e. FACILITY NAME (If not institution, give a SHOCK TRAUMA	street and number)	9	BALTIMORE		OUNTY OF DEATH						
	LTIMORE	10c. CITY, 1	TOWN DR LOCATION BALTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2X NO						
918 STORMONT CI	RCLE		101. ZIP CODE 212		U.S.A.						
11. MARITAL STATUS 1 📉 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENOENT OF HISP If yee, specify Cuban, Mexi 1 YES 2 NO Spec		14. RACE — American Indian, Black, Whita, etc. Specify: WHITE						
15, DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	Iffe. Do NOT use n	k done during most of working etired.)	16b. KIND OF BUSINESS/							
12TH GRADE 17. FATHER'S NAME (First, Middle, Lest)		APPRENTI		WESTLAND							
WALTER D. SMITH	, JR.			INE DRECHSLER	1)						
19a. INFORMANT'S NAME (Type/Print) .IOSEPH DRECHSLE	en en			al Aoute Number, City or Town, State, BALTIMORE, MD.							
20s. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION (Name of		21227 — City or Town, Stata						
1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗆 Other (Specify)	NE	LW CATHED	ERAL CEMETERY	08/04 BALTI							
21. SIGNATURE OF FUNERAL SERVICE LI	2 40	th	22. NAME AND ADDRESS OF HUBBARD FUNER 4107 WILKENS	AL HOME INC. AVENUE-BALTIMO	RE, MD. 21229						
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Oue to (or as a	ech line.		ch as cerdlec or respiratory	arrest, Approximate Interval Between Onset and Deatl						
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):									
PART II, Other algnificant condition	a contributing to death bu	it not resulting in t	the underlying ceuse given i	n Part I. 24a. WAS AN AUTOPS PERFORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one)										
EXAMINER?	HOSPITAL: 1 Inpetient XX ER/Outpet										
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year) 07/31/92	286. TIME O INJURY 5:30 F	Y WORK?	/ORK?							
3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, etc. (Special MA) OR	- At home, farm, stree		281. LOCATION (Street and Num MARYLAND RT	ber or Rural Route Number,						
				us to the cause(s) and menner as a ne time, data and place, and due to	stated. the cause(s) and manner as stated.						
29b. SIGNATURE AND TITLE OF CERTIFIER	is a Che	it mo	29c. LICENSE NO		08/01/92						
30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEA		int)	ORE, MARYLAND 2							

DHMH-16 Rev 1/89

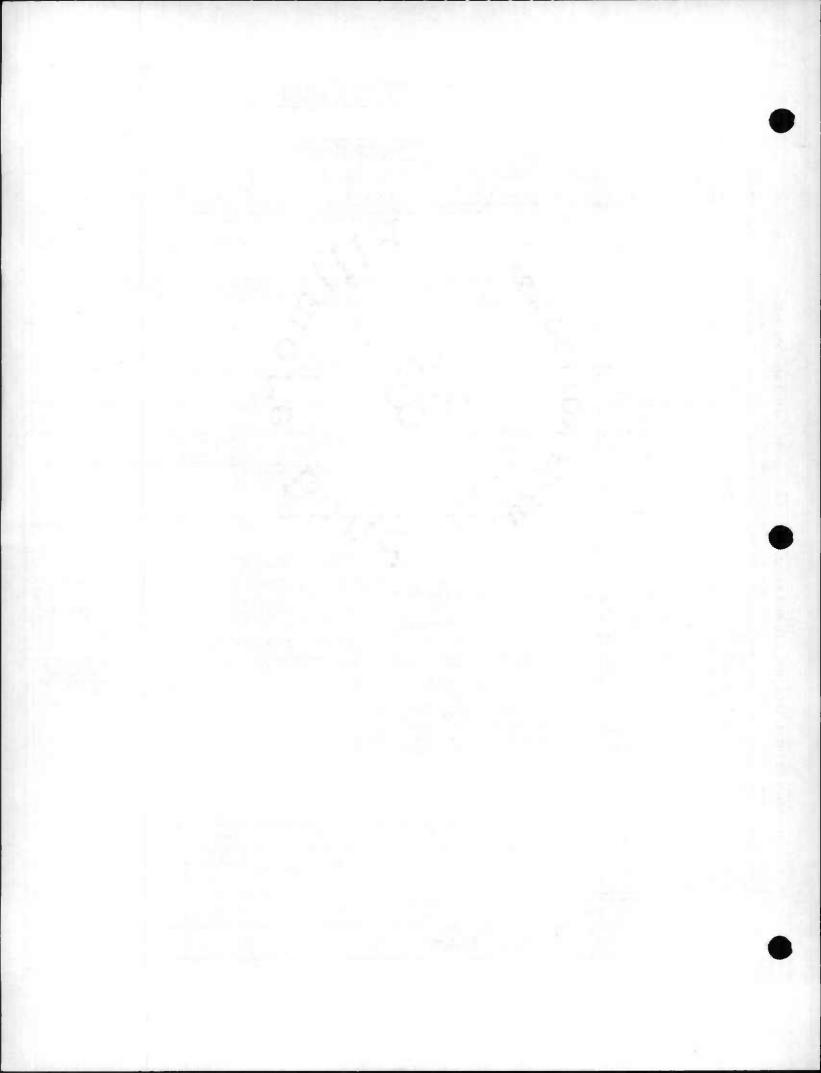


	1. DECEDENT'S NAME (First, Middle, Last) Bedford Clarke Stevens 2. Date of Death MONTH DAY 9 2													TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE ((In yrs. lest birthde		R 1 YEAR	IF UNDER 24		7 DATE OF BIRTH		8. BI	RTHPL	ACE (State or Foreign
	219-07-8	106	1 M 2 🗆 F		72_YRS	MONTHS	DAYS	HOURS	IN.	Mar. 4,	1920	Ma	ary.	Land
_	9a. FACILITY NAME (If not insti	. 1						OR LOCATION			9c. CO	UNTY O	F DEA	гн
DIRECTOR	universa		tosput	w)	Bo	let	inuo	٤,	nuo	Bu	U-f	(ity
EG	RESIDENCE OF DECE	10b. COUNT	Υ		10c. C	ITY, TOWN	OR LOCA	TION					14	Dd. INSIDE CITY
HO	Maryland	Onee	n Anne's			evens		- "						LIMITS?
	10e. STREET AND NUMBER	<u> </u>			150	evella	-	I. ZIP CODE	_		10g. Ci	TIZEN C		AT COUNTRY?
FUNERAL	220 Bay Cit	y Rd.						2166	6					ates
5	11. MARITAL STATUS		12. WAS DECEDE FORCES?	NT EVER II	N U.S. ARMED	13.	WAS DEC	CENDENT OF H	SPANI	C ORIGIN? (Specify		14. R	ACE -	American Indian.
5	1 Never Married 2 N M 3 Widowed 4 Divorce		IF YES, GIVE	WAR OR D				pecify Cuban, R		, Puerto Rican, etc.)			Black, V Specify:	White
2	15. DECES (Specify only i	DENT'S EDU			16a. DECEDENT	'S USUAL O	CCUPATIO	ON ost of working		16b. KIND OF I	BUSINESS/IN	DUSTR	Y	
COMPLE	Elementary/Secondary (0-1	12)	College (1-4 or 5	+)	Contro	use retired.)				Dalla	0	· -	14	
1			2		COLLET	L Tec.	пптс						Tec	ctric Com
	17. FATHER'S NAME (First, Middle) John Stevens									IE (First, Middle, Meid	en Surname)			
1	19a. INFORMANT'S NAME (Typ				404 444	10 400050	e /0 ₄		_	izabeth				
2	Elizabeth W.		vens							oute Number, City or 1 7ensville				21666
18	20a. METHOD OF DISPOSITIO			-	PLACE AND DAT				cev		LOCATION -	-		
	4 Donation 5 Other (S 21. SIGNATURE OF FUNERAL 23. PART I. Enter the dis-	SERVICE LI	complications the	nt ceused	I the daeth. Do	22. K: 42	name al irkl 21 C	ey-Rud rain H	dic Wy.	k Funera , S.E. G	1 Hom 1en B	e		MD 2106
	21. SIGNATURE OF FUNERAL 23. PART I. Enter the dis-	service Li	complications the List only one ca	at coused use on e	d the deeth. Do	not enter	NAME AI 1 rkl 21 C 1 ths mo	ey-Rud rain H	dic wy.	un k Funera , S.E. G	1 Hom 1en B	e		MD 2106 Approximate Interval Betwee Onset and Dec
	23. PART I. Enter the dis- shock, or has iMMEDIATE CAUSE (Final disease or condition	eesea, or art fellure.	a. Due To	et cousecuse on e	d the deeth. Do	22. K. 42. or not enter	NAME AI 1 rkl 21 C r the mo	ey-Rud rain H	dic wy.	un k Funera , S.E. G	l Hom len B	e		MD 2106 Approximate Interval Betwee Onset and Dec
	23. PART I. Enter the disabook, or has immediate CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	eesea, or art fellure.	a. DUE TO b. QUE TO c. DUE TO d. VLV	at cousecuse on e	d the daeth. Do sch lina. CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE	22. K. 42. on not enter	NAME AI I TK1 21 C The mo	ND ADDRESS EY-Rud	e Face dic dic wy.	RATY K Funera , S.E. G as cardiac or rec Part I. 24a, WAS	1 Hom 1en B plratory as	e surn rreat,	ie,	MD 2106 Approximate interval Between Onset and Dea 2—3 how the control of the con
4	23. PART I. Enter the disabook, or has immediate CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	eesea, or art fellure.	a. Due To c. Due To d. Vev	at cousecuse on e	d the daeth. Do sch lina. CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE	22. K. 42. on not enter	NAME AI I TK1 21 C The mo	ND ADDRESS EY-Rud	e Face dic dic wy.	ALITY CK Funera , S.E. G as cardiac or rec Part I. 24a. WAS , PERF	1 Hom 1en B plratory as	e surn rreat,	ie,	MD 2106: Approximate interval Between Onset and Dea 2—3 hore conset and Dea 2—
	23. PART I. Enter the disabook, or has immediate CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	SERVICE LI	a. DUE TO DUE TO DUE TO DUE TO DUE TO HOSPITAL:	at cousecuse on e	d the daeth. Do sech lina. Lead of the daeth. Do sech lina. Lead of the daeth. Do sech lina. Lead of the daeth. Do sech lina.	22. K. 42. In not enter of position of pos	NAME AI I I'K I I I'K I I I I I I I I I I I I	PO ADDRESS EY-RUD PRINT HOME OF DEAT	F FAC DICK	Aut I. 24a. WAS. PERF 1 YES	1 Hom 1en B plratory as	e surn rreat,	ie,	MD 2106 Approximate interval Between Onset and Dea 2—3 how the control of the con
	23. PART I. Enter the disselect, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock or so shock or	SERVICE LI	a. Properties a. Due to b. Que to c. Due to d. Very HOSPITAL: Winpatient 2 28e. DATE Of	at couse on e	d the deeth. Do schillns.	22. K. 42. In not enter of position of pos	NAME AI 1 K 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	PO ADDRESS EY-RUD PRINT HOME OF DEAT	F FAC DIC	Art I. 24a. WAS, PERF	1 Hom len B pliratory a	e durn rest,	ie,	MD 2106 Approximate interval Between Onset and Dea 2—3 how the control of the con
THE STORY WITH THE STORY	23. PART I. Enter the disselect, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock or sh	eesea, or art fellure.	a. DUE TO DUE TO DUE TO DUE TO DUE TO HOSPITAL:	at couse on e	d the daeth. Do schillns.	22. K. 42. Another entered and the control of the c	NAME AI 1 TK1 21 C T the mo S Cu Authority 26. Pt R: 28c. INJ 28c. INJ	ND ADDRESS EY-Rud Prain H Dede of dying Grain H Dede of dying LACE OF DEAT THE STATE OF THE STATE THE STATE THE STATE OF	F FAC DIC NO. Such	ALITY K Funera , S.E. G as cardiac or rec art i. 24a. WAS. PERF 1 YES ck only one)	1 Hom len B pliratory a	e durn rest,	ie,	MD 2106 Approximate interval Between Onset and Dea 2—3 how the control of the con
DI PRISICIAN: MEDICAL	23. PART I. Enter the disabook, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock, or has shock or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Part Accident 3 Suicide 6 Cc	SERVICE LI SERVICE LI Seesea, or art fellure. If t condition MEDICAL	a. DUE TO DUE TO DUE TO C. DUE TO DUE TO	ent coused use on e	d the daeth. Do schillns.	22. K. 42. A. A. A. A. A. A. A. A. A. A. A. A. A.	NAME AI 1 FK 1 21 C r the mo S Cu L L L L L L L L L L L L L L L L L	ND ADDRESS EY-Rud Prain H Dede of dying Grain H Dede of dying Cutton Grain H Cutton Grain H Cutton Grain H Cutton Grain H Cutton Grain H Cutton Grain H Cutton Grain H Cutton Grain H Cutton G	F FAC DIC NO. Such	ALITY K Funera , S.E. G as cardiac or rec art i. 24a. WAS. PERF 1 YES ck only one)	1 Hom 1en B ipiratory au NN AUTOPSY ORMED? 2 NO	CCUREC	ie,	MD 2106 Approximate interval Between Onset and Dea 2—3 how the control of the con
DI PRISICIAN: MEDICAL	23. PART I. Enter the disselect, or has shock or has shocked or has shocked	SERVICE LI SERVICE LI	complications the List only one case. a. DUE TO DU	at cousecuse on e	d the deeth. Do sech line. A CONSEQUENCE A CONSEQ	22. K. 4. 4. onot enter of the ur of the ur of Nur ME of Nur M., street, tact	NAME AIR 1 PART	ND ADDRESS EY—Rud Prain H Dode of dying Grause give LACE OF DEAT The 5 Reside JURY AT OPKES 2 N	FFAC dic	ALITY CK Funera , S.E. G as cardiac or rec at I. 24a. WAS. PERF 1 YES ck only one) Other (Specify) 28d. DESCRIBE HOV 28t. LOCATION (Street, Steen) o the cause(s) and in	1 Hom 1en B piratory as an Autopsy ORMED? 2 NO	rreat,	ie,	MD 2106: Approximate interval Between Onset and Dear 2 - 3 how with the control of the control o
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disselect, or has shock or has shocked or has shocked	eesea, or art fellure. It condition MEDICAL MEDICAL Pring Phys AL EXAMINE	a. PUBLIC B. QUETT B. QUETT C. DUETT C. DUETT DUETT C. DUETT DUETT DUETT C. DUETT DUETT DUETT DUETT C. DUETT DUETT	at cousecuse on e	d the deeth. Do sech line. A CONSEQUENCE A CONSEQ	22. K. 4. 4. onot enter of the ur of the ur of Nur ME of Nur M., street, tact	NAME AIR 1 PART	ND ADDRESS EY—Rud Prain H Dode of dying Grause give LACE OF DEAT The 5 Reside JURY AT OPKES 2 N	FFACTOR Such	ALITY K Funera , S.E. G as cardiac or rec as ca	1 Hom 1en B spiratory at an Autropsy OnMedo 2 No v INJURY oc tenner as ate end due to t	CCUREC	ie,	MD 2106: Approximate interval Between Onset and Dear 2 - 3 how with the control of the control o



31. DATE FILED (Month, Day, Year) AUG 0 3 1992

June Davidson-Randelle



REG. NO.

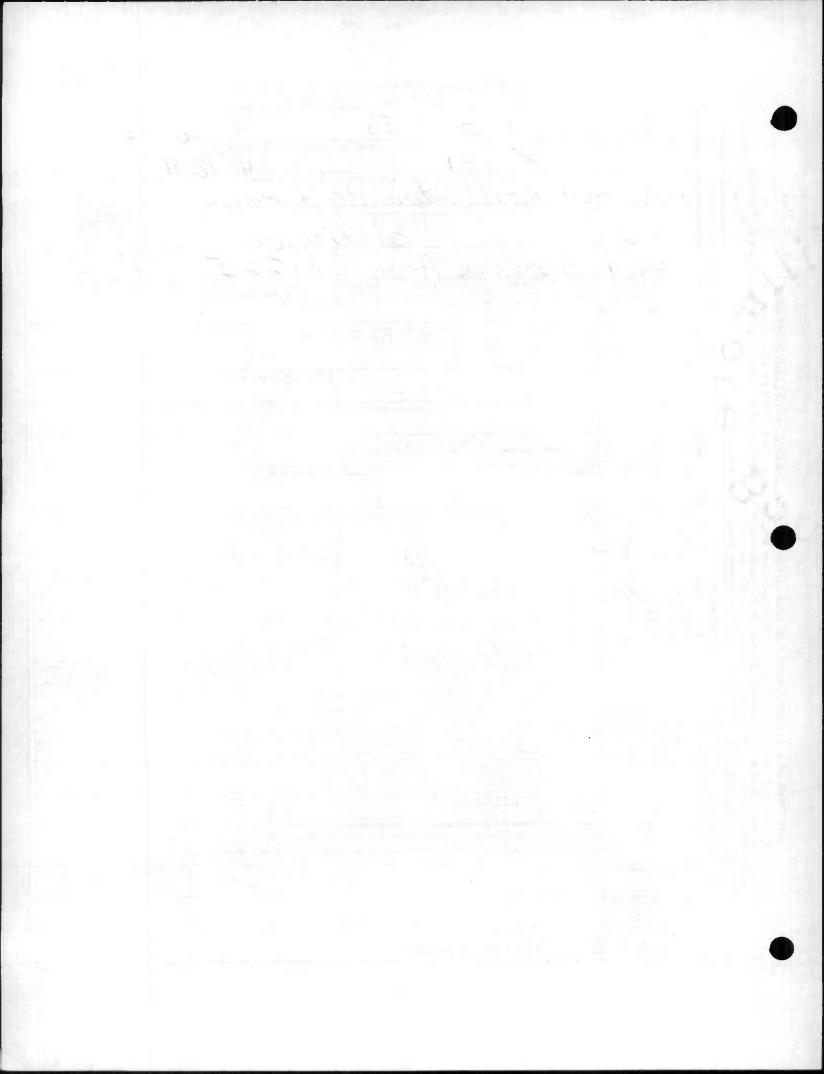
묮

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	207 40 3808 10 20 7	E (In yrs. last birthdey) F UND	ER 1 YEAR F UNDER 24 HRS.	2. DATE OF DEATH DAY TO THE OF SIRTH (Month, Day, Than)	SEAR S. SIME OF DEATH 2. SIME OF DEATH SIME OF DE						
RECTOR	HOLL OF HOPE AND AND THE STATE OF THE STATE	enter	BOLLES		NTY OF DEATH						
FUNERAL DIRECTOR	10s. STREET AND HUMBER 3006 Rambly	Ba	Tion zip cone	2 5 10g. CITI	LIMITO 1 YES 2 NO						
ΒY	1 Never Married 2 Married 1931 - 19	S 2 ND DATES	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexics 1 YES 2 NO Specifi		14. RACE — American Indian, Black, White, etc. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) 12th Grade 17. FATHER'S NAME (First, Milddie, Last)	18a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. Welder	during most of working	Bethlehem							
BE CC	Asher Silf	ies	16. MOTHER'S NA	ne Geary							
10	10a. INFORMANT'S NAME (Type/Print) Wayne Silfies		S (Street and Number or Rural)	Aoute Number, City or Town, State, Zip Linthicum, Ma							
	20a. METHOD OF DISPOSITION 2	0b. PLACE AND DATE OF DISPO emetery, crematory or other place Cedar Hill Ce	SITION (Name of	DATE 20c. LOCATION -	City or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 22	NAME AND ADDRESS OF FA								
CERTIFICATION	23. PART I. Enter the diseases, or complications that caus shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death	A CONSEQUENCE OF:	y fair	lure Emona r Explis	Interval Between Onset and Death						
N: MEDICAL	The state agriculture constitute constituting to death	but not resulting in the u	nderlying cause given in	Part I. 244. WAG AN AUTOPSY PERFORMED?	246. WERE AUTOPSY PRODRIGS MAIL ABLE PRIOR TO COMPLETION OF GAUSE OF GEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VAO HOSPITAL: 1 Propillant 2 PR/ON	duelless 3 7 DOA 4 7 No.	26. PLACE OF DEATH (Ch Fig. 1) Pasidence	- The state of the							
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending /Month. Day, Wast 2 Apoldent Investigation	29b, TIME OF	28C INJURY AT WORKY 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED							
_	2 Section 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Revn. State) 28t. LOCATION (Street and Number or Flural Route Number of Flura										
TO BE COMPLETED	298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knd one) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DE 15	lon and/or investigation, in my	opinion, death occured at the	time, data and place, and due to the							
-	31. DATE PILED (Month, Day, Year)	THE INATURE	90-Crai	intery;	Jan Burnie						
	AUG 3 1992 Julia Davidson	-Adadese			24 00 / DHMH-16 Rev 1/89						



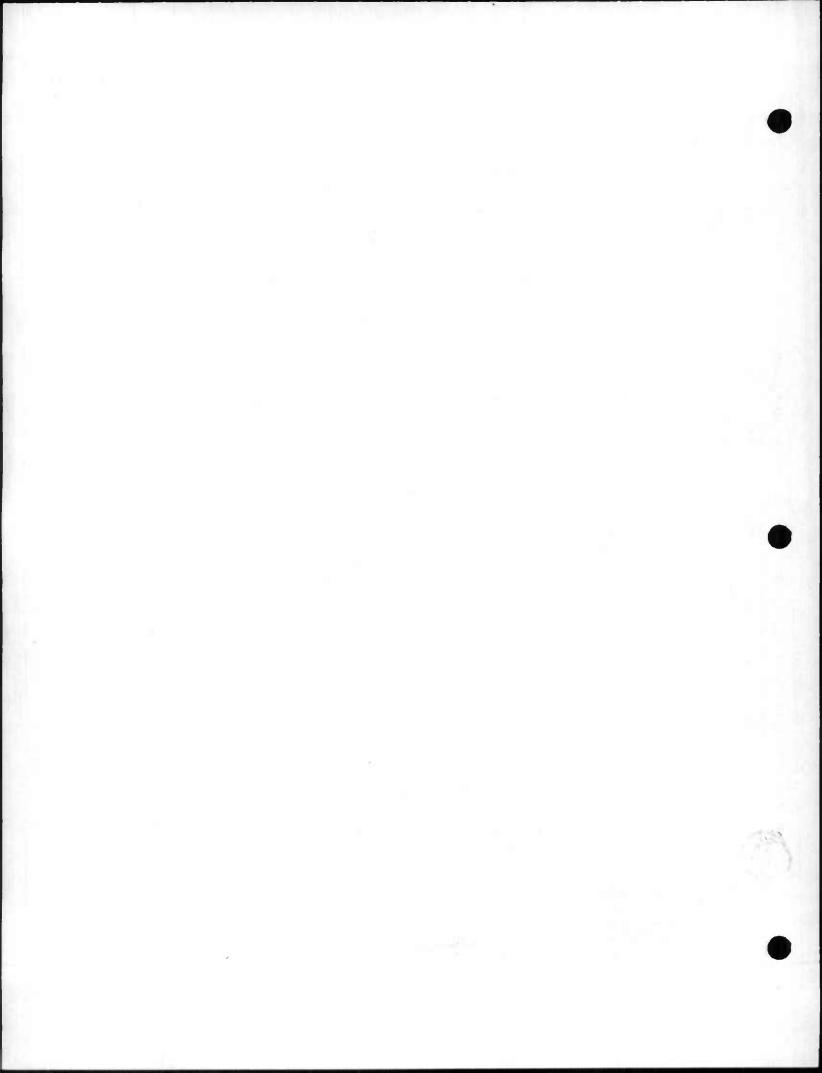
2, 3 should

	-		
	The TRIETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1		
	H. P		
	Dern		
	ansit		
500	lal-tri		
5	P		
2	s the		
aila	Sea		
5	for u		
500	ped		- ed
20	detac		Onc
5	2		76
70110	Poulc		fled
2000	5 8		not
ay to	page		be
	ctor,		nust
200	dire		10
	nera		min
5	he fu		exi
	4	emo	dica
2	1 Pe	70	E
-	y fill	ntion,	the
-	pletel	remo	ent,
201	E03	fal.	Ve 2
-	and	mq o	nati
2	iclan	rior t	Tau
-	phys	ne p	her
3	ding	-ygie	10
-	atten	Tan-	7, 0
3	the	d Me	를
	N D	h an	À
2	signe	lealt	2
,	U99	0	sho
	has b	Dept	23
	ate	tate	tem
	ertific	the S	0
	his co	With the	ked,
	fter t	ath !	mar
	R: A	or de	-
	100	a aft	₩ 28
The state of the s	ě	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) AUG 0 3 1992

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR		STATE OF !	MARYLANI) / DEPAR	RTMEN'	T OF H	IEALTH DEA	AND M	IEN	ITAL HYGIEN REG. NO.	E 9	2	21287
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEA											YEAR	3. TIME OF DEATH	
	Ethe		Suther											1822 P. M
	4. SOCIAL SECURITY NUME		5. SEX		. last birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.		MATE OF BIRTN Month, Day, Year)		8. BIRT Coun	NPLACE (State or Foreign lry)
	365-32-6413		1 □ M 2XXF		38 YRS,						0-23-03		Pennsylvania	
α				D			r, town o		ON OF DEA	ATN			INTY OF I	
5	ST. AGNES H		II C.P.E.	R.		DAL	TIMO	KE		_		BA	LTIM	URE
DIRECTOR	10a. STATE	10b. COUNTY	7		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	MD.	BALT	IMORE CO	•	LA	NS D O	WNE							1 TES 2XXNO
FUNERAL	10e. STREET AND NUMBER						10	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
NE I	326 THIRD	AVE.						2122	7				USA	
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	TEVER IN U.S.	ARMED NO						RIGIN? (Specify Yea erto Rican, etc.)	or No-	14. RAC Blac	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divo	(0.000)	IF YES, GIVE V	MAR OR DATES			1 TYES	2XXNO	Specify:				Spec	"" WHITE
8	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S					Т	16b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of worki	ng					
MP	8th			C	lerk						reta	il		
8	17. FATNER'S NAME (First, M John Leff										irst, Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (1								rah 1					
2	MURIEL S. V										Number, City or Town E, MD. 2			7002
	20a, METHOD OF DISPOSIT	ION		20h Pl A	CEANDDATE				LIIMO	1			_	-/99Z own, State
	1 X Buriel 2 Cremation 4 Donation 5 Other		oval from State	cemetery,	Peter	ther plece)	nete	27	8/	3/	92 Pine		City or II	Do
ĺ	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1000	10	22	NAME AL	ID ADDRE	SE OF FACE	0.075	,			
	4	00	1		0						Home of			
	23. PART C Enter the di	seeses, pr	complications the	t ceused the	death. Do	not enter	the mo	de of dv	ing, such	20	cerdiec or reani	ratory ar	wile,	Md. 21227
	ahock, or he IMMEDIATE CAUSE (Fin	eert tellure.	List only one ceu	se on each l	line.							atory at	1001,	Interval Between Onset and Death
	disease or condition	→	(ana	lia	an	N	2.T	111	u					Oliset and Death
	readiting in death)		DUE TO	(OR AS,A CON	SEQUENCE O	F):	0''	1	7					
N	Sequentially list conditi	lone C	D	estiv		mif	X	rele	eur					
Ĕ	If any, leading to immediate. Enter UNDERLY	diate		OR AS A CON			2-		0					
FIG	CAUSE (Disease or Inju			(OR AS A CON			4							
CERTIFICATION	resulting In death) LAS	т .	/ 3	Uns	Ce. l	OK	2							
- 11	DATE: 015 1 14				- 44									
¥.	PART ii. Other algnifice	nt condition	s contributing to	deeth but no	ot resulting	In the ur	derlying	ceuse	given in P	art	I. 24e. WAS AN PERFORE	AUTOPSY MED?	246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă											1 🗆 YES 2	□ NO		COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICA														1 YES 2 NO
AN	25. WAS CASE REFERRED TO	D MEDICAL					00 81	40F 0F B	E 4711 (O)					
Sici	EXAMINER?		HOSPITAL:	ER/Outcetland	2 🗆 004	OTHER	₹:		EATH (Chec					
H	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URY AT		-	Other (Specify) DESCRIBE NOW IN	JURY OC	CURED	
ВУ Р	1 Netural 5	INJ	URY		RK? 'ES 2 [
	3 Suicide 6	2 Accident 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. PLACE OF INJURY — At home, farm, street, factory, office									Route Number,			
EI.	4 Homicide	determined									City or Town, State)			
P			CIAN: To the beat of											
COMPLETED	one) 2 MEDI	CAL EXAMINE	R; On the basis ot a	xamination and	or investigation	n, in my o	pinion, d	nath occur	red at the ti	me,	date and place, and	dua to th	ne cause(i	and manner as stated,
ш	296. SIGNATURE AND TITLE		/	2				29c. LICI	NSE NUMB	BER		29d. DAT	E SIGNED	(Month, Day, Year)
TO B		raes		an)				D	184	X	4	> 7	713	0192
	30. NAME AND ADDRESS OF								000					
	Hossein Tav	rassol:	1, M.D	- 3455	Wilker	ns Av	re.	Suit	e 309	-E	Baltimore	e, Mo	d. 2	1229



FOR STATE REGISTRAR

YLER

4. SOCIAL SECURITY NUMBER

DECEDENT'S NAME (First, Middle, Last)

1 -

	ı
	1
-	
0	
760	
2	
8	
œ	
9	
×	
0	
0	
BOX 687	
_	١
0	
O	
P.0.	
100	
CO	
-	
CC	
=	
0	
15	
0	
ш	
cc	
Section 1	
- VITAL RECORDS,	
-	
-	
-	
-	
>	
	ì
OF	
0	
0	
-	
~	
0	
\sim	
10	
U)	
=	
-	
DIVISION	

215768436 (Month, Day, Yber) 10-13-57 34 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Good Samaritan Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1510 McCulloh St. use as the burial-transit 21217 24 hours after death. Page 6 may be retained by the hospital or attending physician. If filled in by the funeral director, page 5 should be detached for use as the burial-tran 11, MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Put 1 YES 2 NO Specify: 1 🕅 Never Married 2 🔲 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th AA degree Disabled 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Milton Tyler notified at Marcella Mable BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MiltonTyler E. Biddle St./Baltimore, MD 21213 2 20s. METHOD OF DISPOSITION
1 Disposition 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must Garrison Forest Vet. Cem medical examiner FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): within traumatic event, executed prior to burial, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events attending physician and DUE TO (OR AS A CONSEQUENCE OF): certificate be / the attending physical Mental Hygiene p injury, or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY een signed by the Item 23 shows any 1 YES 2 NO s certificate has been sith the State Dept. of Hi PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 28. PLACE OF OEATH (Check only one, OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED After this co 28 is marked, 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE Kesiden i 0 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Samari Lay Hosp of

32. REGISTRAR'S SIGNATURE

MARLENE

8. AGE (In yrs. lest birthday)

Mariene-

1 M 2 VF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

MIN.

HOURS

7. DATE OF BIRTH

TYLER

8. BIRTHPLACE (State of Foreign

10d. INSIDE CITY

1 YES 2 NO

9c. COUNTY OF DEATH

U.S.A

Owings

10g. CITIZEN OF WHAT COUNTRY?

Black

Mills

MD

Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

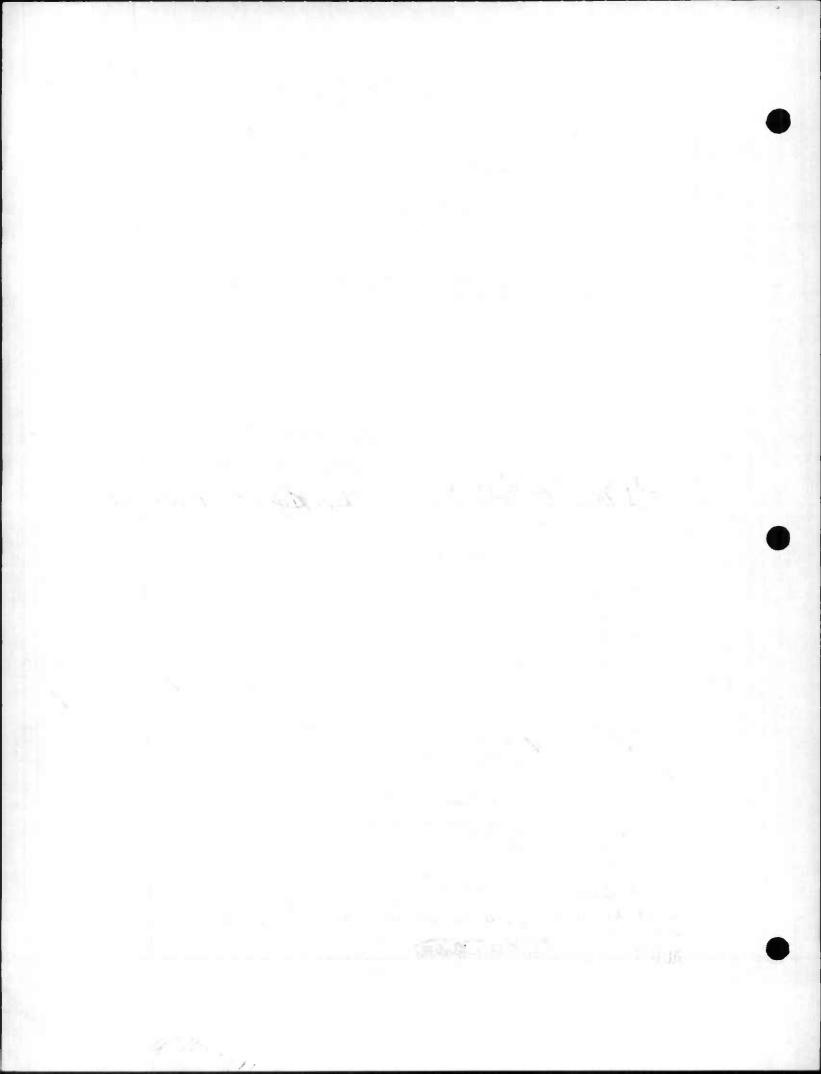
29d. DATE SIGNED (Month, Day, Year)

92

14. RACE — American Indian, Black, White, etc.

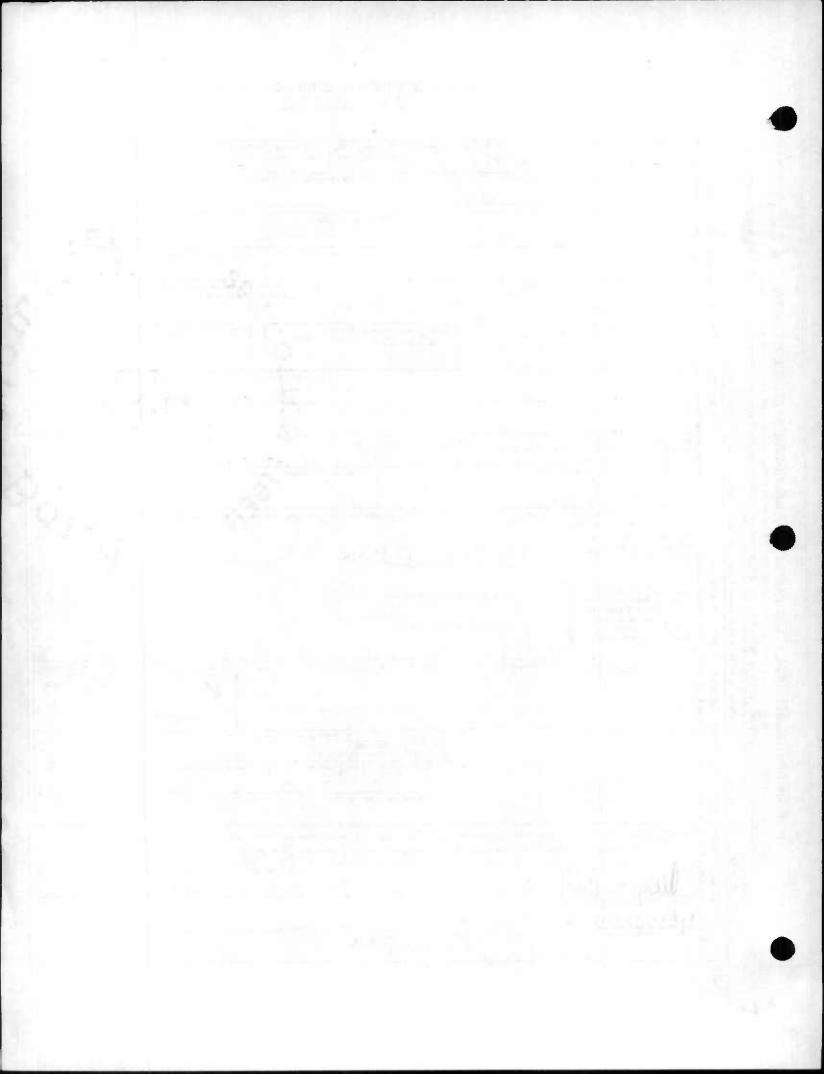
01:45 A

DHMH-16 Rev 1/89



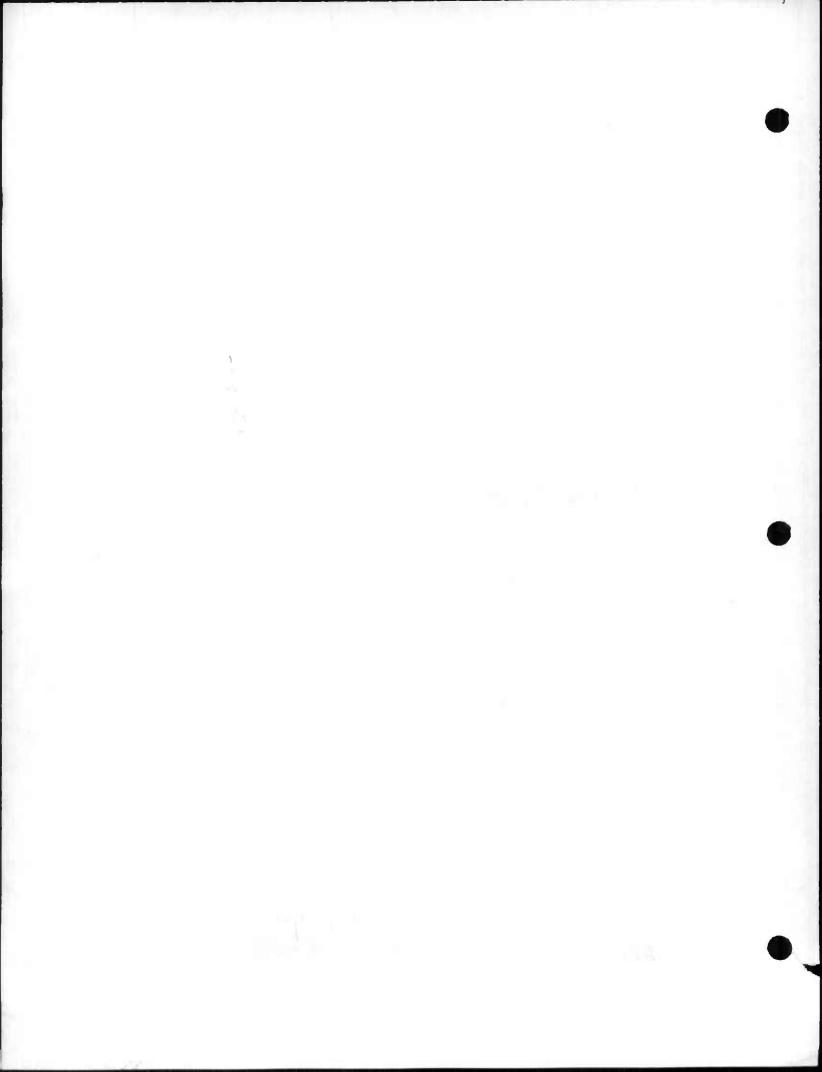
	70	1
	notified	
	2	
	must	
	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	
ith with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal	medicai	
ation,	the th	
Crem	vent,	
to Durial,	matic e	
prior	tra	
1ygiene	r other	
a	0	ı
Ment	injury	l
שש שו	any	I
неап	SME	I
0	She	I
Cept.	23	Į
State	Hem	l
de	0	ĺ
MIGH	rked,	
E	B	

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last,	n	CERTIF	ICATE OF	DEATH	la nier	REG. NO.			
					MONTH	DA		EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	S. SEX 6. AG	E (In yrs. lest birthday)	Trace	IF UNDER 24 HRS.	7. DATE (27 OF BIRTH	199		ACE (State or For
220-72-7286	XX M 2 □ F	29 YRS.	MONTHS DAYS	HOURS MIN.		7-62		Country)	YLAND
9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN O	R LOCATION OF D	DEATH		9c. COUNTY		
Fallston Gene	ral Hospital		FAL	LSTON			Har	ford	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			Y. TOWN OR LOCAT					L	Dd. INSIDE CITY
MARYLAND	HARFORD		.,	ETTSVIL	LE			9	LIMITS?
10e. STREET AND NUMBER			101.	. ZIP CODE			10s, CITIZE		T COUNTRY?
1400 BUCK THORN	E DRIVE			210	84		1000	1.S.	
11. MARITAL STATUS	12 WAS DECEDENT EVER	R IN U.S. ARMED	ta. WAS DEC	ENDENT OF HISPA	NIC ORIGIN			RACE -	- American Indian
1 Never Married 2 Married 3 Widowed 4 XXVivorced	FORCES? 1XXYE	PATES ON ALL	If yes, spe	2 NO Spec	an, Puerto R lly:	ican, etc.)		Specify:	White, etc.
16. DECEDENT'S ED									WHITE
(Specify only highest grad	de completed)	(Give kind of v	USUAL OCCUPATION Work done during most	on st of working	16b.	KIND OF BUS	SINESS/INDUS	TRY	
12TH GRADE	College (1-4 or 5+)		FT OPERA		GR	SMICK	LUMBI	FR V	ARD
17. FATHER'S NAME (First, Middle, Lest)		TORRES		18. MOTHER'S N		_		-10 71	TITO
DENNIS G. TRACE						POWELL			
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street as					ocie)	0.000
DENNIS G. TRACE		1400	BUCK THO	RNE DRI	VE JA	RRETT	SVILLI	E, M	D 2108
20a. METHOD OF DISPOSITION 1 December 1 December 1 December 2 December 2 December 3 December 2 Dece	movel from State	10b. PLACEAND DATEC	OF DISPOSITION (Nat	me of	DATE	20c. LO	CATION — CIT	y or Town	, State
4 Donation 5 Other (Specify)		TARRETTSV	TILE CEM	ETERY 7	-31-9	2 JAR	RETTS	ILL	E, MD
21. SIGNATURE OF FRINERAL SERVICE L	JCEMBEE /	//	DUDA	-RUCK F	UNERA	L HOME	OF DE	INDA	LK TNC.
· (non "	V-TID	1							
23. PART I. Entar tha diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on	each lina.	7922 not antar tha mod	WISE A	VENUE	DUNT	ALK MI		21222 Approximatinterval Bet Onset and
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. NULT & DUE TO (OR AS	each lina.	7922 not antar tha mod	WISE A	VENUE	DUNT	ALK MI		Approximat
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE OF	7922 not antar tha mod	WISE A	VENUE	DUNT	ALK MI		Approximat
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR AS	S A CONSEQUENCE OF	7922 not antar tha mod	WISE A	VENUE ch as card	DUNT	AUTOPSY MED?	24b, W	Approximatinterval Bet Onset and Onset and ERE AUTOPSY FIN AILABLE PRIOR TO MOPLETION OF CA F DEATH?
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS	S A CONSEQUENCE OF	7922 not antar tha mod	WISE A	VENUE ch as card	DUNT ac or respi	AUTOPSY MED?	24b, W	Approximatinterval Bet Onset and Onset and ERE AUTOPSY FINALABLE PRIOR TO MOPLETION OF CA.
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE OF	7922 not antar tha mod JUTUS F): F): In the undarlying	WISE A	VENUE oh as card	DUNT ac or respi	AUTOPSY MED?	24b, W	Approximatinterval Bet Onset and Onset and ERE AUTOPSY FIN AILABLE PRIOR TO MOPLETION OF CA F DEATH?
SHOCK, or neer failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	B. DUE TO (OR AS	S A CONSEQUENCE OF	7922 not antar tha mod	WISE A	Part I.	DUNC ac or respi	AUTOPSY MED?	24b, W	Approximatinterval Bet Onset and Onset and ERE AUTOPSY FIN AILABLE PRIOR TO MOPLETION OF CA F DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS) DUE TO (OR AS) DUE TO (OR AS)	S A CONSEQUENCE OF S A CONSEQUENCE OF B but not resulting i	7922 not antar tha mod JULUS F): F): The undarlying 26. PL OTHER: 4 □ Nursing Homs UNY WOI WOI WOI WOI WOI WOI WOI WO	WISE Alda of dying, such according to the control of the control o	Part i.	DUNC ac or respi	AUTOPSY MED?	24b. WAACCCOOL	Approximatinterval Bet Onset and Onset and ERE AUTOPSY FIN AILABLE PRIOR TO MOPLETION OF CA F DEATH?
SHOCK, or neer failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Intural 5 Pending Investigation	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE OF B A CONSEQUENCE OF B Dut not resulting I	7922 not antar tha mod JULUS F): F): 28. PL OTHER: 4 Nursing Homs UNY OP M 1 Y	WISE A	Part I. Beck only one College Driv	DUNC ac or respi 24e. WAS AN PERFOR 1 [] YES 2 (Specify) CRIPE HOW IT	AUTOPSY MED? NO NURY OCCUP	24b, W M M CO CO 1	Approximatinterval Bet Onset and Onset and ERE AUTOPSY FIN AILABLE PRIOR TO MAPLETION OF CA F DEATH?
SHOCK, or neer failure immediate cause condition in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death in the significant conditions in death in the significant conditions in t	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF B but not resulting in surpetient 3 DOA y 26b. Tim in in in in in in in in in in in in in	7922 not antar tha mod JULGS F): 28. PL OTHER: 4 Nursing Home E OF URY WOI DP M 1 V Recent, factory, office	WISE A	DEILOCA	DUNC ac or respi 24e. WAS AN PERFOR 1 [1/ES 2 (Specify) CRIBE HOW II	AUTOPSY MED? NO NJURY OCCUP AUTO/	24b, WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximatinterval Bet Onset and Onset and Onset and English Prior To Manuals Prior To Maple Tion of Ca F Death?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are successful to the conditions of the c	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF Duty not resulting in the second of the second o	7922 not antar tha mod JULUS F): F): The undarlying OTHER: 4 Nursing Home E OF 28c. INJ. UURY WO VIEW VIEW VIEW Street, factory, office dside	WISE Alda of dying, such a course given in ACE OF DEATH (C)	n Part i. heck only one be Other 28d. DESt Driv 29f. Loca City of Be 1	DUNC ac or respi 24e. WAS AN PERFOR 1 (I) YES 2 (Specify) PRIBE HOW IT TION (Street a r Town, State) Air Re	AUTOPSY MED? NO NUMBER OF OR OTHER MEDICAL MATTER OF OTHER MEDICAL M	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximatinterval Bet Onset and Onset and ERE AUTOPSY FIN AILABLE PRIOR TO MAPLETION OF CA F DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO	S A CONSEQUENCE OF S A CONSEQUEN	7922 not antar tha mod JULUS F): F): The undarlying OTHER: 4 \(\text{Numaring Home} \) E OF 26. PL OTHER: 4 \(\text{Numaring Home} \) UNY OTHER: 4 \(\text{Numaring Home} \) E OF 28c. INUI UNY Street, factory, office diside	WISE Alda of dying, such date of dying, such date of dying, such date of dying, such date of dying and place, and dual districtions of dying and place, and dual districtions of dying and place, and dual districtions of dying and place, and dual districtions of dying and place, and dual districtions of dying and place, and dual districtions of dying and place, and dual districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, such districtions of dying, dying, districtions of dying, districtions of dying, dying, dying,	Part i. 1 Part i. 2 Bd. DESt Driv 2 et. Loca City or Bel	DUNT ac or respi 24e. WAS AN PERFOR 1 [1] YES 2 (Specify) PRIBE HOW IT TION (Street a 7 Town, State) air Re re(a) and man	AUTOPSY MED? NO NUMBER OF COMPANY MED? NO NUMBER OF COMPANY MED? NO NUMBER OF COMPANY MED?	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximatinterval Bet Onset and Ons
SHOCK, or neer trailure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Istural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS DUE TO	S A CONSEQUENCE OF S A CONSEQUEN	7922 not antar tha mod JULUS F): F): The undarlying OTHER: 4 \(\text{Numaring Home} \) E OF 26. PL OTHER: 4 \(\text{Numaring Home} \) UNY OTHER: 4 \(\text{Numaring Home} \) E OF 28c. INUI UNY Street, factory, office diside	WISE Alda of dying, such date of dying, such date of dying, such date of dying, such date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and dying and discounted at the date of dying and	Delivo	DUNC ac or respi 24e. WAS AN PERFOR 1 [1] YES 2 (Specify) PRIBE HOW IT TION (Street a 7 Town, State) air Re re(a) and man	AUTOPSY MED? NO NJURY OCCUP AUTO/ AUTO/ AUTO/ AUTO/ AUTO/ Auto/ Auto/ Auto/ Auto/ Auto/ Auto/ Auto/ Auto/ Auto/	24b, WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximatinterval Bet Onset and Ons
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO	S A CONSEQUENCE OF S A CONSEQUEN	7922 not antar tha mod JULUS F): F): The undarlying OTHER: 4 \(\text{Numaring Home} \) E OF 26. PL OTHER: 4 \(\text{Numaring Home} \) UNY OTHER: 4 \(\text{Numaring Home} \) E OF 28c. INUI UNY Street, factory, office diside	MISE Alda of dying, such date of dying, such depth of dying, such depth of dying, such depth of dying and place, and due the occurred at the 29c. LICENSE NU	Description of the course time, data	DUNC ac or respi 24e. WAS AN PERFOR 1 [1] YES 2 (Specify) PRIBE HOW IT TION (Street a 7 Town, State) air Re re(a) and man	AUTOPSY MED? I NO NJURY OCCUP AUTO/ nd Number or Oad ne ner as stated. d due to the c	24b. WMAN AND CCI ON 1 NED POLE Rural Roundear Newson aussele) as signed (M	Approximation interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Interv
SHOCK, or neer trailure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Istural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS DUE TO	S A CONSEQUENCE OF S A CONSEQUEN	7922 not antar tha mod JULGS F): 28. PL OTHER: 4 Nursing Home E OF URV URV OP 28c. INJ URV WOI OP 1 V street, factory, office diside and at the time, data on, in my opinion, data	WISE Alda of dying, such date of dying, such date of dying, such date of dying, such date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and place, and due to occured at the date of dying and dying and discounted at the date of dying and	Description of the course time, data	DUNC ac or respi 24e. WAS AN PERFOR 1 [1] YES 2 (Specify) PRIBE HOW IT TION (Street a 7 Town, State) air Re re(a) and man	AUTOPSY MED? I NO NJURY OCCUP AUTO/ nd Number or Oad ne ner as stated. d due to the c	24b, WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximation interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Interv



BALTIMORE, MARYLAND 21215-0020	3 PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. If this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shr the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	le medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI	RTMENT OF I	REALTH AND		IE .	21290
	1. DECEDENT'S NAME (First, Middle, Last)		Whi	1 - 1	IIST	REG. NO 2. DATE OF DEATH MONTH		3. TIME OF DEATH
JR.	4. SOCIAL SECURITY NUMBER 237-30-0253 90. FACILITY NAME (If not institution, give st Liberty Medica	1 ☐ M 2 🂢 F 9	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN 6	F UNDER 24 HRS. HOURS MIN. DR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Mart) 10-3-19(00	L BIRTHPLACE (State or Foreign Country) V OF DEATH
AL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY M D 10c. STREET AND NUMBER			v. TOWN OR LOCAL	TION		10g. CITIZE	10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗆 NO N OF WHAT COUNTRY?
D BY FUNERAL	4804 Park Mt. 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DEC	2 NO Speci	NIC ORIGIN? (Specify Ya an, Puarto Rican, etc.) iiy:		S. A. B. RACE — American Indian, Black, White, alc. Specify: B T a C K
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		18a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	st of working	16b. KIND OF BU		STRY
TO BE CO	Julius Foxwor 100. INFORMANT'S NAME (Type/Print) Ella Louise Mc				Lizzie	AME (First, Middle, Meiden Davis Route Number, City or Tow	n, State, Zip Co	
	29s. METHOD OF DISPOSITION 1X) Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State 20b.	PLACE AND DATE	of disposition (Nether place) Onal P 22. NAME AN	me of ark Cen ID ADDRESS OF FA	DATE 20c. LO I . Lau ACILITY	rel,	Oro, MD 2077; y or Town, State MD NORTH AVE.
	23. PART I. Enter the diseases, or conshock, or heart feliure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Due to One of the course on each of the course on each of the course on each of the course on each of the course o	stive	not entar the mo	da of dying, suc	has cerdlec or respi	ratory arres	Approximate Intervel Between Onset and Death
ENITICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		consequence of	sion				Yrs
W. MEDICAL	PART II. Other significant conditions Rend	contributing to death bu	the not resulting	the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAIV.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	ACE OF DEATH (Ch	neck only one)		
	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	4 Nursing Home	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	REO
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)			ES 2 NO			
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY - building, atc. (Specif	— At home, farm, s	streel, factory, office		281. LOCATION (Street a City or Town, State)	ind Number or i	Rural Route Number,
	2 MEDICAL EXAMINER	SIAN: To the beat of my knowle t: On the basie of axaminstion	dge, death occurre and/or investigatio	ed at the time, date	and place, and due	to the cause(a) and man	ner as stated,	ause(e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER TO NAME AND ADDRESS OF PERSON WHO	M q cem	M	· D	DIS	503	29d. DATE SI	GNED (Morith, Day, Year) 7 30/97
	AMATUKI 1 31. DATE FILED (Month, Day, Year)	NA E	TURE -	5017	Dolphi	nstz	pito	MD 2124
	AUG 0 3 1992	Julia Davidson	~ Mandall	-	3			



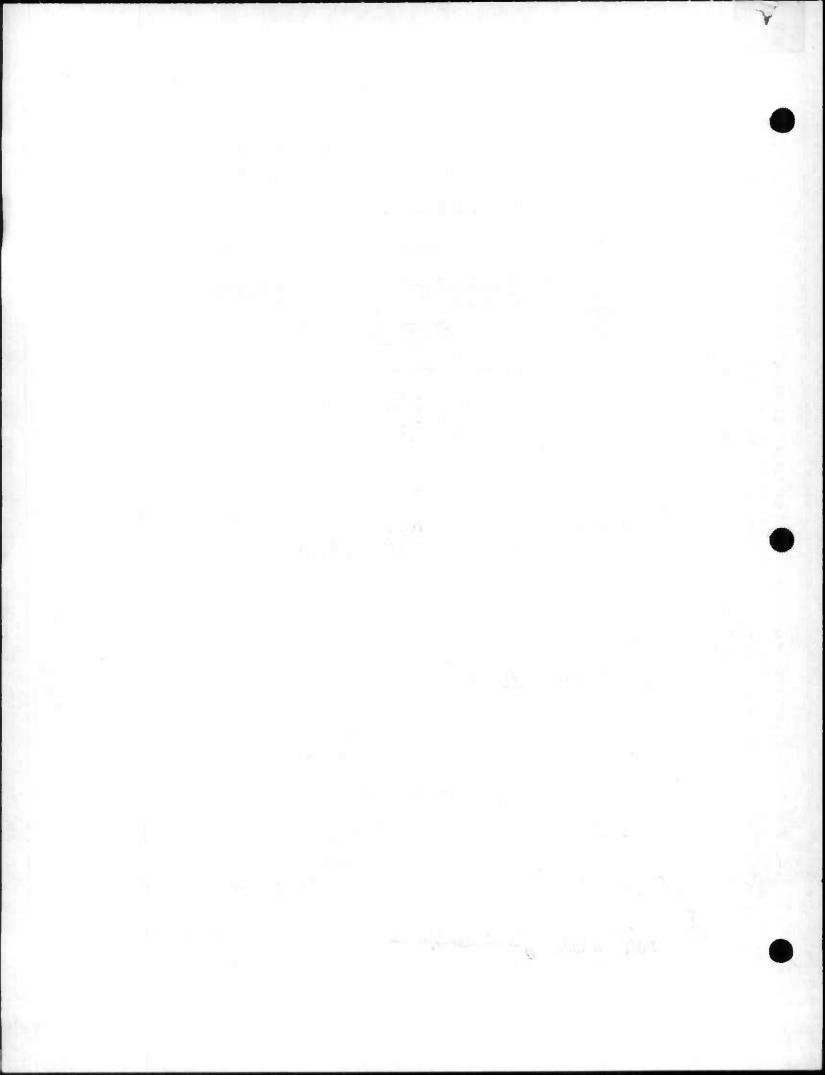
RUNERAL DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after the cours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

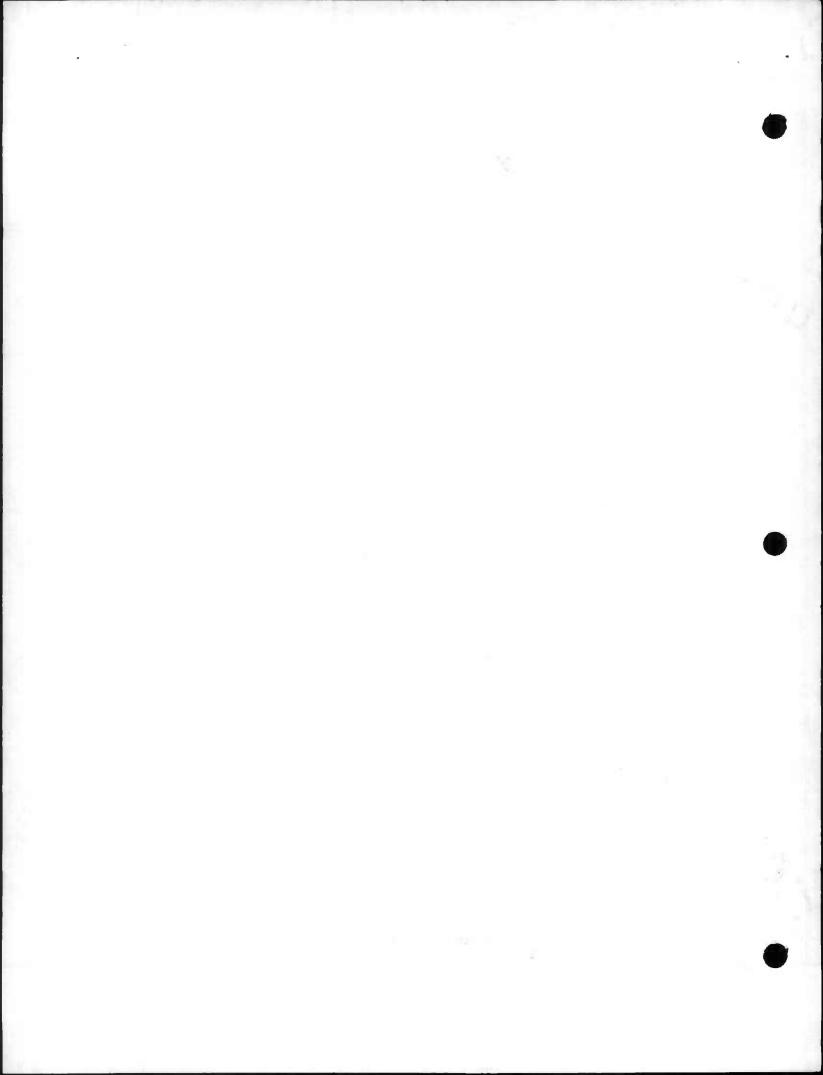
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN		lon 1 box w
	DECEDENT'S NAME (First, Middle, Last) DOT	BERT SPENCER				2. DATE OF DEATH	AY YEA	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	IF UNDER 1 YEAR	IF UNDER 24 HRS.	AUGUST 2,	1992	1:30 A. M	
	579-07-5763 1 № 2 □ F 85 YRS. MONTHS DAYS HOURS MIN. (Month, Day; Year) AUGUST 28,						,1900	MARYLAND
œ	••. FACILITY NAME (If not institution, give 10579 FAULKNER R			200	R LOCATION OF D	EATH	9c. COUNTY C	
5	RESIDENCE OF DECEDENT	IDGE CIRCLE		COL	UMBIA		HOWA	ARD
DIRECTOR	10a. STATE 10b. COUNT MARYLAND			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	HOWARD		COLUMBI	. ZIP CODE		100 CITIZEN	1 ☐ YES ZYX NO
FUNERAL	10579 FAULKNER R	IDGE CIRCLE			21044		20	S.A.
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14. F	ACE - American Indian.
ВУ Б	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YE	DATES		2 VNO Speci	an, Puerto Rican, etc.) ly:		Black, White, etc. Specify:
	15. DECEDENT'S EDL	ICATION	16a. DECEDENT'S U	PUAL OCCUPATIO	M4	16b. KIND OF BUS		WHITE
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done durina mo	st of working	166. KIND OF BUS	SINESS/INDUSTR	N
AP.	12		STEAM EN	GINEER		RETAI	L	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	EUGENE WATTS					INNIE WAL		
2	19a. INFORMANT'S NAME (Type/Print) FRANCES T. WATTS	(MIEE)				Route Number, City or Town		
	20e. METHOD OF DISPOSITION		0b. PLACE AND DATE OF			CIRCLE, CO	CATION - City of	
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ETRO CREM					E, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/		D ADDRESS OF FA			
	M. Ciai	Wike	1	5555 '	TWIN KNO	LLS ROAD, CO	OLUMBIA	UNERAL HOMES
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that caus	ed the deeth. Do no	t enter the mo	da of dying, aud	th as cerdiec or reepl	ratory arrest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition			1.1	11000			Onset and Death
	resulting in death)	a. CHILDRA	C VENAL BA CONSEQUENCE OF	Juni	wre			mos
_	10 FEB. 25 - 27 - 17 - 17		A CONSCOURNCE OF	. •				
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C						
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OH AS	A CONSEQUENCE OF)					
		ď						
Ä	PART II. Other algnificant condition	a contributing to death	but not resulting in	the underlying	cause given in	Part I. 24s. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PHYSICIAN: MEDIC	with the scale	1 castell	L			1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
Σ						_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 Pi	ACE OF DEATH (Ch	ack ask asal		
Sic	EXAMINER?	HOSPITAL:	stpatient 3 DOA	OTHER:		8 Other (Specify)		
Ě	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED)
BY	Natural 5 Pending 2 Accident Investigation	(Intoliti, Dely, rael)	, INJU	M 1 V				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, str oscify)	eet, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
	29a. CERTIFIER	CIAN To the house of						
COMPLETED		ICIAN: To the best of my kno ER: On the bests of examinat						se(s) and manner as stated.
	296 THE OF CENTIFIE				29c. LICENSE MUI			NED (Month, Day, Year)
BE C	Cullinan	war)	1		DO93	32	> P	3.97.
٩	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, F	me .				- 10
	1. A. IAdiSMAN	2 KNILL	MORTH U	RIVE	COLUM	biA MJ). 210	45
	31. DATE FILED (Month, Day, Year) 1992	give sand	on-Mandage					



99	-
×	9
BC	4 446
o.	namilian
т, С	danth
Ö	tho
S.	1644
RECO	Paculicas
AL	he faw
<u> </u>	CIAN. T
Ö	DHAN
PIVISION OF VITAL RECORDS, P.O. BOX 68	O ATTENDIAL DUVEINIAN. The law consider that the death cardifocuts he assess
≥ @@	N OW
Ž	á

	1 - STATE REGISTRAR) / DEPARTMENT OF H CERTIFICATE OF		NTAL HYGIENE REG. NO.	
	1. OECEDENT'S NAME (First, Middle, Last)	HELEN M.	WEILER	2.	DATE OF DEATH DAY JULy 30, 19	3. TIME OF DEATH 2:45 P.M.M
	4. SOCIAL SECURITY NUMBER 529-22-7781	5. SEX 6. AGE (in yrs. 1	YRS. MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) June 20,190	a. BIRTHPLACE (State or Foreign Country) Utah
TOR	9a. FACILITY NAME (If not institution, give at 610 S. Shamrock R RESIDENCE OF DECEDENT		96. CITY, TOWN O	OR LOCATION OF DEATH		ounty of Death
DIRECTOR	10e. STATE 10b. COUNTY	Harford	10c. CITY, TOWN OR LOCAT	Bel Ai:	r	10d. INSIDE CITY LUMITS? 1 YES 2 X NO
FUNERAL		Shamrock	101	2101		S. A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, sp	ENDENT OF HISPANIC (ecity Cuban, Mexican, P 2 NO Specify:	ORIGIN? (Specify Yes or No— tuerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 YTS	Completed) College (1-4 or 5+)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during mo life. Do NOT use retired.) Cashier	ON ist of working	Universit	INDUSTRY
COMPL	17. FATHER'S NAME (First, Middle, Last)			NOT A PROPERTY OF A CO.	(First, Middle, Melden Surname	
BE	19a. INFORMANT'S NAME (Type/Print)	William Oswa. I	19b. MAILING ADDRESS (Street a	Ellen	Newton	Zio Codel
10	Mrs. Mary Lou Gi		610 S. Sham			
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 △ Cremation 3 □ Remo	20b. PLAI	CEAND DATE OF DISPOSITION (Ne.	ame of		- City or Town, State Ore, Md. 21229
	21. SIGNATURE OF FUNERAL SERVICE LICE & G. J., Jan.	ENSEE	22. NAME AI	Belair Ro	TY	n Funeral Home
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on each i	death. Do not enter the mo	de of dying, such as	s cardiac or respiratory	Approximate interval Between Onset and Death
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DOE 10 (011 AS A 0014	l wither	eve		years
EDICAL	PART II. Other eignificent conditions	contributing to death but no	ot resulting in the underlying	g ceuse given in Par	t i. 24a. WAS AN AUTOPS PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PI	ACE OF DEATH (Check of	only one)	1 YES 2 NO
PHYSICI	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY (Month, Day, Year)	3 DOA 4 Nursing Hom 28b. TIME OF 28c. INJ	-	Other (Specify) d. DESCRIBE HOW INJURY C	OCCURED
ВУ	1 Nstural 5 Pending S Accident Investigation			rES 2 NO		
ETED	3 Suicide 6 Could not be determined	building, etc. (Specify)	. Troine, teatin, screet, tectory, orno		 LOCATION (Street and Number City or Town, State) 	ser or Hural Houte Number,
COMPLE		CIAN: To the best of my knowledge, t: On the besis of examination and/				stated. the cause(s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M		DA79	25 >	ATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	20 1/31 B	el Arr/	nal sel A	her prod 21014
	MIC 3 1447	James man 1 days - 1	Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Sa			



99
×
BOX
0
0
Ś
0
RECORDS
ŏ
Ш
E
ITAL
E
>
4
9
ž
×
=
_

둡	3	
Du	the	
end	35	
att	Se	
8	00	
Pita	P	
Pos	che	
le le	deta	
y ti	90	
P	P	
aine	thou	
ē	5	
å	906	
nay	ď	
9	Cto	
30e	dire	
9	7	
ath	J.	
9	ie fi	70
afte	y th	SOF
55	90	CBC
700	9	0
24	ŧ	5
E	tely	mat
Will	pple	653
ted	00	ial
noa	B	ă
8	in a	2
9	Sicie	000
cal	Phy	9
ertil	9	Die
h c	andi	ì
eat	atte	ntal
90	the	M
t t	à	pu
ŧ	8	£
res	sign	169
nba	en.	of t
*	å	10
9	has	å
E	ate	late
AN.	tific	C)
SC	Cer	Ē
F	量	٩
(1)	10	#
器	¥	ş
65	B	à
包	5	P
8	器	ž
PITE AND MATERIAL PRINCIPAL. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	-	ŝ
Œ.		Ē

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL HYGII		
	1. DECEDENT'S NAME (First, Middle, Last) HOWARD ELL	SWORTH WIND	NEBERGI	ER, JR		2. DATE OF DEATH MONTH		YEAR 3. TIME OF DEATH
		5. SEX 8. AGE (In y) 1 ☑ M 2 ☐ F 7 4		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar, March 11		BIRTHPLACE (State or Foreign Country) Maryland
OR		SELAL HOS			STOR			LFORD
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Harf	ord		TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 2309 Conowingo				21014			EN OF WHAT COUNTRY?
B√	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₽ Ø NO	If yes, ap		NIC ORIOIN? (Specify an, Puerto Rican, etc.) fly:		4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) Unknown		life. Do NOT use	rk done during mo retired.)			BUSINESS/INDU	
COMF	17. FATHER'S NAME (First, Middle, Lest)		Mechar	110	18. MOTHER'S N	AUCO AME (First, Middle, Maid	motive	2
, III	Howard Ellswort	h Winneberg	ger, Si	· .		ah Merry	,	
2	19e. INFORMANT'S NAME (Type/Print) Donald W. Winne:	berger	196. MAILING A	Sunny	orook Ro	Route Number, City or l., Phoer	Town, State, Zip C	D 21131
examiner must be	20e. METHOD OF DISPOSITION 1 Burisi 2 (1) Cremetton 3 Remove 4 Donetton 5 Other (1)	20b. PLI cemeter Cas	ACE AND DATE OF y, crematory or othe kets In	disposition (Na er place) Yor C. Cremi	ktowne ation Se	July 29 erv 1992	LOCATION — CI YOU	ty or Town, State Ck, PA 17405
E CX SHI	21. BIGHATURE OF FUHERAL BERNICE LICES	rtenstori		22. NAME A	ID ADDRESS OF F	ACILITY	ortuar ceedom,	y, Inc. PA 17349
event, and medical	23. PART I. Enter the discesses, or construct, or heart failure. Lie IMMEDIATE CAUSE (Minai discesse or condition resulting in death)	mplicetions that ceused that only one cause on each	line.	0 1		ch sa cardiec or re		st, Approximeta Interval Batwean Onset and Death
CATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):				U	
ERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):					
MEDICAL CI	PART II. Other significant conditions	contributing to death but r	not resulting in	the underlying	g ceuse given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN S	AT MAN CARE DESCRIPTION TO MEDICAL							
SICIAN		IOSPITAL:		OTHER:	ACE OF DEATH (CI		_	
ا ≤ ا د	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
BY PF	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	rES 2 NO			
ED	3 Suicida 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — j building, atc. (Specify)	At home, farm, atr	eet, factory, offic		281. LOCATION (Stre City or Town, Str		r Rural Route Number,
COMPLE		N: To the best of my knowledge. On the besis of examination en						i. ceuse(s) and manner es stated.
B	29b. SIGNATURE AND WILE OF CERTIFIER	2 m	0		29c. LICENSE NU	MBER 57 15	29d. DATE 5	SIGNED (Month, Day, Year) - 26-92-
10	30. NAME AND ADDRESS OF PERSON WHO (POMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	rint)				
	31. DATE FILED MORITH, Day, 3º11992	32 MEGISTRAD'S SIGNATUR	Almahall.	-				

the state of the s

WILC

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JOSEPH

31. DATE FILED (Morth, Day Year)
AUG 3 1992 AUG

1 -

27 24

NYS

SZY

CERTIFICATE OF DEATH

YNSKI

CR 3/1 4.18849

WALCE ROOM JUSEPH J.

COLUMN
NO PRINCIPAL
CLA
Course
TO OF

15-0020

BALTIMORE, MARYLAND certificate be executed within BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death DIVISION OF VITAL RECORDS,

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 2 - 3 - 03 89 YRS. MONTHS DAYS HOURS 1 X M 2 | F 216-09-0252 detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND 10e. STREET AND NUMBER 101. ZIP CODE 7040 EASTBROOK AVENUE 21224 hours after death. Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XIVO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 🕅 Widowed 4 🗌 Divorced ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) CUSTODIAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)
MICHALENA WOJTYSIAK WILLIAM ROMANOWSKI WILCZYNSKI 2 70 funeral director, page 5 should notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7040 EASTBROOK AVE. BALTO. MD. 19a. INFORMANT'S NAME (Type/Print) MRS. THERESA ROMANOWSKI 9 20e. METHOD OF DISPOSITION
1 🔀 Burial 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must ST. STANISLAUS CEM. 7-29 20 SQNATURE OF FUNERAL SERVICE LICENSEE 4 Donation 5 Other (Specify) medical examiner 22. NAME AND ADDRESS OF FACILITY
KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD. completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the state OPD disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) burial, or other traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or Injury Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY signed by the shows any 1 YES 2 NO nun has been s Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem 28. PLACE OF DEATH (Check only one) this certificate h with the State E irked, or Item HOSPITAL . OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Platural Accident 5 Pending L DIRECTOR: After the bours after death v 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

92 21294 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH 92 1830 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY BOARD OF EDUCATION 21224 20c. LOCATION - City or Town, State BALTO. CITY MD. Approximata Interval Between Onaet and Death

DHMH-16 Rev 1/89

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

15.7

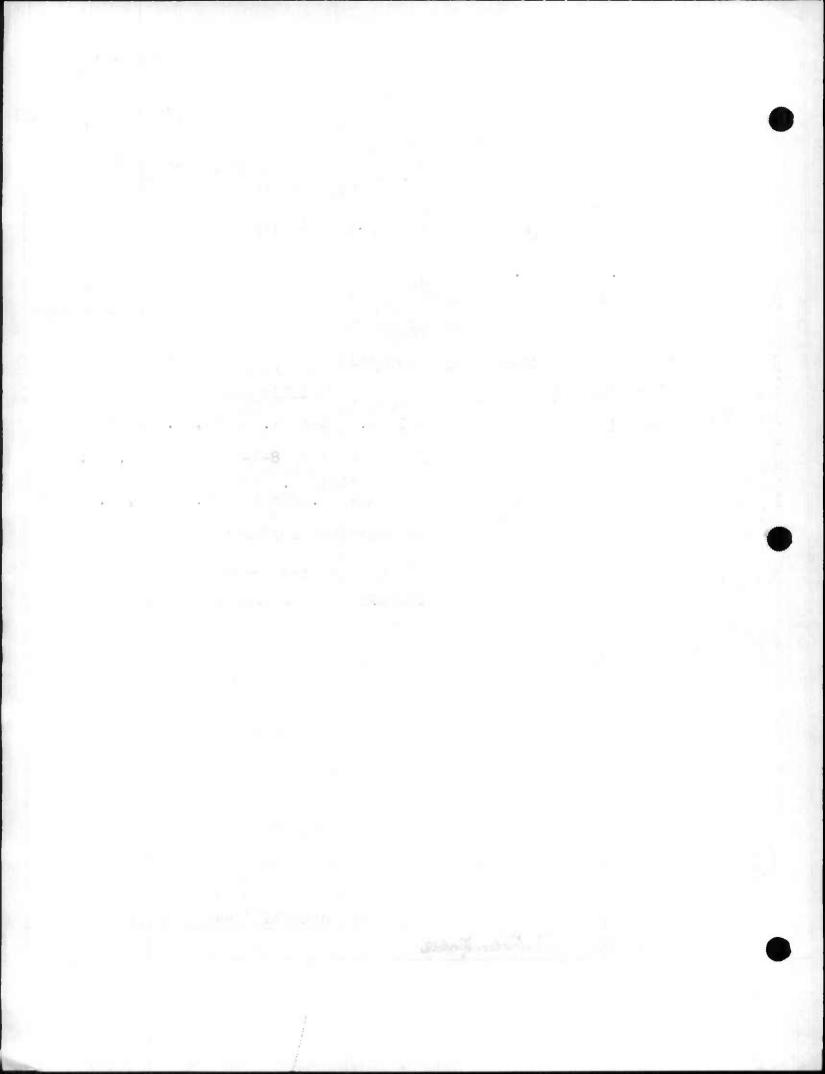
OHMH-16 Rev 1/89

m	
0	
OX 68760,	
P.O. B(
RECORDS, P.O. BOX 68760	
I OF VITAL	
DIVISION	

RECTOR	1. DECEDENT'S NAME (First, MICHAELES W) 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SECURITY NUMBER 6. SOCIAL SECURITY NUMBER 7. SOCIAL SECURITY NUMBER 8. SOCIA			OATE OF	DEATH	REG. NO.	_	_
RECTOR	4. SOCIAL SECURITY NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					DATE OF DEATH	YEA	
RECTOR	KX*XKXXXXXXXXX 198-144185				JU	TLY 7-30-9		12:35
RECTOR		Y M 2 D F	77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Month, Dey, Year)	4 Pe	RTHPLACE (State or Foreignatry) nnsylvania
SIRECT	9a. FACILITY NAME (If not institution, give CHURCH HOSPI				OR LOCATION OF DEATH IMORE CIT		COUNTY O	F DEATH
E I	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c. CITY.	TOWN OR LOCA	TION			10d. INSIDE CITY
	Maryland	→		timore				LIMITS?
. 11-	10e. STREET AND NUMBER		200		I. ZIP COOE	10g.	. CITIZEN C	OF WHAT COUNTRY?
ER	1727 Fleet St	treet			21231	1000	U.S	.A.
E	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 X NO	If yes, sp	CENDENT OF HISPANIC Of Cooling Cuben, Mexican, Pu B 2 NO Specify:	RIGIN? (Specify Yes or No serto Rican, etc.)	8	ACE — American Indien, Hack, White, etc. pecify: hite
9	15, DECEDENT'S EI (Specify only highest gra		16a. DECEDENT'S U	ISUAL OCCUPATION de done during me	ON ost of working	16b. KIND OF BUSINESS	S/INDUSTR	Υ
91	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during me retired.)	oat or working	Date 37 C		
COMPLETED	8	0	Self-Em	ibrolea		Retail S		
	17. FATHER'S NAME (First, Middle, Lest)	i n alei			1111	First, Middle, Meiden Surner		
B	Walter Wroci 19a. INFORMANT'S NAME (Type/Print)	ınskı	19b. MAILING	ADDRESS (Street		Ice Sandro)
2	Helen Wrocin	nski		**********	t. Balto.		., ., .,	
	20e. METHOD OF DISPOSITION	21	ON PLACE AND DATE	OF DISPOSITION	N /Name	DATE 20c LOCATIO	N City o	r Town, State
	1 Buriel 2 □ Cremation 3 □ Red Donation 5 □ Other (Specify) —	emoval from State	cemetary crematory of Stanis	laus C	emetery 8	/3 Balti	more	Maryland
-	23. PART i. Enter the diseases, o	Veber & Sons	Lnc .	Geor 705	S. Ann St.	er & Sons Baltimor	e,Ma	ryland212
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	e. INTRAC OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	VENTR	HALL IN	FARCE	ris m	Onset and (
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):				
ERT		ilona contributing to desth	but not resulting in	n tha underlyin	ng cause given in Par	24a. WAS AN AUTO PERFORMEOT 1 YES 2	?	24b. WERE AUTOPSY FINI
7	PART II. Other eignificant condit						ю	COMPLETION OF CA OF DEATH?
MEDICAL	PART II. Other eignificant condit						ю	COMPLETION OF CA OF DEATH?
MEDICAL	25. WAS CASS REFERRED TO MEDICAL			26. F	PLACE OF DEATH (Check	-	ю	COMPLETION OF CA OF DEATH?
MEDICAL		HOSPITAL:	tpatient 3 DOA	OTHER:	PLACE OF DEATH (Check of the control	only one)	ю	COMPLETION OF CA OF DEATH?
MEDICAL	25. WAS CASE FEFERRED TO MEDICAL EXAMINER? 1 2 ES 2 1 NO 27. MANNER OF OBATH	HOSPITAL: 1 Inpatient 2 SR/Ou	28b. TIME	OTHER: 4 Nursing Hot	me 5 Residence 6	only one)		COMPLETION OF CA OF DEATH? 1 YES 2 X NO
PHYSICIAN: MEDICAL	25. WAS CASE FERRED TO MEDICAL EXAMINER? 1 24 ES 2 1 NO	HOSPITAL: 1 Inpatient SA/Ou 28e. DATE OF INJURY (Morith, Day, Year)	28b. TIME	OTHER: 4 Nursing Hore OF 28c. IN URY W 1	me 5 Residence 6 DURY AT 28 ORK? YES 2 NO	only one) Other (Specify) d. DESCRIBE HOW INJUR	Y OCCURE	COMPLETION OF CA OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 YES 2 NO 27. MANNER OF OEATH 1 Return 5 Pending	HOSPITAL: 1 Inputent 2 SA/Ou 28e. DATE OF INJURY (Month, Day, Year) be building, etc. (Sp	28b. TIME	OTHER: 4 Nursing Hore OF 28c. IN URY W 1	me 5 Residence 6 DURY AT 28 ORK? YES 2 NO	only one) Other (Specify)	Y OCCURE	1 □ YES 2 MCNO
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 YES 2	HOSPITAL: 1 Inputent 2 SA/Ou 28e. DATE OF INJURY (Month, Day, Year) be building, etc. (Sp	28b. TIME INJU RY — At home, term, si powledge, death occurre	OTHER: 4 Nursing Hot E OF 28c. IN URY W 1 Itreet, factory, offi	JURY AT ORK? YES 2 NO 28 te and place, and due to t	only one) Other (Specify) d. DESCRIBE HOW INJUR t. LOCATION (Street and N City or Town, State) he cause(s) end manner of	Y OCCURE	COMPLETION OF CA OF DEATH? 1 YES 2 NOC D ural Route Number,
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 YES 2 NO 27. MANNER OP OEATH 1	HOSPITAL: 1 Impattent 2 SA/Ou 28e. DATE OF INJUR 28e. PLACE OF INJUR be building, etc. (Sp HYSICIAN: To the best of my known and the building.)	28b. TIME INJU RY — At home, term, si powledge, death occurre	OTHER: 4 Nursing Hot E OF 28c. IN URY W 1 Itreet, factory, offi	JURY AT ORK? YES 2 NO 28 te and place, and due to t	only one) Other (Specify) d. DESCRIBE HOW INJUR t. LOCATION (Street and N City or Town, State) he cause(s) end menner e e, date end place, end due	Y OCCURE Tumber or Ri Be stated.	COMPLETION OF CA OF DEATH? 1 YES 2 NOC D ural Route Number,

The second secon

DIRECTOR	DECEDENT'S NAME (First, Middle, Last) A SOCIAL SECURITY NUMBER	MARY WI	P.T.T.A.W.C					
RECTOR			NILL	AM	2	2. DATE OF DEATH MONTH	0/92	YEAR 3. TIME OF GEATH 1:
RECTOR	248362866	1 🗆 M 2 💢 🗲	72 YAS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BUTTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Outh Carolin
2	9a. FACILITY NAME (If not institution, give in SAM) RESIDENCE OF DECEMENT	21 PAW H	OSPITAL		mone Ca	TRE		Y OF DEATH NONE
	10a. STATE 10b. COUNT	none	10c. CITY,	TOWN OR LOCA Baltin	nore Cit	у		10d. INSIDE CITY LIMITS? X YES 2 NO
VERAL	1812 N. Wolfe	st.		10	21213	3	12.	ited States
BY FUN	11. MARITAL STATUS 1 Never Married 2 TM Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2- ND	If yes, sp	CENDENT OF HISPAN Hecity Cuban, Maxica 3 2 NO Specify	IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)	les or No — 1	A. RACE — American Indian, Black, White, atc. Specify: fro— America:
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON ost of working	16b, KIND OF B	USINESS/INDU	STRY
COMPL	8th grade 17. FATHER'S NAME (First, Middle, Lest)	none	Hou	sewife		ME (First, Middle, Meide	ONE	
BE	Tiny Holloway	7	19h MAILIND A	DDBESS /Street	Lillie	e Mae	num Otata Tie C	
5	Oree Williams		1812			Balto,		
	20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20	Db. PLACE AND DATE OF OTHER BALTIMOR	DISPOSITION (No	ame of	DATE 20c. L	OCATION CI	ty or Town, State
	21. SIDNATURE OF FUNERAL SERVICE LI		In	Calv	in B.	Scruggs	Funer	
RTIFICATION	23. PART I. Enter the diseases, prescok, present failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	a. Due TO (OR AS	each line.	ricula Fib (Conje	r Fibri	llation) ilure	Interval Betwee
: MEDICAL CE	PART II. Other algnificent condition	na contributing to death	but not resulting in	the underlying	g Cause given in	DEDE:	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2 7 202	OTHER:	ACE OF DEATH (Ch			
ву РНУ	27. MANNER OF DEATH X 1 Netural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJ	PRK?	28d. OESCRIBE HOW		RED
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp.	Y — At home, farm, str scily) N(A)—	eet, factory, offic	- Luna	281. LOCATION (Stree City or Town, State	t and Number or	
COMPLE		CIAN: To the best of my kno						cause(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	"A Myha	·bi) - PC	TYE	29c. LICENSE NUM	DER		HIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	MUGHA			ugharhi	1/Good	Samar	itan Hospit



Dept. of Heath and Memai Hygiene prior to burial, cremation, or removal. 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

or Item

28 is marked,

MPORTANT: If item

2

PAUL

92 21297 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AUGUST 1, DAY MELVIN YEAR **JAMES** YOE 1992 4:45 p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
AUGUST 29,1909 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 | F MONTHS DAYS 215-10-8563 82 YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 210 OAK FOREST PLACE DIRECTOR CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 210 OAK FOREST PLACE 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6 PLANT ENGINEER ACME MARKETS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALICE E. ELLIS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELSIE YOE (WIFE) 210 OAK FOREST PLACE CATONSVILLE MD. 21228 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State LAKEVIEW MEMORIAL PARK 8/5/92 SYKESVILLE 21. SIGNATURE OF THURSE SHOWICE LICENSES 22. NAME AND ADDRESS OF FACILITY FROY M. & RUSSELL C. WITZKE FUNERAL HOME CATONSVILLE ussece. 1630 EDMONDSON AVENUE CATONSVILLE MD. 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximete IMMEDIATE CAUSE (Fine) Onset and Death disease or condition tostanc resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 0 40 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 YES 2 OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 □ Nursing Home 5 Residence 8 □ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural M 1 YES 2 NO 8 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be BE COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, data and place, and due to the cause(s) and manner as stated. MEDICAL PRAMINER: Origine basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner as stated. URE AND THE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) in 8

DIVISION OF VITAL RE THE PUSSEAL OR ATTENDING PHYSICIAN: The law required TO CHARTERAL DIRECTOR, After this certificate has been the fised within 72 hours, after desith with the State Dept. of

AUG 3 1992 Julia Saurason Romanda St. Augistrants signatures and see auriston Romanda St. Augistrants signatures and see auriston Romanda St. Augistrants signatures and see auriston Romanda St. Augistrants signatures and see auriston Romanda St. Augistrants signatures and see auriston Romanda St. Augistrants signatures and see auriston Romanda St. Augistrants signatures and see auristic signatures are seen auristic signatures and see auristic signatures are seen auristic signatures and see auristic signatures are seen auristic signatures and see auristic signatures are seen auristic signatures and see auristic signatures are seen auristic signatures and see auristic signatures are seen auristic signatures and see auristic signatures are seen auristic signatures and see auristic signatures are seen auristic signatures and see auristic signatures are seen auristic signatures and see auristic signatures are seen auristic signatures are seen auristic signatures are seen auristic signatures auristic signatures are seen auristic signatures are seen auristi

900

GORMLEY

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CATON AVENUE ,3rd FLOOR TOWER BLD., BALTIMORE, MD. 21229

Midelete colon career 2/3/F FFEE

3 should

0	3
(0)	
7	1
00	4
10	-
_	
×	
0	j
O	
\mathbf{m}	1
_	
0	1
U	
ο.	
4	4
	12
S	7
0	j
=	4
4	1
0	1
$\tilde{}$	
U	
ш	
~	
_	
d	
-	
	,
_	2
	4
11	č
~	-
O	5
-	C
~	9
0	-
=	5
CD	5
= ′	ľ
>	9
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9
	9
_	The state of the s

2,		
TO THE MUSCALLORGEORY AT INTOLOGY. THIS CAN REQUIRED THE AMERICAN AT INTOLOGY AT INTOLOGY AT INTOLOGY AT INTOLOGY. THIS CAN REQUIRED TO THE THIS CAN RECORD AND AT INTOLOGY. THE STATE OF A INTELLIGENT AND ADDRESS AND A INTELLIGENT AND ADDRESS AND ADDRESS. THE ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS. THE ADDRESS AND ADDRESS AN	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

92 21298 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH MONT De la ranch 1:00 p m 28 92 4. SOCIAL SECURITY NUM 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Monty, Day, Yes) 92 IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 103-09-5935 DAYS 100 9a. FACILITY NAME (If not insti 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Iha RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? YES 2 NO MOM FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. ORCES? 1 YES 2/ 1 Never Married 2 Married BY 4 Divorced Wido COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) (Specify only highest grade comp ndery (0-12) College (1-4 or 5 +) 18. MOTNER'S NAME BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLINO ADDRESS (Street 2 HON METHOD OF DISPOSITION 20a METHOD OF DISPUSITION
14 Burlal 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 8 Other (Specify) MUSTERY 22. NAME AND ADDRESS OF FACILITY 23. PART I. Error the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure List only one ceuse on each line. Approximata Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 Residence & Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred of the time, date end place, and due to the cause(e) end manner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER MA # 170 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BELVEDONG AND 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) AUG 04 1992 ia Daydson



Della Brans 2331 AE 45 B 6/20/72 001 X 2592-10-EU See Hospert 1. E. E. C. D. = 1702

=1:1=

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

31. DATE FILED (Month

AUG

Day, Year) 1992

MARYLAND 21215-0020

BALTIMORE,

hours after death.

death certificate be executed within

BOX 68760,

P.0.

RECORDS.

DIVISION OF VITAL

ATTENDING PHYSICIAN:

The law requires that the

S IS

13

Hell

marked, mis c

28 is

2 6

certificate has been the State Dept. of

After

RECTOR: US after C

222

Items: 23 part I,27,28a,b,c,d,e,f per MEO G-690 8/18/92 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 YEAR 29 PAY MONTH () 7 LESLIE (BRAZEMORE) BAYSMORE P M 5:10 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 4/26/45 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 94004 Va. 229 56 2078 1 3 M 2 | F YRS 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH W.OLIVER STREET BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore TE YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 814 Mc Aleer Ct. 21202 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Brack 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compo Elementary/Secondary (0-12) College (1-4 or 5+) Cement Mixer Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) unk unk 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co. 814 Mc Aleer Ct. Balto., Md. 21202 Jennie Jones 20a METHOD OF DISPOSITION

FU Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State King Memorial Park Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens St. Balto., Md.21217 U. ames 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heert failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) . MULTIPLE INJURIES DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER 4 - Nursing Home 5 - Residence & Other (Specify) UNDER HOWARD ST. BRIDGE 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending Unk. 1 YES 2 NO Unknown 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 (Could not be 4 🗌 Homicide Unknown Unknown 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of tion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 286. MIGNATURE AND TITLE OF CENTRE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) -O.C.M.E. 07/30/92 IE AND ADDRESS OF PERSON WHO COMPLETED CAUSENOF DEATH (ITEM 27) (Sps. Phil) 111 PENN STREET, BALTIMORE, MARYLAND 21201



AUG 1992 Julianian Sept 1 DUA

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

216-36-9329

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	•
-	
Q	
Φ	
00	
10	
4	
~	
0	
-	
BOX 68760	
	1
0	
$\mathbf{\circ}$	
P.O.	
а.	
-	
10	
97	
\Box	
~	
4	
RECORDS	
~	
0	
101	
-	
Œ	
-	
4	
	ı
	ľ
>	ı
	ě
	ì
0	
-	
_	
IVISION	
0	
\preceq	i
CO	i
47	
-	
-	ł
=	

30. NAME AND ADD

AUG

31. DATE FILED (Month, Day, Year)

1992

use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 3200 DOVERON RESIDENCE OF DECEDENT Woodlawn Maryland 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTO Woodlawn Maryland FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 21207 3200 Doycron Ct hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puarto Rican, stc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Marri If yes, specify Cuban, Mexican, Puarto Ri 1 YES 2 NO Specify: BY IF YES, GIYE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Efectfonic Tech jo Elementary/Secondary (0-12) College (1-4 or 5+) ATT Phone Comp yacian and completely filled in by the funeral director, page 5 should be detached prior to burial, cremation, or removal. once. 17. FATHER'S NAME (Float, Middle, Last)
Samuel H Brown 16. MOTHERSTYGET GTECH MEUNICET 7 BE notified 190. INFORMANT'S NAME (Typo/Priot)
Barbara Brown 19s. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Dovcron Ct Woodlawn Maryland 21207 9 20a_METHDO OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 4 Donation 5 Other (Specify) Cem Forest VA Owing Mills Md medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE James Morton Funeral Hm1701 Laurens 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final 24 the disesse or condition - DIFFUSE SMALL LYMPHOC within resulting in death) traumatic event, executed CERTIFICATION signed by the attending physician and Health and Mental Hygiene prior to bur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate certificate be cause. Enter UNDERLYING CAUSE (Disesse Dr Injury Injury, or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST death PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL the 24a. WAS AN AUTOPSY PERFORMED? that shows any 1 YES 2 has been s Dept. of H PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item THE CIVERAL DIRECTOR: After this certificate I be filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item OTHER: OR ATTENDING PHYSICIAN: (NO 1 YES 1 1 | Inpetient 2 | ER/Outpatient 3 | DOA 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation BY 1 YES 2 NO 1 Incident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 8 Could not be 4 Homicide COMPLET 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. PITAL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. D2937 250. SIGNATURE AND THE OF CERTIFIER BE 5

32. REGISTRAR'S SIGNATURE

MASON T BROWN

1 M M 2 | F

6. AGE (In yrs. last birthday)

YRS.

53

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TER GII PARK AVE BALTIMORES

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

MIN.

DAYS

92 21300

8. BIRTHPLACE (State or Foreign Country)

1938 Balto Maryland

10d. INSIDE CITY

RACE — American Indian, Black, White, etc.

Black

St

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

NO

OF DEATH? 1 | YES 2

29d. DATE SIGNED (Morith, Day, Year)

8 3 92

interval Between

Onset and Death

1 YES 2 NO

1992

9c. COUNTY OF DEATH

Balto

10g. CITIZEN OF WHAT COUNTRY?
USA

Specify:

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH

DEC

(Month, Day, Year)
DEC 25

AUG

DHMH-16 Rev 1/89

waterflowed white NOOL I TO

	1. OECEDENT'S NAME (First, Mic				FICATE (2. DATE C				TIME OF DE
	SAMUEL	Be					AUG	, DA	, 9	YEAR	130
	4. SOCIAL SECURITY NUMBER 169-09-50 90. FACILITY NAME (If not institute)	215	1 M 2 🗆 F	Z ⁱⁿ yrs. lest birthdey YRS.	MONTHS DA	YS HOURS MIN.	(Month,	F BIRTH Day, Year)		Country)	PARI
Стоя	Stella Maris	Hosp			96. CITY, TO	WN OR LOCATION OF	DEATH			of DEAT	
DIRE		Ob. COUNTY	IMORE		ALTIMOF						1. INSIDE CI LIMITS?
ERAL	100. STREET AND NUMBER 7915 CRISFOR	RD PL	A., APT. C			10f. ZIP CODE 21208			10g. CITIZE USA		COUNTRY
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Mer 3 Widowed 4 Divorced		12. WAS DECEDENT EVER FORCES? 1 DEVES IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES	If yes	DECENDENT OF NISP s, specify Cuben, Mexi YES 2 NO Specific	cen, Puerto Rt	(Specify Yee can, etc.)	or No- 14	Specify:	hite, etc.
PLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)	ighest grade	CATION completed) College (1-4 or 5+)	(Give kind o	'S USUAL OCCUI of work done during use retired.)	PATION g most of working		AXI C	INESS/INDUS		
E COMPL	17. FATHER'S NAME (First, Middle SANFORD	le, Last)		BERGSTE]	IN	18. MOTHER'S I		ddle, Maiden S		KNOWN	1)
TO B	190. INFORMANT'S NAME (Typo) STANLEY BERGS	,		19b. MAILIN	G ADDRESS (Str	eet and Number or Run	I Route Numbe	r, City or Town.	, State, Zip Co	ode)	
	20e. METHOD OF DISPOSITION 1/2 Burlel 2 Cremation 4 Donation 6 Office (Special Section 2)	secify)		ARLINGTO	N (CHIZ	UK AMUNO)	ACILITY	92 BA		RE, M	ID
	IMMEDIATE CAUSE (Final disease or condition	t ranure. t	List only one cause on	aach IIna.	601 not anter tha		CTOWN F	RD. B	ALTO.	, MD	Approxi
CERTIFICATION	IMMEDIATE CAUSE (Final	a, f	DUE TO (OR AS	aach IIna.	601 not enter the	O REISTER	CTOWN F	RD. B	ALTO.	, MD	Approxi
CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e, ta	DUE TO (OR AS	A CONSEQUENCE	601 not enter tha of + (n) or): or):	O REISTER mode of dying, at	Part I. 2	RD. B	ALTO. atory arrea	24b. WEF	Approxi Interval Onset a Onset a RE AUTOPSY ILABLE PRICA PRICATOR DEATH?
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ta de conditione	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE	601 not enter tha Of + () OF): OF): OF):	O REISTER mode of dying, at	Part I. 2	RD. B IC OF FAMILY A. WAS AN A PERFORN	ALTO. atory arrea	24b. WEF	Approxi Interval Onset a Onset a RE AUTOPSY ILABLE PRICA PRICATOR DEATH?
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other aignificant of the cause of th	ta de conditione	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	601 not enter the of 160 oF): oF):	O REISTER mode of dying, at LUN ying cause given i	n Part I. 2	RD. B III OF FABRICATION AND A PERFORM II YES 2	ALTO. atory arrea	24b. WEF AMA COM OF 1	Approxi- interval Onset a Onset a NE AUTOPSY ILABLE PRIO PRIETION DI DEATH?
BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant of the cause of th	condition	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE (A CONSEQUENCE (A CONSEQUENCE (but not raquiting	OF): OF):	O REISTER moda of dying, at e Lu N ying cause given is s. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? 'YES 2 NO	Part I. 2 theck only one) 6 X Other (Aa. WAS AN A PERFORM I YES 2 Specify) RIBE HOW IN.	WTOPSY NO HOSPIC	24b. WEI AMA CON OF	Approxi interval Onset a Onset a NE AUTOPSY ILABLE PRICA PRICA PRICA ILABLE ILABLE
ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other aignificant of the cause of th	conditions EDICAL identification in the conditions in the condit	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE (A CONSEQUENCE	601 not enter the of +60 oF): OF): OF): OF): OF): OF): OF): Sin the underly OTHER: 4 Nursing ME OF 28c. AJURY Street, tectory, of	O REISTER mode of dying, au Lu N ying cause given i s. PLACE OF DEATH (C NJURY AT WORK? WYES 2 NO	Part I. 2 Check only one) 6 XOther (2ad. DESCI	A. WAS AN A PERFORM I YES 2 Specify) RIBE HOW IN.	ALTO. atory arrea wropsy AED? NO HOSpic JURY occur	24b. WEI AMA CON OF	Approxi interval Onset a Onset a NE AUTOPSY ILABLE PRIGATED DEATH? YES 2
ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other aignificant of the cause of th	conditions and conditions an	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE (A CONSEQUENCE	OF): OF):	O REISTER mode of dying, au LUN ying cause given i s. PLACE OF DEATH (C NOMEY AT WORK? YES 2 NO office	Part I. 2 Check only one) 6 X Other (28d. DESCI	A. WAS AN A PERFORM I YES 2 Specify) INTERIBE HOW IN. TOWN, Stafe)	ALTO. atory arrea utropsy AED? NO HOSpic Jury occur at Number or	24b. WEF AMA CON OF 1	Approximaterval Onset a Onset
TED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other aignificant of the cause of th	conditions ie, ta conditions ieDical iding physical ing physical certifier certifier a	DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	601 not enter that of + () of () OF): OF): OF): OF): OF):	O REISTER mode of dying, au LUN ying cause given i s. PLACE OF DEATH (C NOMEY AT WORK? YES 2 NO office	Part I. 2 Check only one) 6 XOther (28t. LOCAT City or 10 to the cause 10 time, date or	Aa. WAS AN A PERFORM I YES 2 Specify) RIBE HOW IN. ION (Street an Town, State)	ALTO. atory arrea utropsy AED? NO HOSpic Jury occur at Number or	24b. WEF AMA COO OF 1 CERED	Number,

DHMH-16 Rev 1/89

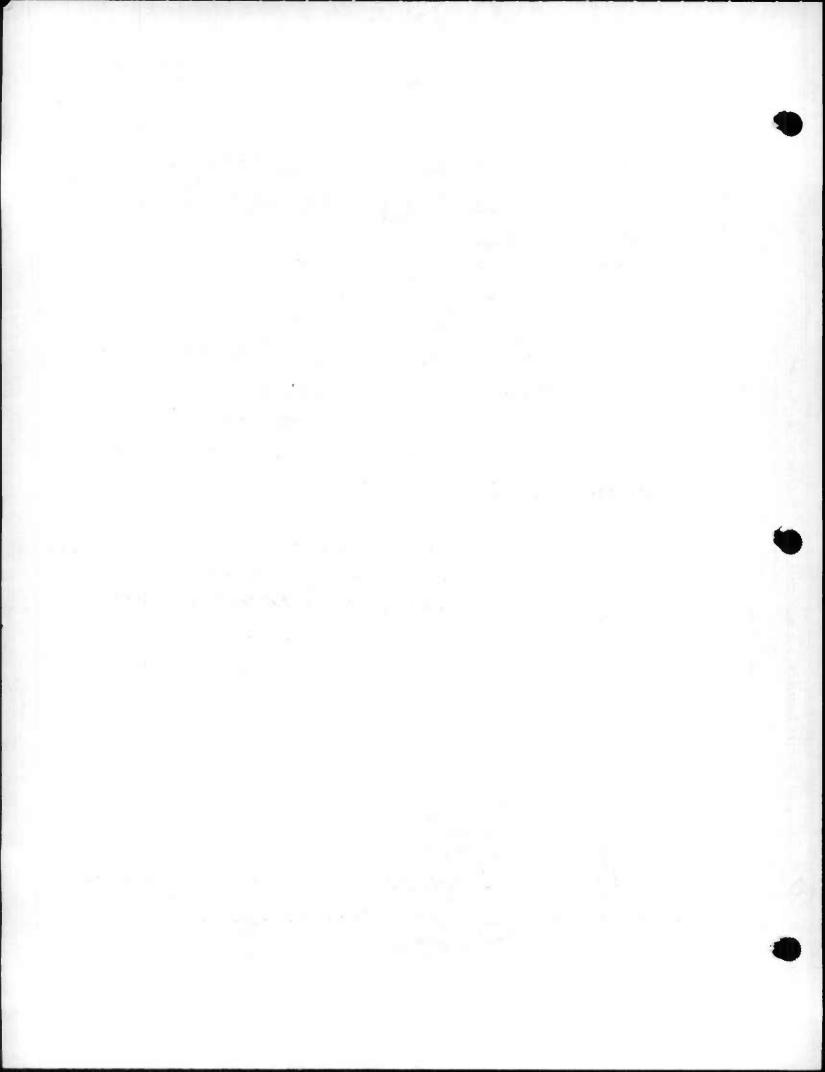
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

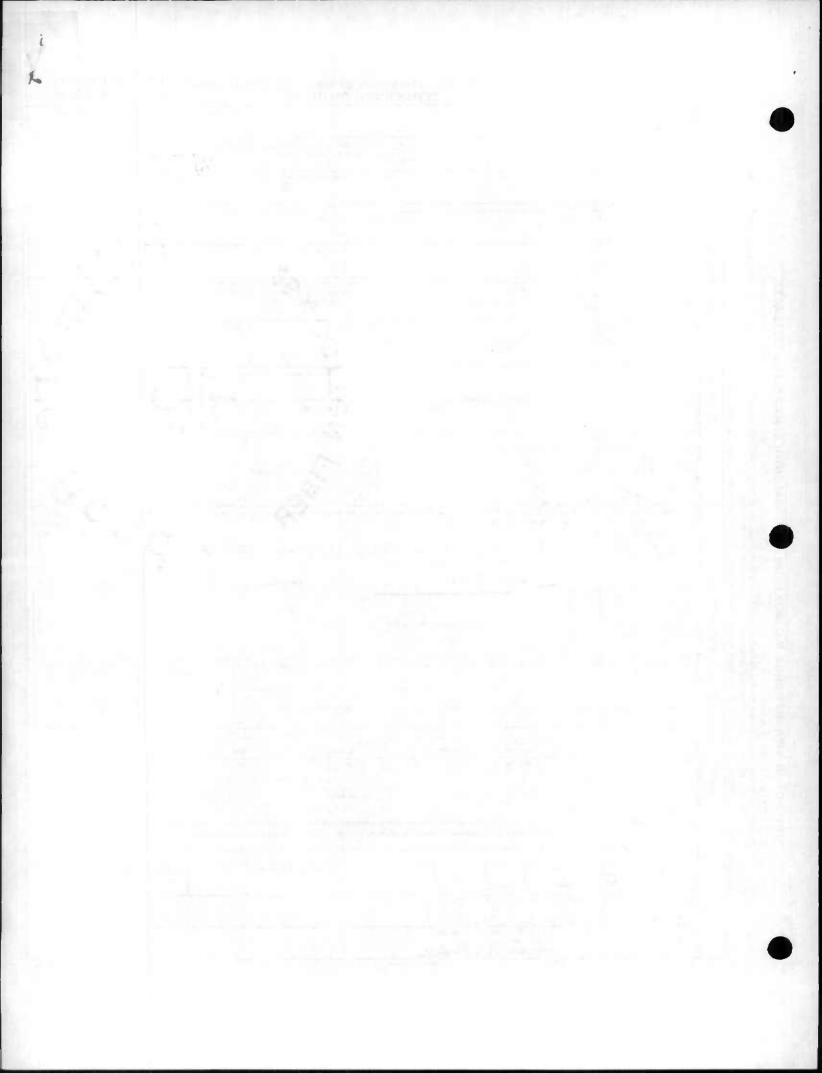
Fisha Davidson Rendace

_	1 - REGISTRAR	CERTIF	ICATE OF		REG. NO.		
	BYRON BANGHART				2. DATE OF DEATH	ay geat	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6 212−10−9219 1 1 M 2 □ F	. AGE (In yrs. lest birthday) 77 yrs yrs.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar 16,	Co	TTHPLACE (State or Foreign untry) MARY LAND
OR	9a. FACILITY NAME (If not institution, give street and number) 7814 WEROWEANCE COURT	77 925	9b. CITY, TOWN	OR LOCATION OF DE	A-714	9c. COUNTY O	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Marvland ANNE ARUNDI		TY, TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 7814 Werowance Co	ourt	10	21076		10g. CITIZEN O	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WIND	YES 2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	В	ACE — American Indian, lack, Whita, etc. pecify: WHITE
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8+) 1 2 ± 1;	16a. DECEDENT'S	W.C.	ON oat of working		siness/industr	Food Co
compl.	17. FATHER'S NAME (First, Middle, Lest) Byron T.		ve	16. MOTHER'S NA	ME (First, Middle, Malden		2004
TO BE	190. INFORMANT'S NAME (Type/Print) BETTY BANGHART	19b. MAILIN		and Number or Rural I	Route Number, City or Tow	vn, State, Zip Code,	
must be	20a. METHOD OF DISPOSITION 1	20b. PLACE OF DISPO	OSITION (Name of ce		20c. LC	CATION — City o	
examiner must be notified at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Glan Seit	69	A. A	ND ADDRESS OF FA	cium Z, JR. FUN AVENUE, BA		
rent, the medica	23. PART I. Enter the diseases, pr complications that shock, or heart fellure. List only one cause IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	ardi	acc	arres	t		Approximata Interval Between Onset and Death
my injury, or other traumatic event, the medical	that initiated events	PAS A CONSEQUENCE OF AS A	OFI:	e pro o Ct.		NETV	OKS
shows a	PART II. Other significant conditions contributing to d	eath but not resulting	g in the underlyin	ng ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ed, or item 23 PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2	ER/Outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch			
marked, o	27. MANNER OF DEATH 1 Netural 5 Pending (Month, De) 2 Accident Investigation	; Year) II	M 1	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	D
m 28 is ETED	4 Homicide detarmined building, e	INJURY — At home, farm tc. (Specify)	, street, factory, offi	ce	281. LOCATION (Street City or Town, State		rel Route Number,
ANT: If Item COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of axe						ise(a) and manner as stated.
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIER	hum	m	D 10	MRER 775	The second secon	NED-MILLIAM, Day, West) 3-12
-	Dr. Horst Schirmer, East 3			td Ave.	Balto. Md.		



4	the state	8	-
	3	2	1
DALLIMORE, MARTLA	9	De la	200
5	ata	5	1
_	8	9	
ñ	9	ğ	4
5	8	tor,	-
É	8	JE B	
Ξ	2	E C	Inc
J	ath	in in	-
2	4	日日	3
	E E	30	9
	S S	5 5	3
	=	Do d	
	1 2	atio	=
ď	1	rem rem	-
9	B	E O	-
0	5	D N	4
<	8	2 2	E
5	2	icia io	-
0	Cal	Style B	
5	F	Die Die	40
	20	五五	20
-	Jeat	報電	2
2	2	要を	- in
	at	3 4	2
Ś	2	at the	-
1	E P	S S	7
Ē	9	90	40
Ī	*	Sep	23
_	E	ate ate	-
-	AN:	Sta	91 4
_	Sic	the Ce	9
)	¥	this with	4
	9	ath	
2	5	de A	9
DIVISION OF WITHE RECORDS, F.O. BOA 66/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de the within 72 hours after death with the State Debt, of Health and Mental Hyptene prior to burial, cremation, or removal.	MDODTANT. Hism 99 is marked as item 93 shaws and inhire or other fraumetic examt the madical averages and as as
	RAI	REC	-
)	0	0 8	100
	TA	RE	98 4
	SP	The The	1
	I	E N	D.
	F	도를	00
	0	0 9	- 3

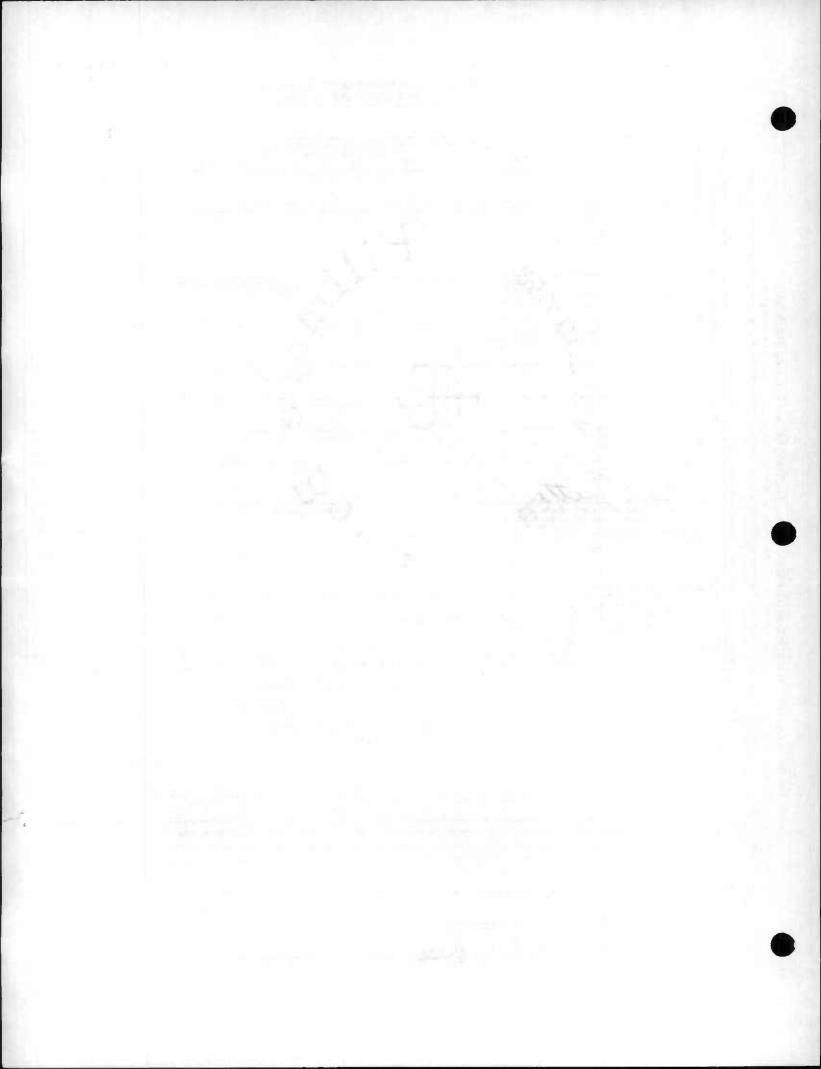
1. DECEDENT'S NAME (First, Middle, Last)			FICATE OF		1116	G. NO.		
	MORRISON	CATE	VAICT T		2. DATE OF DE	29 ^{day}	9 ^{VEAR}	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthda	WELL	T	07			5:35 P
214-40-4690	1 M 2 KF	75 YRS	MONTHS DAVE	HOURS MIN.	7. DATE OF BIF (Month, Day,		B. BIRTI Count	Marylance (State or Foreign
9a. FACILITY NAME (If not institution, give at 3622 OAK AVUNUE	treet and number)		96. CITY, TOWN	OR LOCATION OF D	EATH		UNTY OF C	DEATH
RESIDENCE OF DECEDENT								
Maryland Bal	timore	10e. (Lochearr			1		10d. INSIDE CITY LIMITS? 1 YES 22 NO
3622 Oak Ave.			10	21207		1.00		WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ABMEO	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Sou			states E — American Indian,
1 Never Married 2 Married 3 XXMIdowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 THO	If yes, s	Decity Cuben, Mexico 3 2 NO Speci	an, Puerto Rican,	etc.)	Blac	k, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind life. Do NO	r's usual occupation of work done during me retired.) School I	ost of working	16b. KIND	OF BUSINESS/IN	IDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	LME (First, Middle,	Meiden Sumame)		
Ralph Grier Morr	ison			1	Ruth Ha			
on. INFORMANT'S NAME (Type/Print) Mr. Andrew V. Cal	1 drzo 11 T		NG ADDRESS (Street					
Method of Disposition	rawell Jr.		30 Manor			win, MD		
Buriel 2 Cremation 3 Remo	oval from Stala	New Cat	hedral Ce	metery	8/1	Baltim		
SIGNATURE OF FUNERAL SERVICE LICE	B. C	ruen	22. NAME A Lorin	ND ADDRESS OF FA	Funeral	Home		, MD 2113:
	Α.	on each line.		ode of dying, suc		r reapiratory a	rreat,	Approximate Interval Betw
dispase of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	MUSTIPLE DUE TO (OR AND S	on each line.	POPCE 1	NJURIES		r reapiratory a	rreat,	Approximate Interval Betw
disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	POPCE I	NJURIES		r reapiratory a	rrest,	Approximate Interval Betwo Onset and Do
disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	POPCE II	NJURIES NECK	OF HF	r reapiratory a	rreat,	Approximate Interval Betw
dispase of condition resolting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition	DUE TO (OR DUE TO COR	AS A CONSEQUENCE	POPOE II OF): OF): OF): OF): Ig In the underlyin	NJURIES NECK	Part I. 24a.	r reapiratory a	rreat,	Approximate Interval Betwood Onset and Dones
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 KY YES 2 \(\) NO	DUE TO (OR DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. D. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE THE PROPERTY OF THE PROP	POPOE II OF): OF): OF): OF): OF): OF): OF): OF):	NJURIES Pag cause given in LACE OF DEATH (C)	Part I. 24a. 1	NAS AN AUTOPSY PERFORMED? YES 2 NO	rreat,	Approximate Interval Betwood Onset and Dones
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 KY YES 2 \(\) NO	DUE TO (OR DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE THE PROPERTY CONTROL OF THE PR	POPE PO	DECK LACE OF DEATN (C) UNITY AT JUNY	Part I. 24a. 1	NAS AN AUTOPSY PERFORMED? YES 2 NO	24b	Approximate Interval Betwood Onset and Dones
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR DUE TO	TAS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSEQUENCE THE PROPERTY AS A CONSE	POPE PO	DECK LACE OF DEATN (C) UNITY AT JUNY	Part I. 24a. 1 Peck only one) 6 Other (Spec 28d, DESCRIBE SUBJEC) 26f, LOCATION	NAS AN AUTOPSY PERFORMED? YES 2 NO	24b	Approximate Interval Betw Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Squickie 6 Could not be determined 4 Homicide CRETIFYING PNYSII	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE AS A CONSEQU	POPCE POPCE	INTURIES LACE OF DEATN (C) THE STATE OF TH	Part I. 24a. 1 Peck only one) 6 Other (Spec 28d, DESCRIBE SUBJEC) 26f. LOCATION WOOD'S AV	NAS AN AUTOPSY PERFORMED? YES 2 NO C ASSAUI (Street and Numbor) (Street and Numbor) (Street and Numbor) (Street and Numbor) (Street and Numbor) (Street and Numbor) (Street and Numbor)	ccureo LTED or or Rural 1 2 OAK	Approximate Interval Betw Onset and D were autopsy finding and the second of Data of
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Quickide 6 Could not be determined 19a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR DUE TO	AS A CONSEQUENCE AS A CONSEQU	POPCE POPCE	INTURIES LACE OF DEATN (C) THE STATE OF TH	Part I. 24a. 1 1 Peck only one) 6 Other (Special Describe SUBJEC) 26f. LOCATION WOODE AV 1 to the cause(s) of time, data and p	NAS AN AUTOPS' PERFORMED? YES 2 NO NOW INJURY OF ASSAULT (Street and Numbur) (Street and Numbur) (Street and due to the control of the contr	ccureo LTED or or Rural 1 2 OAK atted.	Approximate Interval Betw Onset and D WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? 1 See 2 No Route Number, AVENUE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Squickie 6 Could not be determined 4 Homicide CRETIFYING PNYSII	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE THOME AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE THOME AS A CONSEQUENCE THOME AS A CONSEQUENCE THOME AS A CONSEQUENCE THOME AS A CONSEQUENCE THOME AS A CONSEQUENCE THOME THOME AS A CONSEQUENCE THOME TH	POPCE POPCE	DECK Cause given in Cause gi	Part I. 24a. 1 Part I	NAIS AN AUTOPSY PERFORMED? YES 2 NO HOW INJURY OF ASSAU (Street and Number State) 3 62 and manner as at lace, and dua to	ccured LTED er or Rural I the cause(s	Approximate Interval Betw Onset and D WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? 1 See 2 No Route Number, AVENUE



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

	1 - STATE REGISTRAR		STATE OF N		/ DEPAR						HYGIENE REG. NO.		Lee	1004
	1. DECEDENT'S NAME (First,		CURB Curbe	EAM ean						2. DATE OF MONTH Augus	DEATH DAY	992	TEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-34-69.	39	5. SEX 1 M 2 X F	8. AGE (In yrs.	lest birthdey) 55 yrs.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, 1)	BIRTH			LACE (State or Foreign
OR		Lar	rvale S	street				III O Y		EATH		9c. COUNTY	Y OF DEA	ATH
5	RESIDENCE OF DEC	10b. COUNT	v			Y, TOWN O								
DIRE	MD	TOUR COOK!				alti								IOd. INSIDE CITY LIMITS? YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER	I.ANV	ALE STR	тяя		7		2121					S.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S.	ARMED		WAS DEC	ENDENT C	F HISPAN	VIC ORIGIN? (in, Puerto Ric y:	Specify Yes o			- American Indian, White, etc.
	(Specify only	DENT'S EDU	completed)		DECEDENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATIO	ON est of workin	g	16b. K	IND OF BUSI	NESS/INDUS	TRY	BLACK
COMPLETED	Elementary/Secondary (0- 12th		College (1-4 or 5 +	,	DISAE									
	17. FATHER'S NAME (First, Mil							18. MOTI	HER'S NA	ME (First, Mid	dle, Malden So	umame)		
BE	GEORGE BE		T						-	A ROE				
5	COREY CUE		4	9.11						Acute Number,				21239
	20a. METHOD OF DISPOSITION 1 Donation 6 Other	3 Rem	oval from State	cemetery,	EAND DATE	ther placel			DAR	OATE		UTUS		
. 6	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	2	<u> </u>			ND ADDRES			I AKD	0105	/ 11	D
	23. PART I. Enter the dis	ret	tos	Son	400									th Ave.
CERTIFICATION	IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIF CAUSE (Disease or injurithat initiated events resulting in death) LAST	ona, lete HG	G		MA BEOUENCE O	F):	no							Interval Between Onset and Death
MEDICAL CE	PART II. Other algorificer	nt condition	d	deeth but no	t resulting	In the ur	nderlylng	g ceuse g	lven in		Ia. WAS AN AL PERFORM	ED?	C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
2													,	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ED/Outration	• 🗆 • • • •	OTHER	R:			eck only one)				
PHY	27. MANNER OF DEATH	ESPAIN T	28a. DATE OF (Month, De	INJURY	26b. TIN	-	28c. INJ		sidence	6 Other (S	ipecity) IBE HOW INJ	URY OCCUP	RED	
ВУ	2 Accident	ending westigation could not be	28+. PLACE OF	INJURY — At	home, farm,	M street, fact		rES 2	NO NO	28f, LOCATI	ON (Street and	d Number or	Rural Rou	ite Number,
ETEL	4 Homicide d	etermined		etc. (Specify)						City or	lown, State)			
COMPLETED			CIAN: To the best of IR: On the bests of an											and manner as stated.
声	SIGNATURE AND TITLE OF	OF CERTIFIE	0					29c. LICE	NSE NUN		-	29d. DATE S	1. 1	fonth, Day, Year)
OL.	NAME AND ADDRESS OF Jania Ry	PERSON WH	O COMPLETED CAUS	North	Point	Print)	Chr				Blad	Bo		
	AUG 0 4 19	92	32. REGISTRAL	R'S SIGNATURE			/					-		



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

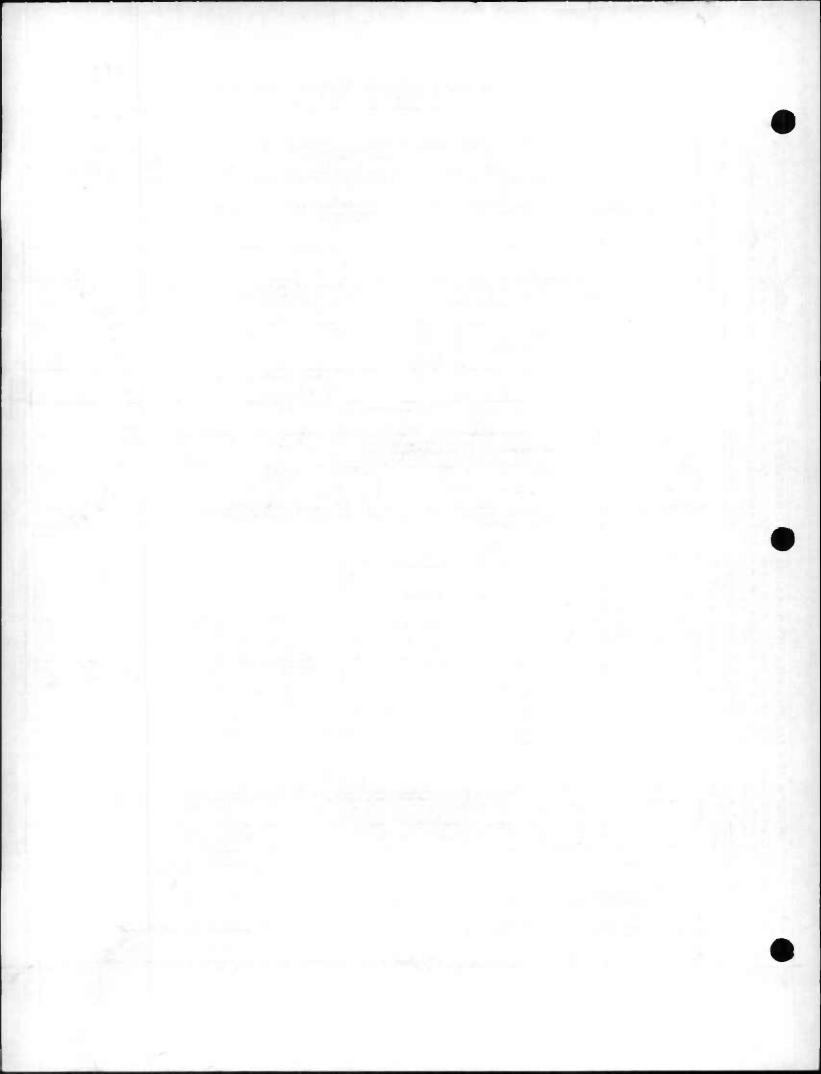
9e. FACILITY NAME (if not institution, give street and it 3800 Bank Street RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STREET AND NUMBER 407 N. Glover Street 11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) 17. FATHER'S NAME (First. Middle, Last) Orville Costin Crock 19a. INFORMANT'S NAME (Type/Print) John Crockett 20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FUNERAL SERVIC	a et specepent even in inces? 1 yes es, give war on date of the come and the come a	I U.S. ARMED 2 DOC CT 10c. CT	Balti 13. V. TOWN O Balti 14. V. TOWN O Balti 15. V. TOWN O Balti 16. V. TOWN O Balti 16. V. TOWN O Balti 17. V. TOWN O Balti 18. V. TOWN O Balti 19	DAYS HOURS TOWN OR LOCATION IT LOCATION MOTE 101. ZIP COD 2 12(MAS DECENDENT of 1 yes, specify Cube Types, specify Cube West 2 No COUPATION Auring most of works IT (Street and Number OVER STREET) NAME AND ADDRE	PE 24 MPRS. WHYN. HON OF DEA City OF HISPANIC OF HIS	7. DATE OF BIRTH (Month, Day, Year) 9-23-51 ATH C ORIGIN7 (Specify Y, Puerto Rican, etc.) 16b. KIND OF B Sea: E (First, Middle, Meldle, a Simpsor pute Number, City or R altimore, OATE 20c. L	oc. COUNT na log. CITIZE US los or No— 1. USINESS/INDUS FOOd in Sumeme) 1. WMD 21 OCATION — CR	4. RACE — American Black, White, atc. Specify: White STRY 205 ty or Town, Stata
9a. FACILITY NAME (if not institution, give street and its 3800 Bank Street RESIDENCE OF DECEDENT 10a. STATE 10a. COUNTY Maryland 10a. STREET AND NUMBER 407 N. Glover Street 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Diverced 15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Last) Orville Costin Crock 19a. INFORMANT'S NAME (Type/Print) John Crockett 20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FOR SHOCK, or heart failure. List only immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d	S. AGE (III 1 2	I U.S. ARMED 2 DOC CT 10c. CT	9b. CITY, Ball TY, TOWN O Balti 13. V 13. V 14. S USUAL OC work done or entired.) 1 e smal	DAYS HOURS TOWN OR LOCATION IT LOCATION MOTE 101. ZIP COD 2 12(MAS DECENDENT of 1 yes, specify Cube Types, specify Cube West 2 No COUPATION Auring most of works IT (Street and Number OVER STREET) NAME AND ADDRE	OF DEAD CITY OF OF HISPANIC An, Maxican, Specify: THER'S NAMI agenia or or Rural Ro eet, Ba	C ORIGIN? (Specify) Puarto Rican, atc.) 16b. KIND OF B Sea: E (First, Middle, Melde a Simpsor oute Number, City or R altimore,	USINESS/INDUS FOOD Way, State, Zip C MD 21 OCATION — CR	I. BIRTHPLACE (State Country) Maryland Y OF DEATH 10d. INSIDE a LIMITS? 1 YES 2 EN OF WHAT COUNTR SA 4. RACE — American Black, Whita, atc. Specify: White STRY 205 ty or Town, Stata
9a. FACILITY NAME (If not institution, give street and it 3800 Bank Street RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10c. STREET AND NUMBER 407 N. Glover Street 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completes Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First. Middle, Last) Orville Costin Crock 19a. INFORMANT'S NAME (Type/Print) John Crockett 20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from a Donation 5 Other (Specify) 21. SIGNATURE OF FÜNERAL SERVICE LICENSEE F 223. FART i. Enter the diseases, or complicate chause. Enter UNDERLYING CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	number) a et s DECEDENT EVER IN ICES? 1 TYES ES, GIVE WAR OR DAI d) e (1-4 or 5+) Cett Renald Wac 8/	10c. CT I U.S. ARMED 2 □ NO ITES 100 16a. DECEDENT'S (Give kind of life. Do NOT u Sa 19b. MAILING 407 1 PLACE AND DATE elery, cremetory or of life. Dir /4/92	9b. CITY, Ball TY, TOWN O Balti 13. V 1 13. V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOWN OR LOCATION IT LOCATION MOTE 101. ZIP COD 2 1 2 (1) MAS DECEMBENT of 19 yes, specify Cube 10 Yes 2 NO CCUPATION Auring most of working (Street and Number of Street and Number over Street and Number of Name of Name and Address over Street and Number over Street and Number over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Address over Street and Number of Name and Name and Address over Street and Number of Name and Name	OF CITY OF OS OF HISPANIC OF HISPANIC OF HISPANIC OF A CONTROL OF HISPANIC O	C ORIGIN? (Specify), Puerto Rican, atc.) 16b. KIND OF B Sea: BE (First, Middle, Maide, a Simpsor pute Number, City or R altimore,	USINESS/INDUS FOOD IN Sumeme) MD 21 OCCATION — CRE	Maryland Y OF DEATH 10d. INSIDE LIMITS? 1 YES 2 EN OF WHAT COUNTR SA 4. RACE — American Black, White, atc. Specify: White STRY
3800 Bank Street RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10c. STREET AND NUMBER 407 N. Glover Street 11. MARITAL STATUS 1 Never Married 2 Married 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 17. FATHER'S NAME (First. Middle, Last) 10 17. FATHER'S NAME (First. Middle, Last) 10 17. FATHER'S NAME (First. Middle, Last) 10 18. INFORMANT'S NAME (Type/Print) 19. INFORMANT'S NAME (Type/Print) 10 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. INFORMANT'S CONSTRUCT CONSTRUCTION 19. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. INFORMANT'S CONSTRUCT CONSTRUCTION 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. INFORMANT'S CONSTRUCT CONSTRUCTION 22. SIGNATURE OF FUNERAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 18. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 19. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 19. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 19. SEQUENTIAL SERVICE LICENSEE FOR SHOCK, or heart fellure. List only 19. SEQUENTIAL SERVICE LICENSEE FOR	et S DECEDENT EVER IN ROCES? 1 YES ES, GIVE WAR OR DAT O) • (1-4 or 5+) Ronald Wac Ronald Wac State Ronald Wac Mittons that caused	19b. MAILING 407 I PLACE AND DATE ster, crematory or company of the company or company o	Balti TY, TOWN O Balti 13. Y 13. Y 15. USUAL OC WORK done o work done o so retind) Lesma 3. ADDRESS N. gl. OF DISPOSI ther place)	Itimore PRICATION MOTE 107. ZIP COD 2120 MAS DECENDENT (1 yes, specify Cube ITION (Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name of Name and Address to the Name of Name	City DE 05 OF HISPANIC An, Maxican, Specify: Ing THER'S NAMI Ligenia or or Rural Ro eet, Ba	C ORIGIN? (Specify 1) Puerto Rican, etc.) NO 16b. KIND OF B Sea: E (First, Middle, Meidle a Simpsor pute Number, City or R altimore,	USINESS/INDUS FOOD IN Sumeme) MD 21 OCCATION — CRE	10d. INSIDE LIMITS? 1 YES 2 EN OF WHAT COUNTR SA 4. RACE — American Black, White, stc. Specify: White
Maryland 10e. STREET AND NUMBER 407 N. Glover Street 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completes Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First. Middle, Last) Orville Costin Crock 19e. INFORMANT'S NAME (Type/Print) John Crockett 20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE FOR Security in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d	S DECEDENT EVER IN INCES? 1 VES ES, GIVE WAR OR DATE O) O (1-4 or 5+) Cett Ronald Wac 8/	19b. MAILING 407 I PLACE AND DATE ster, crematory or company of the company or company o	13. V. TOWN O Balti 13. V. S. USUAL OC Work done or melmal.) 1 es ma 2 ADDRESS 3. Gl. OF DISPOSITE their place)	MOTE 101. ZIP COD 2 12 (MAS DECENDENT of 1 yes, specify Cube Yes 2 No CCUPATION furing most of works In 18. MOTE (Street and Number OVERSTREE TION (Name of	OF OF HISPANIC an, Maxtean, Specify: Ing THER'S NAMI agenia or or Rural Ro eet, Ba	Puerto Rican, etc.) NO 16b. KIND OF B Sea: E (First, Middle, Meldle, a Simpsor pute Number, City or R altimore, OATE 20c. L	USINESS/INDUS FOOD IN Sumeme) MD 21 OCATION — CR	LIMITS? 1 YES 2 EN OF WHAT COUNTR A. RACE — American Black, White, atc. Specify: White STRY 205 ty or Town, State
Maryland 10e. STREET AND NUMBER 407 N. Glover Street 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completes Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First. Middle, Last) Orville Costin Crock 19e. INFORMANT'S NAME (Type/Print) John Crockett 20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE FOR Security in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d	S DECEDENT EVER IN INCES? 1 VES ES, GIVE WAR OR DATE O) O (1-4 or 5+) Cett Ronald Wac 8/	19b. MAILING 407 I PLACE AND DATE ster, crematory or company of the company or company o	13. V. TOWN O Balti 13. V. S. USUAL OC Work done or melmal.) 1 es ma 2 ADDRESS 3. Gl. OF DISPOSITE their place)	MOTE 101. ZIP COD 2 12 (MAS DECENDENT of 1 yes, specify Cube Yes 2 No CCUPATION furing most of works In 18. MOTE (Street and Number OVERSTREE TION (Name of	OF OF HISPANIC an, Maxtean, Specify: Ing THER'S NAMI agenia or or Rural Ro eet, Ba	Puerto Rican, etc.) NO 16b. KIND OF B Sea: E (First, Middle, Meldle, a Simpsor pute Number, City or R altimore, OATE 20c. L	USINESS/INDUS EOOd In Surreme) MD 21 OCATION — CR	LIMITS? 1 YES 2 EN OF WHAT COUNTR A. RACE — American Black, White, atc. Specify: White STRY 205 ty or Town, State
10e. STREET AND NUMBER 407 N. Glover Stree 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) College 10 17. FATHER'S NAME (First, Middle, Last) Orville Costin Crock 19e. INFORMANT'S NAME (Type/Print) John Crockett 20e. METHOD of DISPOSITION 1 Burles 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE F 23. FART I. Enter the diseases, or complicate shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	S DECEDENT EVER IN INCES? 1 VES ES, GIVE WAR OR DATE O) O (1-4 or 5+) Cett Ronald Wac 8/	19b. MAILING 407 I PLACE AND DATE ster, crematory or company of the company or company o	Balti 13. V 13. V 15. USUAL OC Work done of so retired) 16. S ADDRESS N. gl. OF DISPOSI	MOYE 101. ZIP COD 212(MAS DECENDENT (I yes, specify Cubul 1 yes, specify Cubul 1 YES 2 NO COUPATION Auring most of works IN 18. MOT Et (Street and Number OVERSTREE ITION (Name of	05 OF HISPANIC An, Maxican, Maxican, Specify: Ing THER'S NAMM LIGENIA OF OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OTHER OF OTHER OTHER OF OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER O	Puerto Rican, etc.) NO 16b. KIND OF B Sea: E (First, Middle, Meldle, a Simpsor pute Number, City or R altimore, OATE 20c. L	USINESS/INDUS EOOd In Surreme) MD 21 OCATION — CR	LIMITS? 1 YES 2 EN OF WHAT COUNTR A. RACE — American Black, White, atc. Specify: White STRY 205 ty or Town, State
10e. STREET AND NUMBER 407 N. Glover Street 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) College 10 17. FATHER'S NAME (First, Middle, Last) Orville Costin Crock 19e. INFORMANT'S NAME (Type/Print) John Crockett 20e. METHOOF DISPOSITION 10 Burlet 2 Cremation 3 Removal from 10 Burlet 2 Cremation 3 Rem	S DECEDENT EVER IN INCES? 1 VES ES, GIVE WAR OR DATE O) O (1-4 or 5+) Cett Ronald Wac 8/	10.S. ARMED 2 NO 10. NO 10. DECEDENT: (Give kind of life. Do NOT a Sa 19b. MAILING 407 1 PLACE AND DATE atery, cremetory or a de, Dir /4/92	13. V 13. V 13. V 14. V 15. USUAL OO work done of one retired.) 1 esma 2 ADDRESS 1. gl. OF DISPOSITHER place)	101. ZIP COD 2 12 (NAS DECENDENT of 1 yes, specify Cubu Yes 2 NO CUPATION Auring most of works IN 18. MOT Et (Street and Number OVERSTEE ITION (Name of	05 OF HISPANIC An, Maxican, Maxican, Specify: Ing THER'S NAMM LIGENIA OF OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OTHER OF OTHER OTHER OF OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER O	Puerto Rican, etc.) NO 16b. KIND OF B Sea: E (First, Middle, Meldle, a Simpsor pute Number, City or R altimore, OATE 20c. L	USINESS/INDUS EOOd In Surreme) MD 21 OCATION — CR	EN OF WHAT COUNTR
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specily only highest grade complete: 10 17. FATHER'S NAME (First, Middle, Last) Orville Costin Crock 19a. INFORMANT'S NAME (Type/Print) John Crockett 20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Removal from 4 Donation 5 Other (Specily) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FOR Shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	S DECEDENT EVER IN S DECE	2 NO NTES NO 16a. DECEDENT'S (Give kind of life. Do NOT a Sa 19b. MAILING 407 1 PLACE AND DATE elery, cremetory or of de, Dir /4/92	S USUAL OC Work done of some of the some o	212(MAS DECENDENT (1 yes, specify Cube	05 OF HISPANIC An, Maxican, Maxican, Specify: Ing THER'S NAMM LIGENIA OF OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OTHER OF OTHER OTHER OF OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER O	Puerto Rican, etc.) NO 16b. KIND OF B Sea: E (First, Middle, Meldle, a Simpsor pute Number, City or R altimore, OATE 20c. L	USINESS/INDUS EOOd In Surreme) MD 21 OCATION — CR	4. RACE — American Black, White, atc. Specify: White STRY
11. MARITAL STATUS 1	S DECEDENT EVER IN S DECE	2 NO NTES NO 16a. DECEDENT'S (Give kind of life. Do NOT a Sa 19b. MAILING 407 1 PLACE AND DATE elery, cremetory or of de, Dir /4/92	S USUAL OC Work done of some of the some o	NAS DECENDENT (1 yes, specify Cubs, specify Cubs, yes, specify Cubs, yes, yes, yes, yes, yes, yes, yes, ye	OF HISPANIC en, Maxican, Specify: Ing THER'S NAMI LIGENIA or or Rural Ro eet, Ba	Puerto Rican, etc.) NO 16b. KIND OF B Sea: E (First, Middle, Meldle, a Simpsor pute Number, City or R altimore, OATE 20c. L	USINESS/INDUS EOOd on Sumeme) 1 Wm, State, Zip C MD 21 OCATION — CR	4. RACE — American Black, White, atc. Specify: White STRY 205 ty or Town, Stata
3 Widowed 4 Divorced 13 DECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Last) Orville Costin Crock- 19a. INFORMANT'S NAME (Type/Print) John Crockett 20a. METHO of DISPOSITION 1 Burlet 2 Commission 3 Removal from 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE F. 23. FART I. Enter the diseases, or complication shock, or heart failure. List only limited in the cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cett State 20b.1 ceme Ronald Wac 8/	19b. MAILING 407 1 PLACE AND DATE stery, crematory or code, Dir /4/92	S USUAL OC Work done of some of the some o	1 yes, specify Cube 1 YES 2 NO CCUPATION fluring most of world 1.1 18. MOT Et (Street and Number OVERSTREE ITION (Name of	en, Maxkean, Specify: ing THER'S NAMI ligenia or or Rural Ro eet, Ba	Puerto Rican, etc.) NO 16b. KIND OF B Sea: E (First, Middle, Meldle, a Simpsor pute Number, City or R altimore, OATE 20c. L	USINESS/INDUS FOOD In Surneme) Way, State, Zip C MD 21 OCATION — CR	Black, White, atc. Specify: White STRY 205 ty or Town, State
(Specify only highest grade complete: Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Last) Orville Costin Crock 19a. INFORMANT'S NAME (Type/Print) John Crockett 20a. METHOD OF DISPOSITION 1	Ronald Was	(Ghe kind of life. Do NOT use Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa	work done of see retired.) 1 esma 3 ADDRESS J. gl. OF DISPOSITHER place)	18. MOT 18. MOT Et (Street and Number OVERSTRE	HER'S NAM Ugenia or or Rural Ro Bet, Ba	Sea: SE (First, Middle, Meldle a Simpsor pute Number, City or R altimore,	Food In Sumeme) In Sumer Exp Common State, Zip Common 21 OCATION — Cite	ode) 205 ty or Town, Stata
Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Last) Orville Costin Crock- 19e. INFORMANT'S NAME (Type/Print) John Crockett 20e. METHOO of DISPOSITION 1 Burlet 2 Cremation 3 Removal from 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE F. 23. FART I. Enter the diseases, or complice shock, or heart failure. List only immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	(1-4 or 5+) Renald Was 8/	19b. MAILING 407 I	ADDRESS J. gl. OF DISPOSI	18. MOTE Et (Street and Number OVERSTRE	HER'S NAM Ugenia or or Rural Ro Bet, Ba	a Simpsor oute Number, City or R altimore,	on Surname) Nown, State, Zip Co MD 21 OCATION — CR	205 ty or Town, Stata
Orville Costin Crock 19a. INFORMANT'S NAME (Type/Print) John Crockett 20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FOR Concept of the Community of the	Ronald Was	PLACE AND DATE atery, crematory or or or de, Dir /4/92	OF DISPOSI	Et (Street and Number OVERSTRE	ugenia or Aural Ao eet, Ba	a Simpsor oute Number City or R altimore, oate 20c. L	MD 21	205 ty or Town, Stata
19a. INFORMANT'S NAME (I/pe/Print) John Crockett 20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from 2 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE FOR STATE (In Enter the diseases, or complice shock, or heart feiture. List only indicate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Ronald Was	PLACE AND DATE atery, crematory or or or de, Dir /4/92	OF DISPOSI	Et (Street and Number OVERSTRE	ugenia or Aural Ao eet, Ba	a Simpsor oute Number City or R altimore, oate 20c. L	MD 21	205 ty or Town, Stata
19a. INFORMANT'S NAME (I/pe/Print) John Crockett 20a. METHOD of DISPOSITION 1	Ronald Was	PLACE AND DATE atery, crematory or or or de, Dir /4/92	OF DISPOSI	(Street and Number OVETSTYE ITION (Name of	eet,Ba	oute Number, City or Raltimore,	MD 21 OCATION — CR	205 ty or Town, Stata
20a. METHOD OF DISPOSITION General Survey General Su	Ronald Wad	PLACE AND DATE atery, crematory or or or de, Dir /4/92	OF DISPOSI	OVERSTRE	eet,Ba	oATE 200.1	MD 21	205 ty or Town, Stata
Burlet 2 Cremetion 3 Removal from 6 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE F. 223. PART I. Enter the diseases, or complice shock, or heart failure. List only limited the service of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Ronald Wad	PLACE AND DATE stery, crematory or or of the place of the	OF DISPOSI	ITION (Name of		OATE 20c. L	OCATION — CR	ty or Town, State
23. FART I. Enter the diseases, or complice shock, or heart failure. List only immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ations that coused	14/92	1		SS OF FACI	IUTY State		
23. FART i. Enter the diseases, or complice shock, or heart feilure. List only immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	tions that caused	14/92	1					man 17 7
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	itions that caused	Section 1			ltimo	re St, Ba		my Board 21201
that initiated events resulting in death) LAST	DUE TO (OR AS A O	Z A	Lo	Lo lisn	n			
	DUE TO (OR AS A							
PART II. Other significant conditions contril		at not resulting	in the und	derlying cause (given in P	Part I. 24e. WAS A PERFC 1 TYES	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPS AMILABLE PRI COMPLETION OF OEATH? 1 YES 2
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF O	DEATN (Checi	k only one)		
EXAMINER? WES 2 NO 1 Inp	ITAL: atlent 2 ER/Outpet	itlent 3 🗆 DOA	OTHER			3.7	Par	king Lot
	DATE OF INJURY	28b, TIM	E OF	28c. INJURY AT		28d. OESCRIBE NOW		
Netural 5 Pending Investigation	(Month, Day, Year)	.IN.	M	WORK?				
a	building, etc. (Specif	At home, ferm,	street, facto			281. LOCATION (Stree City or Town, Stat		Rural Route Number,
9e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the								
95 SIGNATURE AND TITLE OF CERTIFIER		14 0			ENSE NUMB			
// a112	pho	M(1)		411111			P AT	GIGNED (Month, Day, Ye
MA WE AND ADDRESS OF PERSON WHO COMPLI	ETED CAUSE OF DEAT				.C.M.		1 0//	/30/1992
11. DATE FILEO (Month, Day, Year) 732.	4 4 4 4 4	_111 Pe	nn St	reet, B	altim	ore. Mar	yland	21201

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physical	burial director, page 5 should be detached for use as the burial-moval.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cemation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)				OAIL	OF DEA		_	REG. NO	<i>)</i> .		T
	Joseph		Cox				Jul		DAY 1	YEAR	3. TIME OF DEAT
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	AD SELMOS	R 24 HRS,	T DATE	05 00000	0 1	992	
	1 🕅 M 2 🗆 F	- 20-120	YRS.		YS HOURS	MIN.	(Mon	th, Day, Year)	1061	Cour	THPLACE (State or Fo
219-92-2640	- AK	27	THS.					. 15,	1964	Was	hington
9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TO	WN OR LOCAT	ION OF D	EATH		9c. COU	INTY OF	DEATH
4940 Eastern Ave	2			Balt	imore	City	J				
10a. STATE 10b. COUNT	Y		10c, CITY	, TOWN OR L	OCATION						10d. INSIDE CITY
Maryland			Bal	timor	е						1 TY YES 2 [
10e. STREET AND NUMBER					10f. ZIP COI	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
4517 Wilmslow	Rd.				2121	0			U:	SA	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	12 WEG	DECENDENT		NIC OBIGI	N2 (Parally V			CE - American India
1 V Never Married 2 Merried	FORCES? 1	YES ZX	NO	If ye	s, specify Cub	an, Mexica	en, Puerto	Rican, etc.)	rs or No-	Bla	ck, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		10	YES 2X NO	Specif	ly:			Spe	White
15. DECEDENT'S EDU	CATION	1.00					1.00	1			WILLE
(Specify only highest grade		164.	DECEDENT'S (Give kind of w	vork done durin	PATION og most of work	ing	161	b. KIND OF B	JSINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	•)									
12		S	tudent					Educat	ion		
17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First,	Middle, Malde	n Sumame)		
Donald Edward	Cox				Ba	rbar	a An	n Nall	ev		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and Numbe					n Code)	
Barbara Ann Cox					ow Rd.						
20e. METHOD OF DISPOSITION						, ра	-				
1 Burial 2 Cremation 3 Rem	noval from State		CEAND DATE C		N (Name of		DAT		DCATION -		
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Mays	Chape	1 Ceme	etery		8/:	3 Tim	oniu	n, M	D
					E AND ADDR						
23. PART I. Entar the diseases, or o	awson complications the	t caused the	daath. Do n	Lemm 10 V	non-Mi V. Pad	tche onia	11-W: Rd.	, Timo	nium,	, MD	21093
Martin D. L. 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	awson complications the	ise on each li	death. Do n	Lemm 10 V	non-Mi V. Pad	tche onia	11-W: Rd.	, Timo	nium,	, MD	21093 Approximal Interval Be Onset and
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO	USE ON EACH II	SEQUENCE OF	Lemm 10 V ot antar the	non-Mi V. Pad	tche onia	11-W: Rd.	, Timo	nium,	, MD	Approxima
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	Cysle (on as a cons	SEQUENCE OF	Lemm 10 V ot antar the	non-Mi V. Pad	tche onia	11-W: Rd.	, Timo	nium,	, MD	Approxima
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO	USE ON EACH II	SEQUENCE OF	Lemm 10 V ot antar the	non-Mi V. Pad	tche onia	11-W: Rd.	, Timo	nium,	, MD	Approxima
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO b. DUE TO d. DUE TO	(OR AS A CONS	BEOUENCE OF	Lemma 10 V not antar the	non-Mi N. Pad mode of d	tche onia ying, suc	Rd.	, Timo	nium,	, MD reat,	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO d. DUE TO	(OR AS A CONS	BEOUENCE OF	Lemma 10 V not antar the	non-Mi N. Pad mode of d	tche onia ying, suc	Rd.	, Timo	nium,	, MD reat,	Approximation interval Be Onset and
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO d. DUE TO	(OR AS A CONS	BEOUENCE OF	Lemma 10 V not antar the	non-Mi N. Pad mode of d	tche onia ying, suc	Rd.	, Timo	nium,	, MD reat,	Approximation of the complete
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. DUE TO d. DUE TO	(OR AS A CONS	BEOUENCE OF	Lemma 10 V not antar the	non-Mi N. Pad mode of d	tche onia ying, suc	Rd.	, Timo	nium,	, MD reat,	Approximation of the complete
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. DUE TO b. DUE TO d. DUE TO	(OR AS A CONS	BEOUENCE OF	Lemm 10 V oot antar the	non-Mi N - Pad mode of dy	tche onia ylng, suc	11-W: Rd. Part I.	odlac or respondence	nium,	, MD reat,	Approximation of the complete
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	awson complications the List only one can a. Muld DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONSTITUTE OF AS A CONS	SECUENCE OF	Lemma 10 V oot antar the visit of the under visit o	non-Mi N. Pad mode of dy fyling cause	tche onia ylng, suc	Rd. Rd.	24a. WAS A PERFO	N AUTOPSY RMED?	MD reat,	Approximatinterval Be Onset and Interval Be
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No	awson complications the Liet only one can a. Muld DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpatient 2	(OR AS A CONSTITUTE OF AS A CONS	SECUENCE OF	Lemming 10 V not antar the visit of the under visit	non-Mi N. Pad mode of dy fyling cause S. PLACE OF I	tche onia ylng, suc	Part I.	24a. WAS A PERFO	N AUTOPSY RMED?	, MD reat,	Approximation of the complete
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a. Mula DUE TO b. DUE TO d	(OR AS A CONSIDER OF AS	BEOUENCE OF	Lemmino 10 Violation and an interview of the under the u	non-Mi N. Pad mode of dy home solution Minute of the control of th	given In	Part I.	24a. WAS A PERFO	N AUTOPSY RMED?	MD reat,	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No	a. Mula DUE TO b. DUE TO d	(OR AS A CONSTITUTE OF THE PROPERTY OF THE PRO	SECUENCE OF	Lemmino 10 Violation and an interview of the second	non-Mi N. Pad mode of dy mode of dy flying cause S. PLACE OF Home 5 R NJURY AT WORKY YES 2 2	given In	Part I.	24a. WAS A PERFO	N AUTOPSY RMED?	MD reat,	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 5 Could not be	a. DUE TO b. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, C) 07/30 28e. PLACE OF	(OR AS A CONSIDER OF AS	SECUENCE OF	Lemmino 10 Violation and an interview of the second	non-Mi N. Pad mode of dy mode of dy flying cause S. PLACE OF Home 5 R NJURY AT WORKY YES 2 2	given In	Part I. Pack only on 8 % only 284. DE SUL 1. 281. LOC	24a. WAS ALPERFO	NAUTOPSY RMED? 2 NO HOSP: INJURY OC JUMPE	ital	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	a. DUE TO b. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, C) 07/30 28e. PLACE OF	(OR AS A CONS (OR AS	SECUENCE OF RECUENCE Lemming 10 V	tyling cause S. PLACE OF I Mome 5 R INJURY AT WORK? YES 2	given In	Part I. S & Other 28d. DE Ch 1 281. LOC Ch 1 281. LOC Ch 2	24a. WAS AL PERFO	N AUTOPSY RMED? 2 NO HOSP: NUMBER NO MINIMARY OF THE PROPERTY OF THE PROPER	ital	Approximatinterval Be Onset and Onse	
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 5 Could not be determined	a. DUE TO b. DUE TO d. DUE	(OR AS A CONSTITUTE OF THE PROPERTY OF THE PRO	SEQUENCE OF TESTING I	Lemming 10 V	tyling cause S. PLACE OF I Home 5 R INJURY AT WORK? TYES 2) office	given in	Part I. Pack only of a Month of the Children	24e. WAS A PERFC 1 VES 1 PCC 1	NAUTOPSY RMED? 2 NO HOSP: NUMBER AND AUTOPSY RMED? 2 NO AND AUTOPSY RMED? 2 NO AND AUTOPSY RMED? AND AUTOPSY RMED? AND AUTOPSY RMED? AND AUTOPSY RMED? AND AUTOPSY RMED? AND AUTOPSY RMED? AND AUTOPSY RMED?	ital cureo ed Od	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 5 Could not be determined	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSTITUTE OF THE PROPERTY OF THE PRO	SEQUENCE OF Tresulting I 3 DOA 20b. Time inul 2:55. home, term, a	Lemming 10 V or antar the solution of antar the solution of antar the solution of the solution	fyling cause S. PLACE OF I Mome 5 R INJURY AT VER 2 office ounds dete end place	given In	Part I. Part I. 28d. DE SUL City Carly or to the car	24a. WAS A PERFC 1 (Specify) SCRIBE HOW DICCL MINCY AATION (Street or Town, State 1940 E	NAUTOPSY RMED? 2 NO HOSP: INJURY OC JUMPe and Number aster	ital cureo ed Of	Approximation of the second of
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Suicide Suicide Siculoide Could not be determined 29e. CERTIFIER (Check only)	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSTITUTE OF THE CON	SEQUENCE OF Tresulting I 3 DOA 20b. Time inul 2:55. home, term, a	Lemming 10 V or antar the solution of antar the solution of antar the solution of the solution	tying cause tying cause s. PLACE OF I Home 5 R INJURY AT WORK? YES 23 office bunds dete end piece on, death occur	given In	Part I. Par	24a. WAS A PERFC 1 (Specify) SCRIBE HOW DICCL MINCY AATION (Street or Town, State 1940 E	N AUTOPSY RMED? 2 NO HOSP: INJURY OC Jumpe and Number aster Inner ea state	ital cureo ed Oi ror Rurel no Avenue	Approximation of the state of t

DHMH-16 Rev 1/89



ເດົ	
13146,	
÷	
ro -	
<u> </u>	
•	
BOX	
\simeq	
10	
_4	
0	
<u>Р</u> О	
ທ	
RECORDS,	
0	
ŏ	
$\widetilde{\mathbf{m}}$	
~	
ш.	
_	
ď	
VITAL	
>	
OF.	
$\overline{}$	
\mathbf{O}	
7	
SION	
$\overline{\mathcal{L}}$	
CD	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

31. DATE FILED (Month, Day, Year)

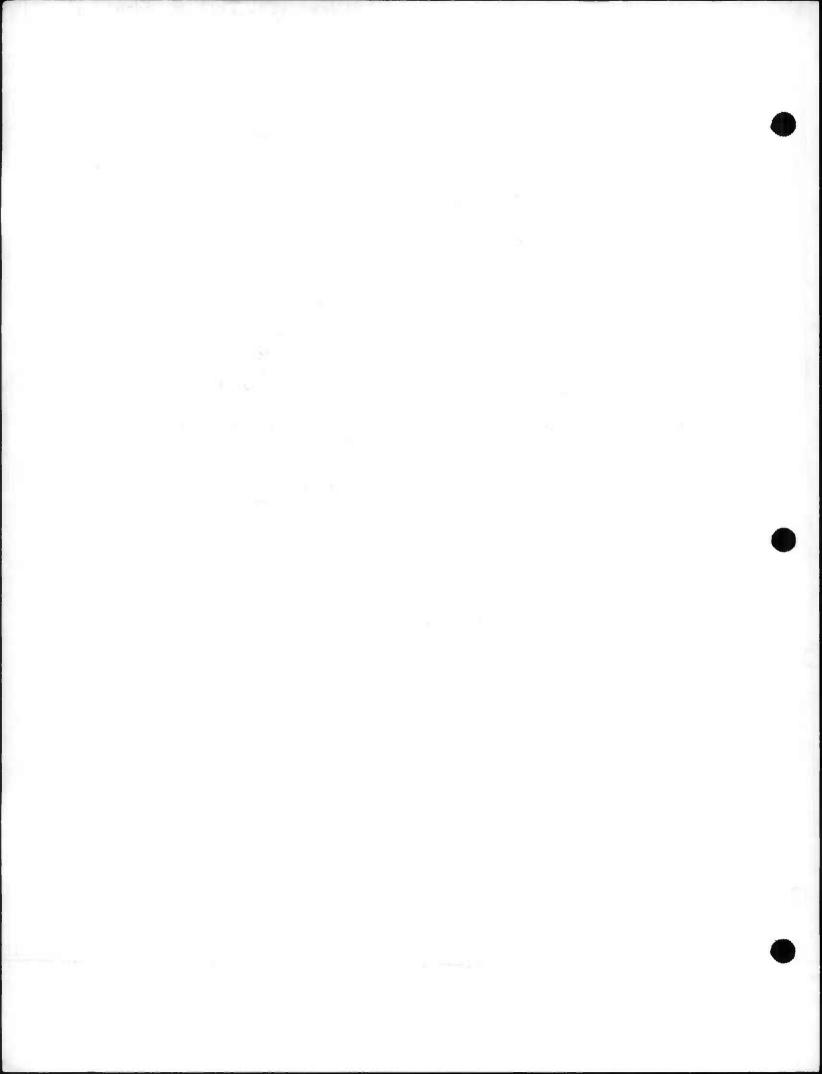
mit. Pages 1, 2, 3 should

ENT	0	F	HI	EA	LT	H	Al	ND	ME	NT	AL	H	YG	IEN	E											
											F	A	L	LS	T	0	10	9	2			2		3 () '	-
				200	-		No.			-	90						0	2	1	2	1	10	7	F		
	'n	600 12		8	d	ř	A	Ř	K	1								0	7	1	2	41	9	2		
									90						2	1	4	901	2	Q.	ant i	32	8	6		
	ζ	1	ě.	ñ	4	ħ	1	5	. 1	1	L 6	1	RI	E	A	1		桐	1	2	0			h.		

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C		TMENT				MEN	TAL HY			26	21307
	1. OECEOENT'S NAME (First	, Middle, Last)			1.						ATE OF D	EATH		VFAR	3. TIME OF DEATH
	Valer	ie Alb	ertine C	lements	,						1 у	30		992	630 AM
	4. SOCIAL SECURITY NUM		6. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1			R 24 HRS.		ATE OF BI				IPLACE (State or Foreign
	214-20-028	6	1 □ M 2 X F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	Fe	b. 2	1, 1	902	Mar	yland
	90, FACILITY NAME (If not in		treet and number)	•		9b. CITY	TOWN C	R LOCAT	ION OF D				9c. COU	NTY OF N	EATH
۳ ا	Fallston G	eneral	Hospita	1		Fa1	l1st	on					На	rfor	d
DIRECTOR	RESIDENCE OF DEC	CEDENT											,		
8	10e. STATE	10b. COUNTY				Y, TOWN OF									10d. INSIDE CITY LIMITS?
	Maryland		arford			arlin	_								1 YES 2 NO
¥	10e. STREET AND NUMBER						101	. ZIP COD					3017		WHAT COUNTRY?
FUNERAL	1540 Robin	son Mi						210					US		
2	11. MARITAL STATUS 1 Never Merried 2	Mandad	12. WAS OECEOEN	T EVER IN U.S. AI							RIGIN? (Sp erto Ricen,		or No-	14. RACI Blaci	E — Americen Indien, k, White, etc.
B	3 Widowed 4 Dive			MAR OR DATES A					Specif					Spec	White
		EDENT'S EDUC	CATION	I ste D	ECEOENT'S	USUAL OC	CUBATIC	NA .		_	10h KIMI	OF BUI	SINESS/INI	DUCTOV	WILLEE
	(Specify on	ly highest grade	completed)	(0	live kind of a Do NOT u	work done du	uring mo	st of work	ing		IOD. KINL	OF BUS	HAE39/INI	JUSTRI	
2	Elementary/Secondery (0-12)	College (1-4 or 5	+)	ousew						Hom	emak	cing		
COMPLETED	17. FATHER'S NAME (First, A	Airiclin Last)						10. MOT	HER'S NA	AME (F	irst, Middle				
	John Willi	- 11	1or								tser		ourren, o		
TO BE	19e. INFORMANT'S NAME (Type/Print)				ADDRESS		nd Numbe	or or Rural	Route	Number, Ci	ty or Tow			
F	William Do		Clements			Boxe					ocke				21030 own, State
	100 Burle! 2 Cremetic		oval from State	other p	(ace)	tist			,		ry				
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE						SS OF FA			-			
	Martin	D. La	wson								Wied				21093
	23. PART I. Enter the d		compilectione the			not enter t	he mo	de ot dy	ring, suc	ch ee	cerdiac	or reepi	ratory si	rest,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (FI		and only one ou	oso on occir in											Onset and Deeth
	disease or condition resulting in death)		Λ Ι												
		→	. It cute	m40	card.	· q	in	tarc	too	١,					Hours
		→	4 /	M 40	card.	PF):	1~	tarc	tion	١,					Hours
N N	Sequentially list condition		Hemo	rrhage	card EQUENCE C	PF:	1~	PPE	tion	6	1 6	lee	d		Honrs days.
TION	Sequentielly list conditions of the sequenties o	dete	b. Hemo	O (OR AS A CONSE	COUENCE O	Q DF):	1~	ppe	tion	6	(b	lee	d		Hours days.
ICATION	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju	diete	. Hemo DUE TO Ben	or or as a gonse	SUENCE O	OF): (d My OF): Y'C	1~	fre	rolce	6	(b	lee	d		days.
TIFICATION	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	diete ring ury	. Hemo DUE TO Ben	O (OR AS A CONSE	SUENCE O	OF): (d My OF): Y'C	1~	fre	relce	6	(b	lee	d		days.
SERTIFICATION	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju	diete ring ury	. Hemo DUE TO Ben	or or as a gonse	SUENCE O	OF): (d My OF): Y'C	i~	ppe U	relce	6	(b	lee	d		days.
AL CERTIFICATION	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	ediete YING ury	b. Heno DUE TO DUE TO	O (OR AS A GONSE O (OR AS A GONSE O (OR AS A CONSE	S C S	10 mg						. WAS AN	AUTOPSY	248	Hours days.
甘	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Diseese or injuithat initiated events resulting in deeth) LAS	ediete YING ury	b. Heno DUE TO DUE TO	O OR AS A CONSE	S C S	10 mg	derlyin		given in		i. 24a.	WAS AN	AUTOPSY	248	AMILABLE PRIOR TO COMPLETION OF CAUSE
귤	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in deeth) LAS	ediete ING ury ST ant condition hear	b. Hemo DUE TO C. Ben DUE TO d. Contributing to	O OR AS A GONSE	COUENCE C	in the und	derlyin	g cause	given in	Part	i. 24a.	. WAS AN	AUTOPSY	244	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LAS	ant condition heart	b. Hemb DUE TO C. Ben DUE TO d. t diseas	O OR AS A GONSE O OR AS A CONSE O OP AS A CONSE O deeth but not E WIT	COUENCE COUENC	in the unc	Br. H	g cause and	given in	Part	i. 24a.	WAS AN	AUTOPSY	246	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injustrat initiated events resulting in deeth) LAS PART II. Other signific TS Chamic Apric Ste Penia, Lu 25. WAS CASE REFERRED 1	ant condition hear MOSiS	b. Hemb DUE TO C. Ben DUE TO d. COP	O OR AS A GONSE O OR AS A CONSE O OP AS A CONSE O deeth but not E WIT	COUENCE C	in the und	derlying Brain	ancl The	given in	Part	1. 24a.	WAS AN	AUTOPSY	248	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in deeth) LAS PART II. Other signific LS Chamic Apric Ste Penia, Ly	ant condition hear MOSiS	b. Hemb DUE TO C. Ben DUE TO d. t diseas	o (of as a conse o (of as a conse o (of as a conse o deeth but not e with D, Coq	COURNE COURSE CO	in the under	derlying Braity With	g cause and I	given in	Part OCY	i. 24a.	WAS AN PERFOR	AUTOPSY	24t	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in deeth) LAS PART II. Other signific. Is clean to April CAUSE Stephine S	ant condition hear MOSiS	b. Hemb DUE TO C. Ben DUE TO d. IS CONTributing to COP SS Pro HOSPITAL: 18 Inputent 2 286. DATE O	O (OR AS A GONSE O (OR AS A CONSE	COUENCE C	In the und e	Derlying Bridge Home 26. Pl	g cause ancl anc	given in	Part Cy	i. 24a.	WAS AN PERFOR	AUTOPSY MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LAS PART II. Other signific. IS Cham I C April C April C April C LI S. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	ant condition hear MOSiS Ing Mg Pending	b. Hemb DUE TO C. Ben DUE TO d. IS CONTributing to COP SS Pro HOSPITAL: 18 Inputent 2 286. DATE O	O (OR AS A GONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	COUENCE C	in the under the CIAE	derlying Br W: Hg 26. PI :: Ing Hom 26c. INJ	g cause and the	given in 6/	Part Cy	i. 24a. 1 [nily one) Other (Springer)	WAS AN PERFOR	AUTOPSY MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LAS PART II. Other signific. IS CLAM I C. ACT C. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other sign	ant condition near man co	b. Hemb DUE TO C. Ben DUE TO d. GE CONTributing to COP SS Pro HOSPITAL: 1 N Inpetient 2 26e. DATE O (Month,)	O (OR AS A GONSE O (OR	COLOR COLOR	in the und le The Cing OTHER A OF MURP MURP MURP MED F	derlying Bright 26, PI 26, PI 26, INJ WC	Q Cause A L L ALACE OF INC. TO STATE OF THE STATE OF T	given in 6/	Part Cy	i. 24a. 1 [Other (Spi	WAS AN PERFOR	AUTOPSY MED? ON NO	CCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LAS PART II. Other signific. IS CLAM I C. ACT C. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other signific. II. STE PART II. Other sign	ant condition hear MOSiS Ing Mg Pending	b. Hemb DUE TO C. Ben DUE TO d. GE CONTributing to COP SS Pro HOSPITAL: 1 N Inpetient 2 26e. DATE O (Month,)	O (OR AS A GONSE O (OR	COLOR COLOR	in the und le The Cing OTHER A OF MURP MURP MURP MED F	derlying Bright 26, PI 26, PI 26, INJ WC	Q Cause A L L ALACE OF INC. TO STATE OF THE STATE OF T	given in 6/	Part Cy	i. 24a. 1 [only one) Other (Sp.	WAS AN PERFOR	AUTOPSY MED? ON NO	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injithat initiated events resulting in deeth) LAS PART II. Other signific. IS LAMIC SHE PART II. Other signific. IS LAMIC SHE PART II. OTHER SHEET SHE	ant condition hear no MEDICAL Pending investigation Could not be determined	d. Ben DUE TO d. Ben DUE TO d. C. Ben DUE TO d. C. C. P. S. PLOCE 28e. PLACE 28e. PLACE building	O (OR AS A GONSE O (OR	COUENCE COUENC	in the under the	26. PI	Q Cause A C I A LACE OF F IURY AT PES 2	given in	Cyjiheck o	i. 24a. 1 [Other (Spi) Descrie	WAS AN PERFOR	AUTOPSY IMED? NO NJURY OC	CCURED or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injithat initiated events resulting in deeth) LAS PART II. Other signific. LS LAMIC PART II. Other signific. LS LAMIC ACT C Ste PENIA L 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only)	ant condition hear no MEDICAL Pending Investigation Could not be determined	d. Ben DUE TO C. Ben DUE TO d. C. C. P. S. PLOCE 1 N Inpatient 2 28e. DATE 0 28e. PLACE building	O (OR AS A GONSE O (OR	COUNCE CO	in the under the	derlying Br 26. Pl 1: Ing Hom 26c. INJ WC 1 -	g cause a L ACE OF IURY AT PKS 2	given in	Cyjiheck o	i. 24a. 1 [Other (Spi LOCATIO) City or You te cause(e)	WAS AN PERFOR	AUTOPSY MED? NO NJURY OC and Number	CCURED or or Rural sted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injithat initiated events resulting in deeth) LAS PART II. Other signific. LS LAMIC PART II. Other signific. LS LAMIC ACT C Ste PENIA L 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only)	ant condition A C C A D S i S In G Mg Pending Investigation Could not be determined TIFYING PHYSI DICAL EXAMINE	b. Hemb DUE TO C. Ben DUE TO d. Is contributing to COP SS Pro HOSPITAL: 1 N Inpatient 2 28e. DATE O (Month, 1) 28e. PLACE building	O (OR AS A GONSE O (OR	COUNCE CO	in the under the	derlying Br 26. Pl 1: Ing Hom 26c. INJ WC 1 -	g cause a h c l The A LACE OF THE 5 F THE 7	given in	heck o	i. 24a. 1 Control (Sp. City or You we cause(e), deta and	WAS AN PERFOR	AUTOPSY MED? DI NO NJURY OC and Number more as ste didus to to	or or Rural	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO A. Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injithat initiated events resulting in deeth) LAS PART II. Other signific. IS LEAN IC PART II. Other signific. IS LEA	ant condition A C C A D S i S In G Mg Pending Investigation Could not be determined TIFYING PHYSI DICAL EXAMINE	b. Hemb DUE TO C. Ben DUE TO d. Is contributing to COP SS Pro HOSPITAL: 1 N Inpatient 2 28e. DATE O (Month, 1) 28e. PLACE building	O (OR AS A GONSE O (OR	COUNCE CO	in the under the	derlying Br 26. Pl 1: Ing Hom 26c. INJ WC 1 -	g cause a h c l The A LACE OF THE 5 F THE 7	given in	heck o	i. 24a. 1 Control (Sp. City or You we cause(e), deta and	WAS AN PERFOR	AUTOPSY MED? DI NO NJURY OC and Number more as ste didus to to	or or Rural	ARALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO A. Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	If eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injithat initiated events resulting in deeth) LAS PART II. Other signific. IS LEAN IC PART II. Other signific. IS LEA	ant condition A DS I S Pending Investigation Could not be determined TIFYING PHYSI DICAL EXAMINE E OF CERTIFIES	b. Hemb DUE TO C. Ben DUE TO d. d. se contributing to d. Seq S COP SS Pro HOSPITAL: 1 N Inpetient 2 28e. DATE O (Month, I) 28e. PLACE building CIAN: To the bast of R: On the	O (OR AS A GONSE O (OR AS A G	COLENCE COLENC	In the und If the	26. PIL) WC	g cause a L A LACE OF INDEX INDE	given in 61 Gim he DEATH (C) Residence No	heck o	i. 24a. 1 Control (Sp. City or You we cause(e), deta and	WAS AN PERFOR	AUTOPSY MED? DI NO NJURY OC and Number more as ste didus to to	or or Rural	ARALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO A. Route Number,

32. REGISTRAR'S SIGNATURE

2. Julia Savidson-Portulate

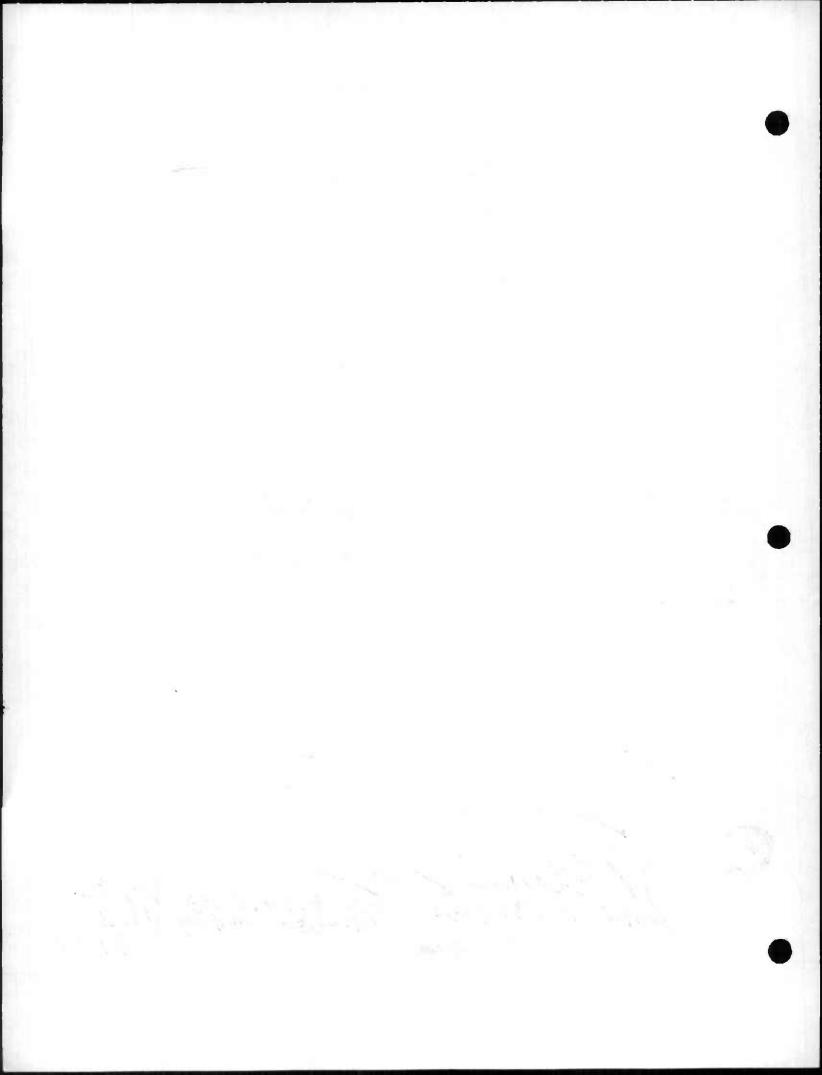


1. DECEDENT'S NAME (First, Middle, Last)

1 - FOR STATE REGISTRAR

F		1. DECEDENT'S NAME (First Atlee M.	1 - 1 - 1	man							2. DATE OF MONTH 8-3	DA	٧	YEAR	3. TIME OF DEATN
		4. SOCIAL SECURITY NUME 219-01-3380	BER	5. SEX	6. AGE (In	n yrs. leat birthde	MONTHS	R t YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH 1	919	Country	
2, 3 should	HO.	39. FACILITY NAME (II not in 3959 Old	stitution, give s		Road				OR LOCATI			- <u>195</u>	9c, COUN	Mar or of or ar fo	
les 1, 2	DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Υ		10c.	CITY, TOWN							I	10d. INSIDE CITY
physician. burlal-transit permit. Pages 1,		Md.						imo							LIMITS?
of peru	RAL	10e. STREET AND NUMBER	odrina	g Avenue				10	1. ZIP COD						HAT COUNTRY?
physician. burlal-trans	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED	13.	WAS DEC		234 DE NISPAN	IC ORIGIN? (S	specify Yee		. S . A	- American Indian,
attending phy se as the bur	ВУ	1 Never Married 2 3 XWIdowed 4 Divo	rced	FORCES? 1				It yes, sp	secify Cube 2 (X NO	m, Mexice	1, Puerto Rica	n, etc.)		Black Specif	, White, etc.
or at	PLETED	15. DEC (Specify onl) Elementary/Secondary (0	EDENT'S EDU y highest grade 1-12)	College (1-4 or 5-4 VYS.		We. Do NO	of work done use retired.)	during me	ON osl of working	ng		D of Bus			
the hospital detached fo once.	COMPL	17. FATHER'S NAME (First, M	iddle, Last)	4 y15.		Sul	ervis	or	16. MOT	NER'S NAI	WE (First, Midd	Pos		Serv	ice
id be	BE C	Samue1		Coffma	n					Mart	ha		Kend		
age 5 should be o	2	Ransome K.	100 2 A	nan							loute Number (
leath. Page 6 may be funeral director, page xaminer must be		20e METHOD OF DISPOSITE	ION n 3 🗆 Rem		ceme	PLACE AND DAT	E OF DISPO	SITION (No	ame of		DATE		CATION — C		wn, State
Page 6 may al director, pa ner must b		4 Donation 5 Other 21. SIGNATURE OF FUNERA		CENSAL	_ ME	Eadowri			cial				ridge		
9 7 9		· Kage	un	h. hu	yole	4	Jo	hn (C. Mi	ller	. Inc.				r Road -21206
completely filled in the completely filled in	CATION	immediate cause (Fin disease or condition resulting in death) Sequentially list condition in any, leading to immediate. Enter UNDERLYI	ona, diete	a DUE TO	(OB-AS A	CONSEQUENCE	OF):								Approximate interval Batwee Onset and Dea
eam ceruncate attending physic nal Hygiene pri y, or other tr	CERTIFI	CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS	· 1	DUE TO	(OR AS A (CONSEQUENCE	OF):								
requires that the deam certificate be exect seen signed by the attending physician and to Health and Mental Hygiene prior to buy shows any injury, or other traumatile.	MEDICAL	PART If. Other significe	nt condition	a contributing to	death but	t not resultin	g in the u	nderlyin	g ceuse (jiven in i		PERFORM	AED?	1	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
rhysician: the law req this certificate has been with the State Dept, of riced, or Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)				
this certifical with the Starked, or Ite	HYSI	1 YES 2 NO		HOSPITAL:			_	sing Hom		sidence i	Other (Sp	ecify)			
After this of death with smarked,	ву Р	1 Netural 5 1 1 2 Accident	Pending nveatigation	28e. DATE OF (Month, D	lay, Year)		IME OF NJURY M	1 🗆 1	YES 2	NO [26d. DESCRI	BE NOW IN	JURY OCC	URED	
CTOR: After after death	ETED	4 Nomicide	Could not be letermined	building,	atc. (Specif)	At home, term	, streat, tec	lory, offic	•		281. LOCATIO City or To	N (Street en wn, Stete)	d Number o	or Aural Ac	oute Number,
	COMPL			CIAN: To the best of R: On the bests of ex											end manner ee stated.
MPOP	O BE	4	U	war	X	8"	2		I. LICE	NSE NUM	715		► 8/	4/	FORM DIE YOU?
V		DOAN	PERSON MAN	Em	AVET,	H (IJEM 27) (7)	. 19 M	n	250	NI	m	4 RG	da	ih	3
18091		AUG 04 19		John David	ASS SIGNAT	indett.							10	1	1047

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020	INIO PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the barral Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

hould

REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH JULY 30 DAY WALTER RAYMOND DUNN 1992 12:30 AM M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 143-05-2128 DAYS HOURS 1 X M 2 | F YRS. DEC. 25, 1914 NEW JERSEY 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WILSON HEALTH CARE GAITHERSBURG MONTGOMERY RESIDENCE OF DECEDENT 10b, COUNTY GAITHERSBURG 10d. INSIDE CITY LIMITS? MONTGOMERY MARYLAND 1 YES 2 X NO FUNERAL 10f. ZIP CODE 109, CITIZEN OF WHAT COUNTRY? #101 10024 STEDWICK ROAD 20879 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 1 TYES 2 1 NO Specify: 3 Widowed 4 Divorced WHITE ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 CHEMICAL RESEARCH ENGINEER RUBBER CO. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname, KATHRYN VANDERBECK DUNN JAMES E. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) $SAME \quad AS \quad \# \quad 10$ 2 RAMONA C. DUNN 20s. METHOD OF DISPOSITION
1 State 2 Cremetion 3 Removal from State
4 Donetion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE GATE OF HEAVEN 8/3 SILVER SPRING, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME 21525 LAYTONSVILLE RD. LAYTONSVILLE, MD. 20882 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate shock, or haert failure. List pnly one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition . Sudden death of uncertain etiology, probable Cerebrovesculd Minutes resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Atheroscieratic cerebral varcoular direcre Years NOI Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CERTIFICAT inhetes Mellitus Years CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Granation stroke in past PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 YES 2 NO OTHER:
4 W Nursing Home 5 Residence 6 Other (Specify) 1 Inpetient 2 ER/Outpetient 3 DOA 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 0-19042 BE 29d, DATE SIGNEO (Month, Day, Year) 10 7130192 2 30. NAME AND AODRESS OF PERSON WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) DR. BYRL D. JOHNSON 911 N. RUSSELL AVENUE GAITHERSBURG, MD. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Tavidson Pandace

1992

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND	MENTA	L HYGIEN		- 6	_1010	
	1. DECEDENT'S NAME (First, Middle, Last,	llian L. Dunx				2. DATE MONT	OF DEATH	DAY 61	YEAR	3. TIME OF DEATH	PM
	4. SOCIAL SECURITY NUMBER 216-18-2333 90. FACILITY NAME (If not institution, give	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	F UNDER I YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept	of BIRTH D. Day, Year)	1923	Country Ma	PLACE (State or Forei	
DIRECTOR	Francis Scott Ke	y Medical Cer	rter	Baltim	ore City			9c. COUNT	Y OF DI	EATH	
L DIRE	100. STATE 10b. COUNTY Maryland Ba 100. STREET AND NUMBER	r ltimore	Dund							10d. INSIDE CITY LIMITS? 1 YES 2 NO)
FUNERAL	2605 Plainfield	Road 12. WAS DECEDENT EVER I			21 2 2 2			Unite	ed S	tates	
B√	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic NO Spec	en, Puerto I	? (Specify Ye Rican, atc.)	s or No— 1	4. RACE Black Specif	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina ma	ON ost of working			SINESS/INDU		wruce	
OMP	8 UCCUS 17. FATHER'S NAME (First, Middle, Last)		Wrapper		18. MOTHER'S N			ntal (ian		
	welbey willey				Lucy J		liddle, Malden	Sumeme)			
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street o	and Number or Rural		oer, City or Tov	vn, Stata, Zip C	ode)		_
F	Horace F. Dunphy		2605 P	lainbi	eld Rd.	Balti	more,	MD 2	122	2	
	20e. METHOD OF DISPOSITION 1	noval from State	PLACE AND DATE OF I netery, cremetory or other Elltop Son	vice C	nan 8/3	792	Tou	ocation - ch	lanu	Rand	
	Brian T. Cheshoe			7922 (NO ADDRESS OF FR RUCK FUN Wise Ave	nue.	Balti	more.	MD		
	23. PART LEnter the disaasaa, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Certarova	ech lina.			ch ea card	iec or resp	iratory arres	st,	Approximeta interval Betw Onset and D	veen
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algoriticant condition Severe alzhei	ne contributing to death b	ut not rasuiting in t	tha underlying	g cause given in	Part I.	24a. WAS AN PERFOR	RMEO?		WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 _ YES 2 _ NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (C)	beck only on	n)				
Sic	EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Reeldence						
품	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year).	28b. TIME O	F 28c. INJ		_		NJURY OCCU	REO		
BY	1 Natural 5 Pending 2 Accident Investigation		12	M 1 🗆 1							
- 48	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	At home, ferm, streetily)			281. LOCA City o	ATION (Street of Town, State)	and Number or	Rural Ro	ute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the best of my knowless: On the basis of exemination	ledge, death occurred a n end/or investigation, i	t the time, date n my opinion, d	end plece, end du	to the ceu	se(e) end mer end place, er	nner es etsted.	:euse(a)	end manner es state	d.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		29d. DATE 9	IGNED (Month, Day, Year)	
F	7.600 J. 500 J	J. Bruz	a MD								
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGN.	arune a Devident	NA STATE	*			-	_		

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

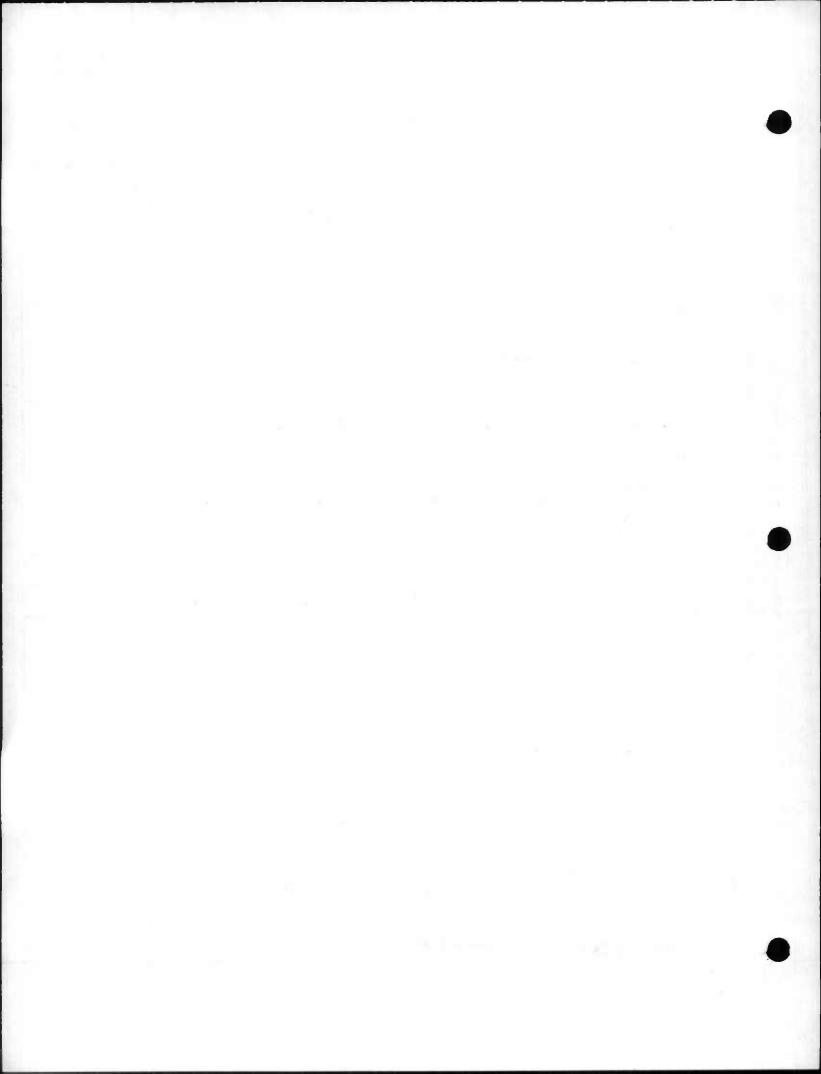
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AUG

The party of the same and the DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1, 2, 3 should		
	ermit. Pages		
hysician.	wrial-transit p		
or aftending p	use as the t		
the hospital	e detached for		-
se retained by	e 5 should be det		mabilind of
rage 6 may 1	I director, pag		have much he
s arter neath.	by the funera	emoval.	diani avami
WITHIN 24 HOUR	pletely filled in	remation, or r	and the ma
De executed	ician and complete	ior to burial, o	ve altemier
earn ceruncare	attending phys	rtal Hygiene pr	t anthon to
res mar me o	igned by the	ealth and Mer	on one later
The law redui	ate has been s	h the State Dept. of Health and Mental Hygiene pric	as from 22 shows any failury as ather traumotic suent the median avaminate must be nestified at annual
G PHYSICIAN.	er this certific	death with the St	Las
OH ALIENDIA		-	3
HE HOPPING ON AL	HE FLANERAL	led within 72 hours after	Berraut. 14 Hom.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYGIEI		1 1 0 1 1
	1. DECEDENT'S NAME (First, Middle, Last)	FLI	ZABETH D	AVIS		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5	VI				08		a 3:25 PM
	212-80-2171	1 🗆 M 2 🏋 F	78 YRS. MO	HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	/	BIRTHPLACE (State or Foreign Country)
TOR	99. FACILITY NAME (If not institution, give stree S + Ag n S + OS RESIDENCE OF DECEDENT	p, tal	91	Bal	timore	EATH	9c. COUNTY Bal	timord
DIRECTOR	10a. STATE 10b. COUNTY	el timore	10c. CITY, T	OWN OR LOCATI	on no Cf		·	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	104. STREET AND NUMBER	2/11/01	1.0	101.	ZIP CODE	2		OF WHAT COUNTRY?
ONE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	J.S. ARMED	13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Y	18 or No.— 14.	RACE - American Indian
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2/∏NO ES X	If yes, spe	offy Cuben, Mexica	n, Puerto Rican, atc.)		Specify: WHITE
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted)	16a. DECEDENT'S US	done during mos	N t of working	16b, KIND OF BI	USINESS/INDUS	TRY
COMPLETED	8 th grade	College (1-4 or 5 +)	HOMEMA	KER		DC	MESTIC	
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Sumame)	
8	PETER MAYER 190. INFORMANT'S NAME (Type/Print)		10h MAILING AD	OBECC /Street or	UNK!	NOWN Route Number, City or To	0.1.7.0	
2	MR. CHARLES E. DAV	IS, JR.	607			BALTIMORE		1225
	20s. METHOD OF DISPOSITION 1 Purisi 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	of from State 20b. F	LACE AND DATE OF C	DISPOSITION (Name of the place)	AL DADY		OCATION - City	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		TOWNIDGE	22. NAME AN	ADDRESS OF FA	CILITY		GE, MARYLAND
	> Ken S	5/2		237 E	. PATAPS	ERAL HOME SCO AVE. B	ALTIMO	RE, MD 21225
	23. PART/I. Enter the diseeses, or con ahock, or heart fallure. Lia	nplications that caused to only one cause on each	the daeth. Do not th lina.	enter the mod	a of dying, auci	h as cardiac or res	piratory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIAC	ARRES					5 MINUTES
	a	DUE TO (OR AS A C	ONSEQUENCE OF):					5111100125
ON	Sequentially list conditions, b.	PULTO NA A C		2010				12 Hours
CAT	If any, leading to immediate cause. Enter UNDERLYING	OVARIAN		TI WIT	H LUNG	METASTA	232	SyELARS
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C				,		
	PART II. Other algnificent conditions of	contributing to death but	not resulting in t	he undarlying	cause olven in	Part I. 24a, WAS A	N ALITOPEY	24b, WERE AUTOPSY FINDINGS
CAL				ne undarrying	cause givan in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDIC						_ ' ' ' ' ' ' '	2 110	OF DEATH?
Z.								
ICI/		IOSPITAL:		THER:	CE OF DEATH (Che			
HYS	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJU		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		IK? ES 2 NO			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY – building, etc. (Specify	At home, term, etre	et, factory, office		281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
PLE	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowled	ige, death occurred a	it the time, date a	ind place, and due	to the cause(a) and ma	nner as stated.	
NO.								suse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CRATERIES	- Non- 1	0 0		29c. LICENSE NUM	IBER	h m.1	GNED (Month, Day, Year)
2	38. NAME AND ADDRESS OF PERSON WHO	MARTINI DUPLETED CAUSE OF DEAT			D 363	1.3	8	295
	MARTIN A. ALUSSOF	2002	3449W		ANE &	1-207- 5	SALM.	P5515 0H.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE					
	AUG 4 1992 9	Aura mentions and						

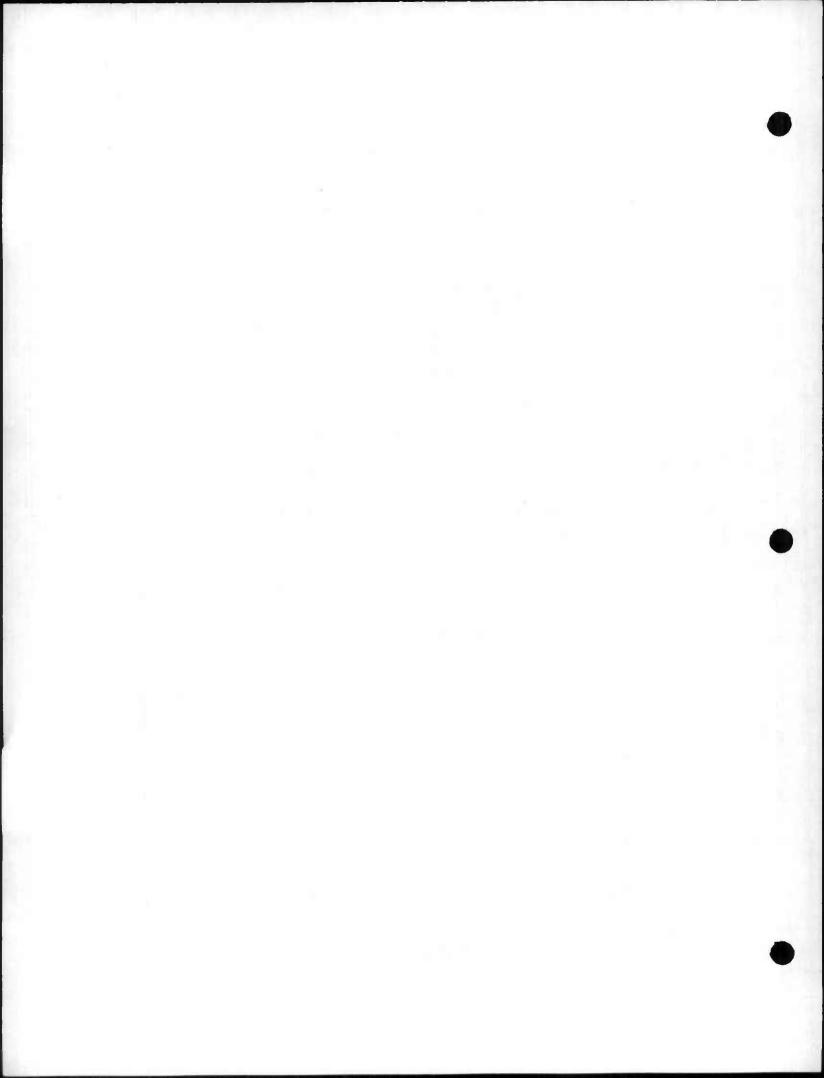


Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeral director page 5 should be detached for use as the burial-transer narrow	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal,	IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	2	Ξ

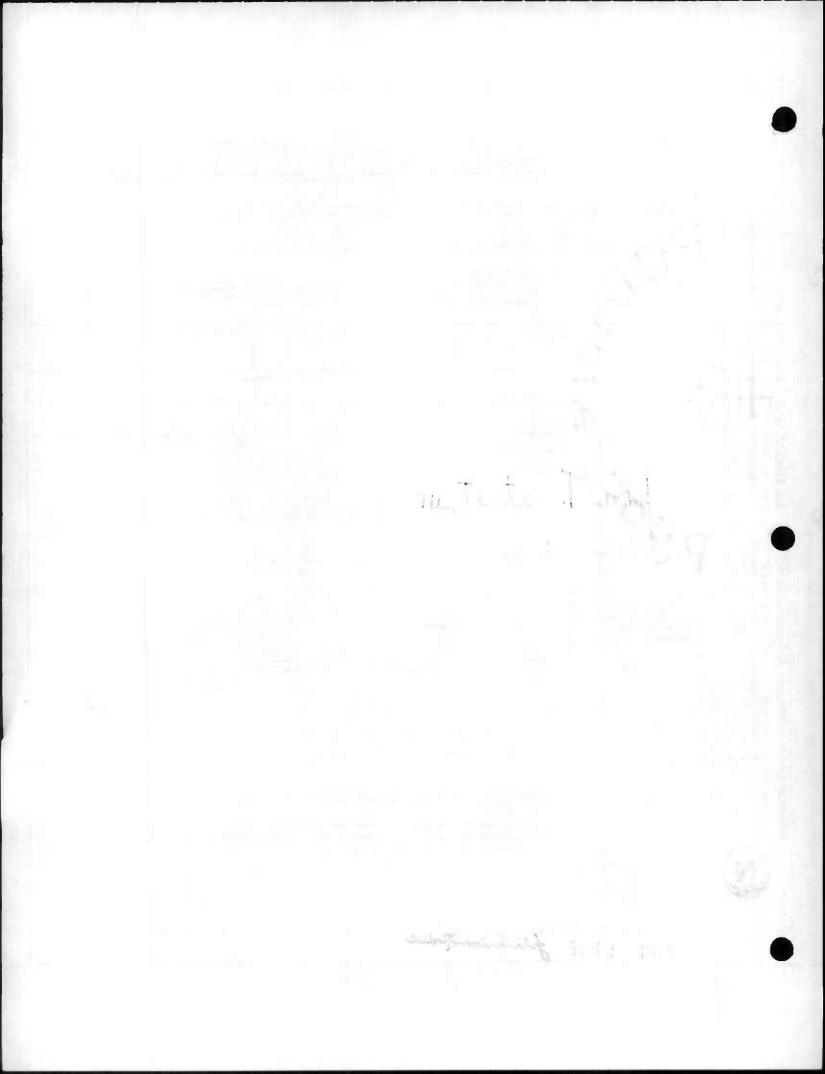
FOR STATE REGISTRAR ANNE DAVISON STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH
2:55 2. DATE OF OEATH Aune Davison 992 E 8 A- M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F 066-05-9339 76 07-12-1916 New York 9a. FACILITY NAME (If ngt institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Charlestawio Care Center DIRECTOR Catonsville Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY New York Oueens Floral Park 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 87-27 259th St. 11001 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or NoIf yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Narried 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, August Fehrenbach BE Anna (Unknown) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lloyd Davison 87-27 259th St., Floral Park, NY 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Buriel 2 Cremation 3 N Removal Iron State St. Charles Cemetery 4 Donation 5 Other (Specify) 8-92 Farmingdale, NY 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY RCBERT C. ALTENBURG FUNERAL HOME, INC. under 6009 Harford Rd., Baltimore, 21214 23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heert felium. List only one cause on each line. Approximete Interval Batween IMMEDIATE CAUSE (Final Onset end Daeth diseese or condition NEUMONA resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): MM SONS CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Metural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER

(Chart and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, ired at the lime, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER 400 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPCETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG 04 1992



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Lest)							OF DEATH			3. TIME OF D	EATH
ROBERT	LEE		EDMOND	S SR		07	2	2	92	12:33	PW
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In y		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State o	or Foreign
251-32-0655	1 X M 2 - F	61	YRS.	ONTHS DAYS	HOURS MIN.	8/3	26/19	30		ith Ca	arol
9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATION OF E	EATH		9c. COU	NTY OF D	EATH	
ANNE ARUNDEL GE	ENERAL HO	SPITAI		ANNA	POLIS			ANN	E AR	UNDEL	
10a. STATE 10b. COUNT	ry		10c. CITY,	TOWN OR LOCA	ATION					10d. INSIDE C	TY
Maryland Princ	e George	's	La	ndove	r Hills					LIMITS?	¥ NO
10e. STREET AND NUMBER					of, ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY	
4003 B-6 Co	oper La	ne			20784			Un	ited	Stat	es
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1		S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGI	N? (Specify Ve	_	14. RACE	E — American I	
1 Never Married 2 Married 3 Vidowed 4 Divorced	IF YES, GIVE Y				S 2 XNO Spec		ricen, etc.)		Speci	fly:	
15. DECEDENT'S EDU	ICATION	140	Se. DECEDENT'S U	SUAL OCCUPAT	ION	1.00	VIND AT D			ack	
(Specify only highest gradi Elementary/Secondary (0-12)				vk done during m		10	. KIND OF BU	JSINESS/IND	USTRY		
12th Grade	College (I-4 or 5	"	Brick	Mason			riva	te			
17. FATHER'S NAME (First, Middle, Last)			DIION	Habon	18. MOTHER'S N						
Michael P. E	dmonds				Al	ein	Tayl	or			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING A	DDRESS (Street	and Number or Rural				Code)		
Ruby Reese Edm	onds		4003	Coope	r Lane,	Lar	ndove	r Hi	lls	MD.	
20a. METHOD OF DISPOSITION 1 [XBuriel 2] Cremetion 3] Ren	noval from State		ACE AND DATE OF			DA	E 20c. L	OCATION —	City or To	wn, State	
4 Donation 5 Other (Specify)		Ha	rmony	Memor	ial Par	k 7/	25 L	ando	ver	, Mary	ylan
21. SIGNATURE OF MINERAL SENTO LI	CENSEE A_	1		22, NAME A	wart Fu	ACILITY	7				
				1 Ste	wart Fu	nera	OH LE	me			
21. PARY Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease of condition sections death)	complications the	ise on each	ine.	4001	Bennin	g Ro	1., N	.E. V		Approx	imata i Batween
iMMEDIATE CAUSE (Final disease of condition death) Sequentially list conditions,	DUE TO	(OR AS A CO	ine.	4001	Bennin	g Ro	1., N	.E. V		Approx	imata i Batween
immediate cause (Final disease of condition death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. U T P U DUE TO	(OR AS A CO	MUMS ONSEQUENCE OF):	4001	Bennin	g Ro	1., N	.E. V		Approx	imate i Batweer
shock, or heart failure. IMMEDIATE CAUSE (Final disease of condition death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. U T P U DUE TO	(OR AS A CO	ONSEQUENCE OF):	4001	Bennin	g Ro	1., N	.E. V		Approx	_
immediate cause (Final disease of condition death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO d.	(OR AS A CO	ONSEQUENCE OF):	4001 t enter the m	Bennin	g Ro	1., N	E . I	eat,	Approx	Imate I Batweer and Daeti Y FINDINGS OR TO DE CAUSE
immediate CAUSE (Final disease of condition death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO d.	(OR AS A CO	ONSEQUENCE OF):	4001 t enter the m	Bennin ode of dying, sur	g Ro	24e. WAS AI PEBFO	E . I	eat,	Approx Interval Onset a WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH?	Imate I Batween and Daeth Y FINDINGS OR TO DE CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CO	ONSEQUENCE OF):	4001 t enter the m	Bennin	g Ro	24e. WAS AI PEBFO	E . I	eat,	Approx Interval Onset a WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH?	Imate I Batweer and Daeti Y FINDINGS OR TO DE CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1× YES 2 NO	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	the underlying 26.P	Bennin ode of dying, sur	g Ro	24a. WAS AI PEBFO 1 YES	NAUTOPSY RMED?	24b.	Approx Interval Onset a WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH?	Imate I Batweer and Daeti Y FINDINGS OR TO DE CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO b. DUE TO c. DUE TO d	(OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	the underlying 26. POTHER:	Bennin ode of dying, sur	Part I.	24a. WAS AI PEBFO 1 YES	NAUTOPSY RMED?	24b.	Approx Interval Onset a WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH?	Imate I Batweer and Daeti Y FINDINGS OR TO DE CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	the underlying the un	Bennin ode of dying, sur	Part I.	24a. WAS AL PEBFO 1 EVES	NAUTOPSY RMED? 2 NO	24b.	Approx Interval Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 5 Onset	Imate I Batweer and Daeti Y FINDINGS OR TO DE CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. The conditions is the conditions of the con	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	the underlying the un	Bennin ode of dying, sur	Part I.	24a. WAS AI PEBFO 1 YES	NAUTOPSY RMED? 2 NO	24b.	Approx Interval Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 5 Onset	Imate I Batweer and Daeti Y FINDINGS OR TO DE CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO DUE TO	(OR AS A CO (OR AS A CO (OR AS A CO death but INJURY oy, 'bear') F INJURY — etc. (Specify)	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): And I a pool of the	the underlying the un	Bennin ode of dying, sur	Part I.	24a. WAS AL PERFO 1 YES OF (Specify) SCRIBE HOW VER II ATION (Street or Yours, State	NAUTOPSY RMED? 2 NO INJURY OCC NAUTY AND AND AND AND AND AND AND AND AND AND	24b.	Approx Interval Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 5 Onset	Imate I Batweer and Daeti Y FINDINGS OR TO DE CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleasase or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined.	DUE TO b. DUE TO c. DUE TO d	(OR AS A CO (OR AS	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): At home, farm, stri	the underlying 26. POTHER: Nursing Horoof 28c. IN YY M 1 aat, factory, office	Bennin ode of dying, sur ig cause given in LACE OF DEATH (C. ne 5 Rasidenca JURY AT ORK? YES 2 NO	Part I.	24e. WAS AI PEBFO 1 YES OF (Specify) SCRIBE HOW VER II ATION (Street or Town, State)	NAUTOPSY RMED? 2 NO INJURY OCC. NAUTOPSY RMED? 2 NO	24b.	WERE AUTOPS AMILABLE PRI COMPLETION O OF DEATH? 1 VES 2 [Imate i Batweer and Deeti V Finoings OR TO OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO b. DUE TO c. DUE TO d	(OR AS A CO (OR AS	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): At home, farm, stri	the underlying 26. POTHER: Nursing Horoof 28c. IN YY M 1 aat, factory, office	Bennin ode of dying, sur ig cause given in LACE OF DEATH (C) ne 5 Residence JURY AT ORK7 YES 2 NO ce	Part I. Peck only o 8 Oth 28d. DE DRI 281. LOC	24e. WAS AI PEBFO 1 YES OF (Specify) SCRIBE HOW VER II ATION (Street or Town, State)	NAUTOPSY RMED? 2 NO INJURY OCCU AND AND AND AND AND AND AND AN	24b. 24b. Or Rurel A	Approx Interval Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 5 Onset	Y FINDINGS OR TO DE CAUSE NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleasase or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined.	DUE TO b. DUE TO c. DUE TO d	(OR AS A CO (OR AS	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): At home, farm, stri	the underlying 26. POTHER: Nursing Horoof 28c. IN YY M 1 aat, factory, office	Bennin ode of dying, sur ing cause given in LACE OF DEATH (C) ne 5 Residence JURY AT ORK7 YES 2 NO ce a and place, and du death occured at the	Part I. Peck only o 8 Oth 28d. DE DRI 281. LOC Chy to the case time, date	24e. WAS AI PEBFO 1 YES OF (Specify) SCRIBE HOW VER II ATION (Street or Town, State)	NAUTOPSY RMED? 2 NO NAUTOPSY RMED? 2 NO NAUTOPSY RMED? 2 NO AUTY and Number 2 9d. DATE	24b. 24b. Or Rural R od. o causo(a	Approx Interval Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 5 Onset	Y FINDINGS OR TO DE CAUSE NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO	(OR AS A CO (OR AS A CO (OR AS A CO death but INJURY (a), 'bar') (b) F INJURY — etc. (Specify) my knowledg xamination an	DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF):	the underlying the underlying the underlying the underlying to the underlying the	Bennin ode of dying, sur ig cause given in LACE OF DEATH (C) ne 5 Residence JURY AT ORK7 YES 2 NO ce	Part I. Peck only o 8 Oth 28d. DE DRI 281. LOC Chy to the case time, date	24e. WAS AI PEBFO 1 YES OF (Specify) SCRIBE HOW VER II ATION (Street or Town, State)	NAUTOPSY RMED? 2 NO NAUTOPSY RMED? 2 NO NAUTOPSY RMED? 2 NO AUTY and Number 2 9d. DATE	24b. 24b. Or Rural R od. o causo(a	Approx Interval Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 4 Onset 5 Onset	Y FINDINGS OR TO DE CAUSE NO



BALTIMORE, MARYLAND 21215-0020	r attending physician.
ND 2	hospital o
YLA	by the
MAR	retained
ORE,	Page 6 may be retained by the hospital or attendir
M	. Page
3AL	r death
	urs afte
	24 ho
60,1	within
(687	pagnossa
ã	90 all

THE FLIGHTAL DIRECTOR. After this certificate has been signed by the attending physician and completely flitted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be facilitied for use as the burial-transit permit. Pages 1, 2, 3 should be found that the same Deriv. of Health and Mental Hygiente prior to their transmistic event, the medical examiner must be notified at once. DISPLAY OR ATTENDING PHYSICIAN: The law requires that the death certifical

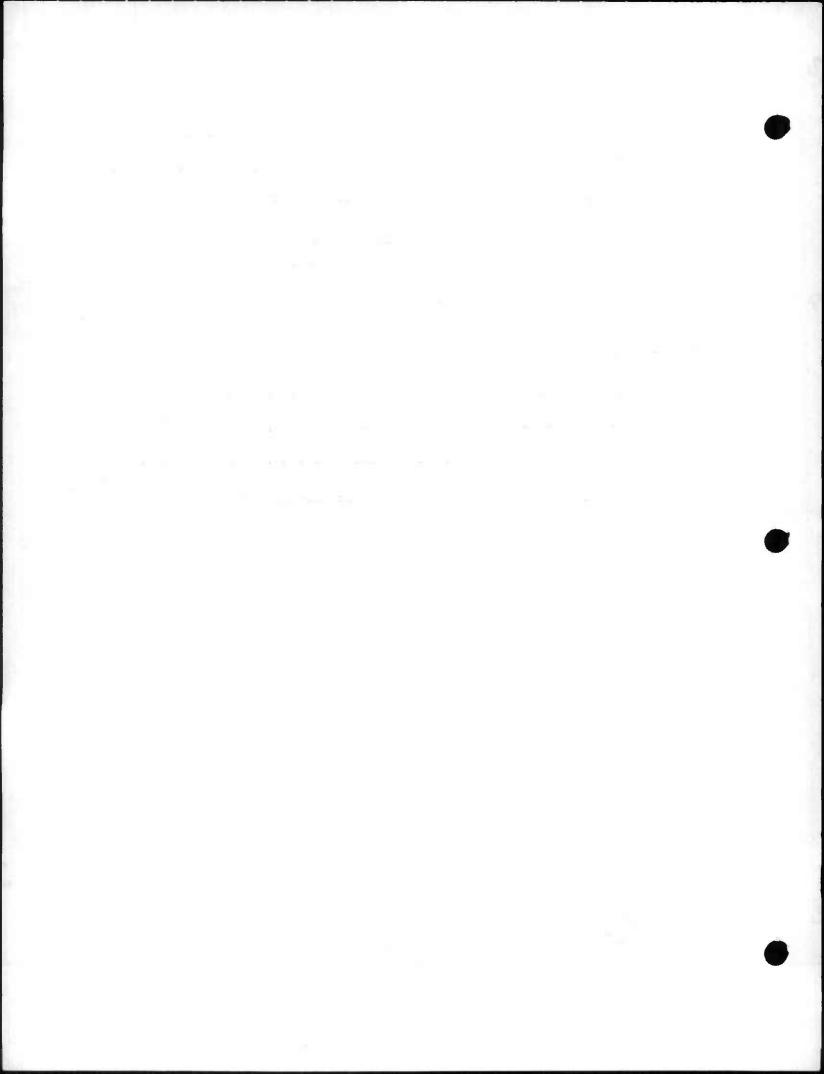
DIVISION OF VITAL RECORDS, P.O.

CARLOS E. ARAA 31. DATE FILED (Month, Day, Mar) 8 AUB 0 & 1992

ARANA

Julie Deviden Andell

Ιt	tem8 8-7-92 FilmG69	90 W.h. Pe	r F/H						92	21314	
	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPARTMEN RTIFICAT				YGIENE			
3	1. DECEDENT'S NAME (First, Middle, Last) EUNI(CE SMITH	FLEMIN	G			2. DATE OF MONTH AUGUS	t 2	1992	YEAR 3. TIME OF DEATH 10: 06 A. M	
	4. SOCIAL SECURITY NUMBER 213-36-8779	5. SEX 8.	AGE (In yrs. lest i	YRS. F UND	DAYS	F UNDER 24 HMS. HOURS MIN.	7. DATE OF (Morith, Di Janua	BIRTH by. Year) Ty 5	14	West Virginia	
OR	9a, FACILITY NAME (If not institution, give a 6225 York Road	Baltimore City								TY OF DEATH	
EG	RESIDENCE OF DECEDENT	Υ	10c. CITY, TOWN	OR LOCAT	TON .				10d. INSIDE CITY		
L DIRECTOR	Maryland			Baltimo	re C					LIMITS? 1 ∑ YES 2 □ NO	
FUNERAL	6225 York Road				101	21212				S.A.	
S	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. XIRM	ED 13	. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (S	specify Yes		14. RACE — American Indian.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2/11/10 OR DATES		If yes, spe	ecify Cuban, Mexic 2. NO Speci	an, Puerto Rica	n, etc.)		Black, White, etc. Specify: White	
밑	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G/ve	EDENT'S USUAL	during mo:	ON st of working	16b, KH	VO OF BUS	NESS/INDU		
COMPLETED	Elementary/Secondary (0-12) I years	College (1-4 or 5+)		Homemak	•						
	17. FATHER'S NAME (First, Middle, Last) Henry McCorkle Sn	ni th				16. MOTHER'S N			Surname)		
96	19a. INFORMANT'S NAME (Type/Print)	II LII					yn Liv	~			
오	Mary Louise Farri	ington				nd Number or Aurel			21.040		
	Mary Louise Farrington										
	21. SIGNATURE/OF FUNERAL SERVICE LIG	CENSEE		22	NAME AN	D ADDRESS OF F	ACILITY 650	Vor	k Dd	Balto. MD	
	George J Fe			М	itche	ell-Wied	efeld 1	Home		21212	
	23. PART i. Enter the diseeses, or a shock, or heart feliure.	complications that c List only one cause	eused the dee	th. Do not ente	r the mo	de of dying, su	ch as cardiac	or respir	atory arre	st, Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· m	le con	lial	in)	tarchi	den			Course	
z	-	DUE TO/O	hest	DUNCE	h		_		_	gars	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Det he	A AS A COMSEQU	A DOS	100	Ale	mil			yairs	
RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DHE TO 101	R AS A CONSEQU	IENCE OF:	cce	vu.	rri -				
CER		d					2			1	
	PART II. Other significant condition	s contributing to de	eath but not rea	sulting in the s	inderlying	cause given in	Part I. 34	e. WAS AN A		24b. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO	
MEDICAL	-		1				- 1	YES 2	#NO	OF DEATH?	
			-							1 TARE 5 WO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (C	heck only one)				
1×S	1 € YES 2 □ NO 27. MANNEÑ OF DEATH	1 Inpetient 2 E		DOA 4 1 M	ursing Home	e 5 Li Residence	-				
	1 Metural 5 Pending	(Month, Day	Hear)	INJURY M		RK7 PES 2 NO	28d. DESCRI	BE HOW IN	JURY OCCU	MED	
red BY	2 Accident Investigation 3 Suicide # Could not be determined	28s. PLACE OF It building, etc	NJURY — At hom (Specify)	e, farm, street, fa	ctory, office		281. LOCATIO City or 3	04 (Street or own, State)	nd Number or	r Pural Route Muniber	
COMPLET		ICIAN: To the best of my									
00	2 MEDICAL EXAMINE		ntruttion shelfor tin	vestigation, in my	opinion, di			place, and		cause(s) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIES	leege	P	1.0.		DOO -			≥ 08	SIGNED (Moret, Des. Hur)	
2	30 NAME AND ADDRESS OF PERSON WIL	O COMPUTER THE PARTY	or or one from	NT 12 - 20-4				_			



BALTIMORE, MARYLAND 21215-0020

2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	5.	
	Page	
	THI.	
	96	
ian.	trans	
hysic	urial	
ing p	the b	
ttend	98	
9	or us	
spital	ed ft	
e ho	etach	nce
by th	9	at o
peu	DINO	led
retai	SS	not
y be	page	pe
6 ma	tor.	nust
age.	direc	D 10
ath.	Rera	E
or dea	ると	еха
s afte	Par t	dica
hour	ed in	E
n 24	ly fill	the
With	crem	rent.
petri	COT	ic e
6000	n and	шаt
te be	Sicia	E
Tifica	g phy	ther
th ce	endin Hya	0.0
dea	Aerrta	un,
at the	by th	F
as th	afth	s an
equir	en sig	how
aw fi	s be	33
The	ate Da	E
IAN:	tifica se Sta	or it
VSIC	is cel	ed,
G P	er th	nark
NDIN	R: Aff	.50
ATTE	ECTO S	1 28
L OR	DIR.	Iten
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Deat. of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
HOS	FUN WHA	TAN
工	불	POF
2	28	3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3:00 JULY 26 Corbert B Fitzgerald 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1X M 2 F 62 YRS. 223-32-7246 Aug 21 1929 Virginia Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 203 Lord Byron Lane Cockeysville **Baltimore** 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Cockeysville 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 203 Lord Byron Lane 21030 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) 11 Installer Telephone Cable 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Corbert M. Fitzgerald Dorothy May Lowhorn BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald R. Fitzgerald 203 Lord Byron Lane, Cockeysville, MD 20s. METHOD OF DISPOSITION

1VS Burlet 2 □ Cremetion 3 □ Removel from State
4 □ Donation TV□ Other Country 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State etery, cremetory or other place)
Fort Hill Cemetery Donation 5 Other (Specify) Lynchburg, Virginia 21. SIGNATURE PUNERAL SERVICE LICENSPI Bryan W. Clar 22. NAME AND ADDRESS OF FACILITY Clary Lemmon-Mitchell-Wiedefeld Inc. Padonia Road Timonium, MD 21093 23. PART I. Ental the diseases, or complications that control of heart failure. List only one cause Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO JOR AS A CONSEQUENCE OF resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - 10 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER! OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 - Other (Specify) 27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND THE OF CERTIFIER BE LICENSE NUMBER 2

39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF DEATH (ITEM, 27) (100, Print)

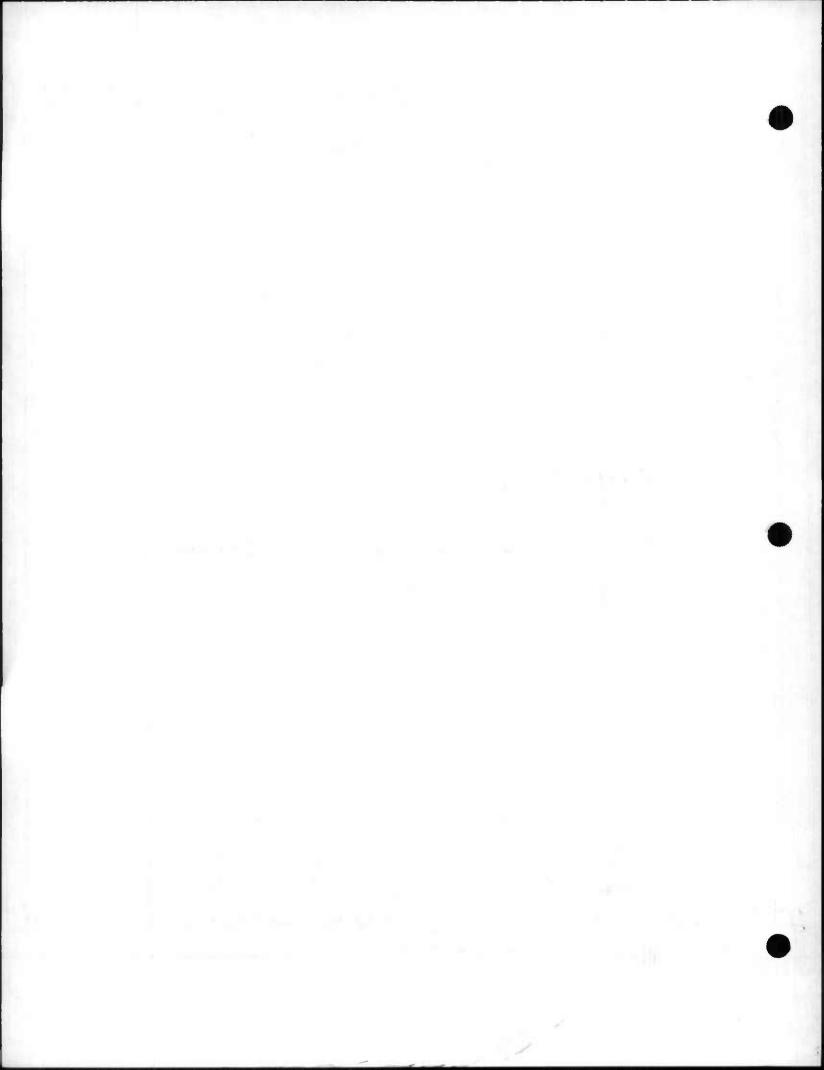
ADDRESS OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF DEATH (ITEM, 27) (100, Print)

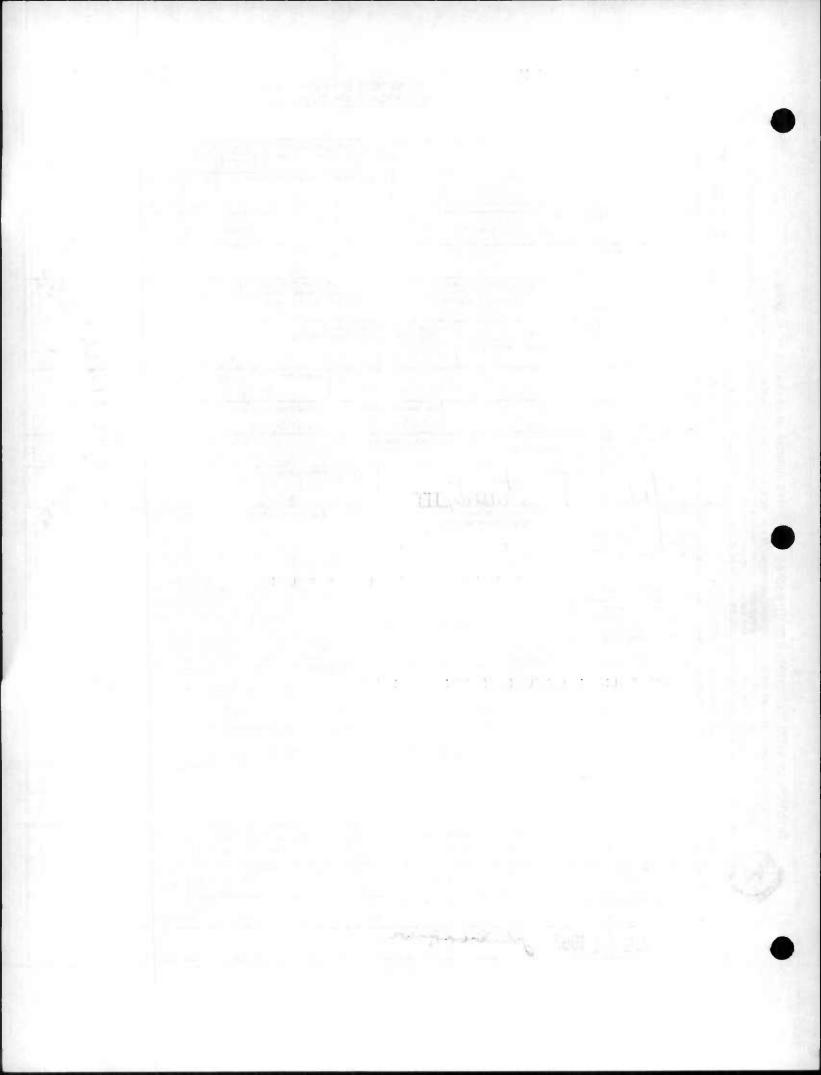
ADDRESS OF DEATH (ITEM, 27) (100, Print)

ADDRESS OF DEATH (ITEM, 27) (100, Print)



ESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit permit. Pages 1, 2, 3 should make reached for use as the bunlal-transit permit. Pages 1, 2, 3 should make death with the State Dept. of Health and Mental Hygiene prior to bunlal, cremation, or removal.	in 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
UNITED DIRECTOR; After this	OVT. If them 28 is marked
	ANTHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit.

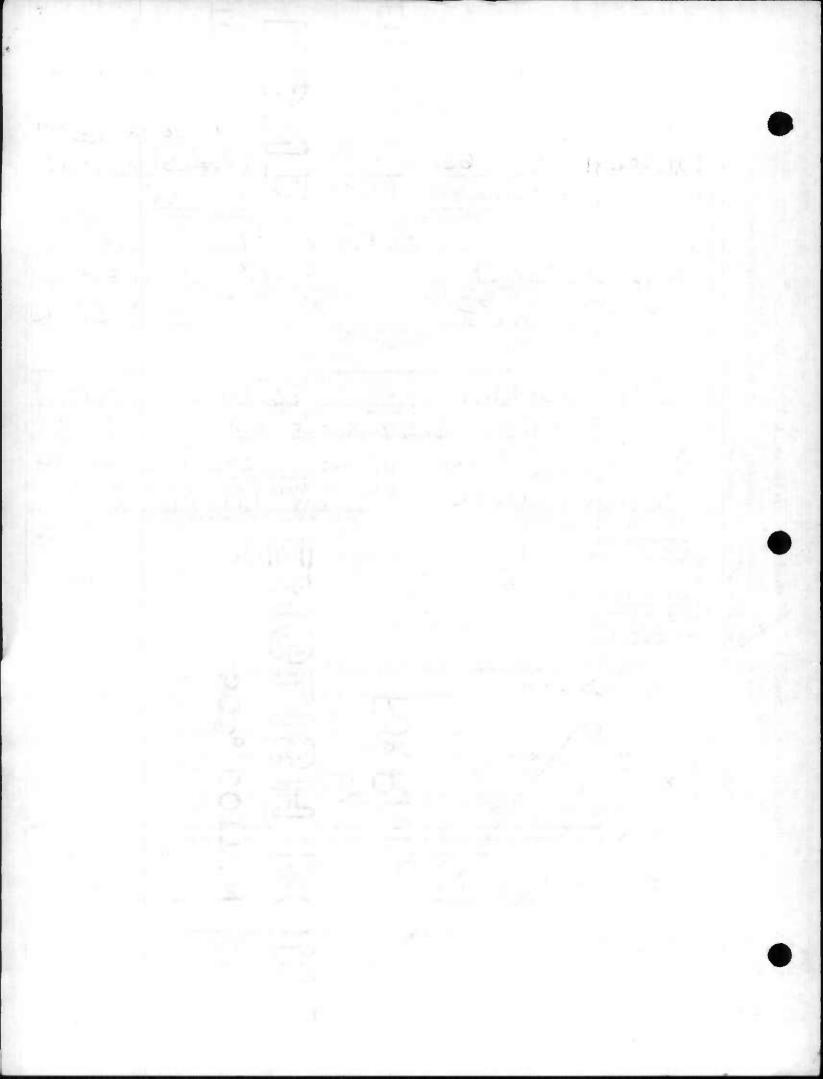
DECEDENT'S NAME (First, Middle, Last) KALVINAR	R.		F	OULKS			2. DATE OF MONTH	DEATH DA	19	92	3. TIME OF DEATH 1:27 P
SOCIAL SECURITY NUMBER None	5. SEX 1X M 2 F	8. AGE (In yrs.	E (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MH.			7. DATE OF BIRTH (Month, Dey, Year) (Month, Dey, Year) (Month, Dey, Year)					
e. FACILITY NAME (If not institution, give	street end number)			-	VN OR LOCATIO	N OF DEA		1 22,		NTY OF D	ashington
MALCOLM GROW MED		TER	96. CITY, TOWN OR LOCATION OF DEATH CAMP SPRINGS								GEORGE
RESIDENCE OF DECEDENT	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Suitland										GEORGE
Maryland Prin						10d. INSIDE CITY LIMITS?					
Oo. STREET AND NUMBER	1423 Rena Road				101. ZIP CODE			10g. CITIZEN			WHAT COUNTRY?
					2074	6			Uni	ted	States
1. MARITAL STATUS X Never Married 2 Married Widowed 4 Divorced	over Married 2 Married FORCES? 1 YES 2 NO					HISPANI Mexican Specify:	IC ORIGIN? (S i, Puerto Rica	specify Yes n, etc.)	or No 14. RACE — American Indian, Black, White, etc. Black		
15. DECEDENT'S EDU (Specify only highest grade	CATION COMPONENTS	16a.	DECEDENT'S	USUAL OCCUP	PATION		16b. KIN	OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12) None		(Give kind of work done during most of working life. Do NOT use retried.) N/A N/A									
7. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	AE (First, Midd	le, Maiden	Sumeme)		
Alvin Fo	ulks					Kaı	ren D	avis	5		
90. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	eet end Number o	or Aural A	oute Number, (City or Town	n, State, Zip	p Code)	
Karen Foulks			4423	Rena	Rd.,	Su	itlan	d, N	. dr		
0a. METHOD OF DISPOSITION X Burlet 2 Cremation 3 Пел	noval from State	20b. PLACE AND DATE OF DISPOSITION (Name of genetary, commetory or other place), Washington National Cemeter					7751			City or To	
□ Donatist 6 □ Other (Specify)	Wash	ingto	n Ninta	mal Co	moto	orty JI	1 Su	i+1:	and.	Marylan	
		- Masi	ingto					Du	TCTC	arra /	Haryra
1. SIGNATURE OF PUNERAL SERVICE	CENSEE ST	1	ingto	22. NAM	E AND ADDRES	S OF FAC	HLITY			21107	naryra
1. SIGNATURE OF FUNERAL SEPTION LA 23. PART 1. Enter the diseases, or shock, or heart feiture.	complications that	int coused the	death. Do r	22. NAMI St 400	ewart Beni	Fur ninc	neral	Hor N	ne .E.	Was	h . D . C . Approximate Interval Betw
3. PART I. Enter the diseases, or shock, or heart feiture. MMEDIATE CAUSE (Final fleeses or condition esuiting in death) Gequentially list conditions, I any, leading to immediate lause. Enter UNDERLYING	complications the Liet only one cau. APNEA DUE TO B. PREMATU	int coused the	death. Do r	22. NAMI ST 400 not enter the	e AND ADDRESS EWart 1 Bens moda of dyin	Fur ninc	neral	Hor N	ne .E.	Was	h . D . C . Approximate Interval Betw
1. SIGNATURE OF FUNERAL SERVICE. 23. PART 1. Enter the diseases, or shock, or heart failure.	complications the Liet only one ceu. APNEA DUE TO DUE TO C.	it coused the use on each if	death. Do r	22. NAMI ST 400 not enter the	e AND ADDRESS EWart 1 Bens moda of dyin	Fur ninc	neral	Hor N	ne .E.	Was	h . D . C . Approximate Interval Betw
1. SIGNATURE OF FUNERAL SERVICE LANGE OF FUNERAL SERVICE LANGE (Final fleeted or condition esuiting in death) Sequentially list conditions, any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury hat initiated events	a. APNEA B. PREMATU DUE TO C. DUE TO d	It coused that use on each if	death. Do rina. SEQUENCE OF BRONCH SEQUENCE OF TENEDULE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	22. NAMI ST 400 not enter the HOPULMONA F):	e AND ADDRESS ewart 1 Ben moda of dyin	s of Fac Fur ninc ng, such	neral g Rd.	HOI, N. or respli	ne E . ratory an	Was	h . D . C . Approximate interval Betw Onset and D
23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease) or condition esuiting in death) Bequentially list conditions, famy, leading to immediate any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury het initiated events esuiting in death) LAST	a. APNEA B. PREMATU DUE TO C. DUE TO d	It coused that use on each if	death. Do rina. SEQUENCE OF BRONCH SEQUENCE OF TENEDULE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	22. NAMI ST 400 not enter the HOPULMONA F):	e AND ADDRESS ewart 1 Ben moda of dyin	s of Fac Fur ninc ng, such	neral g Rd.	HOI, N. or respin	ne E . ratory an	Was	h . D . C . Approximate Interval Betw Onset and D
23. PART II. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease) or condition resulting in death) Sequentially list conditions, a ray, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST PART II. Other significant condition CYTOMEGAL IC VIRAL S. WAS CASE REFERRED TO MEDICAL EXAMINER?	complications the List only one ceu. APNEA APNEA DUE TO DUE TO C. DUE TO INCLUSION	ICOR AS A CONSTRUCT AND COR AS A CONSTRUCT AND COR AS A CONSTRUCT AND COR AS A CONSTRUCT AND COR AS A CONSTRUCT AND COR AS A CONSTRUCT AND COR AS A CONSTRUCT AND COR AS A CONSTRUCT AND COR AS A CONSTRUCT AND COR AS A CONS	death. Do rina. SEQUENCE OF BEQUENCE OF tresulting in the control of the control	22. NAMI ST 400 not enter the HOPULMONA F): In the underly DNEYS	e AND ADDRESS ewart 1 Ben moda of dyin	S OF FACE Fun ninc ninc ng, such	Part I. 24	HOI, N. or respli	ne E . ratory an	Was	h . D . C . Approximate interval Betw Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di
23. PART II. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease) or condition esuiting in death) Sequentially list conditions, a ray, leading to immediate sease. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST PART II. Other significant condition CYTOMEGALIC VIRAL EXAMINER? 1 X YES 2 NO	complications that List only one cau. APNEA DUE TO DUE TO C. DUE TO	It coused the use on each if (OR AS A CONSTRITY AND (OR AS A CONSTRITY AND INFECTIO)	death. Do rina. SEQUENCE OF BEQUENCE OF The resulting of the resulting of	22. NAMI ST 400 not enter the FD: ### HOPULMONA ### FD: ### In the under! ### DNEYS OTHER: ### A Unraing !	e AND ADDRESS ewart 1 Bens moda of dyin ARY DYSPL ying ceuse gi	S OF FACE FUT ninc ng, such ASIA	Part I. 24e	HOT, N. or respir	ne E . ratory an	Was	h . D . C . Approximate interval Betw Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di
23. PART I. Enter the diseases, or shock, or heart feliure. MMEDIATE CAUSE (Final disease or condition with the condition of	Complications that Liet only one ceutary o	It coused the use on each if (OR AS A CONSTRITY AND (OR AS A CONSTRITY AND INFECTIO)	death. Do rina. SEQUENCE OF BRONCH SEQUENCE OF THE SEQUENCE O	22. NAMI ST 400 not enter the 400 not enter the F): HOPULMONAF): In the under! OTHER: 4 Unursing to service the continuous of the conti	E AND ADDRESS EWART Bens moda of dyin ARY DYSPL ying couse gi B. PLACE OF DE. Home 5 Res INJURY AT WORKY YES 2	S OF FACE FUT ninc ng, such ASIA ATH (Check Idence 6	Part I. 24e	HOT N. or respir	ME . E . ratory and ra	Was	h . D . C . Approximate interval Betw Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di
1. SIGNATURE OF FUNERAL SERVICE. 23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final diseases or condition resulting in death) Sequentially list conditions, a ray, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST PART II. Other significant condition CYTOMEGAL IC VIRAL 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF OEATH 1) Natural 5 Proving	Complications that List only one cau. APNEA APNEA DUE TO B. PREMATU DUE TO C. DUE TO d	It coused the use on each if (OR AS A CONSTITY AND (OR AS A CONSTITY AND INFECTIO)	death. Do rina. SEQUENCE OF BRONCH SEQUENCE OF THE SEQUENCE O	22. NAMI ST 400 not enter the 400 not enter the F): HOPULMONAF): In the under! OTHER: 4 Unursing to service the continuous of the conti	E AND ADDRESS EWART Bens moda of dyin ARY DYSPL ying couse gi B. PLACE OF DE. Home 5 Res INJURY AT WORKY YES 2	S OF FACE FUT ninc ninc ng, such ASIA Ven in F	Part I. 24e Ck only one) 3 Other (Sp 28d. DESCRIII	HOT, N. or respli	AUTOPSY MED?	Was reet,	Approximate Interval Betw Onset and Disconnect and
1. SIGNATURE OF JUNERAL SENTON. 23. PART 1. Enter tha diseases, or shock, or haart failure. MMEDIATE CAUSE (Final diseases or condition esuiting in death) Sequentially list conditions, and should be condition esuiting in death) Sequentially list conditions, and should be conditions. Sequentially list conditions, and should be conditions. Sequentially list conditions, and should be conditions. Sequentially list conditions.	COMPLICAN: To the best of	It coused the use on each if (OR AS A CONSTRITY AND (OR AS A CONSTRITY AND INFECTIO) WERNOUTPETER (OR AS A CONSTRIPT AND INFECTIO) WERNOUTPETER (Specify) Try knowledge, my knowledge, my knowledge, my knowledge,	death. Do rina. SEQUENCE OF BEQUENCE OF The SEQUENCE OF THE S	22. NAMI STEP 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e AND ADDRESS ewart 1 Bens moda of dyir ARY DYSPL ying ceuse gi 3. PLACE OF DE. Home 5 Res INJURY AT UYES 2 Diffice	S OF FACE FUT ninc ng, such ASIA Ven in F	Part I. 24e Ck only one) 3 Other (Sp 28d. DESCRIII 26f. LOCATIO City or 70	HOI N. Nor respiration PERFORI YES 2 Pacify) BE HOW IN N (Street e. wwn, State)	AUTOPSY MED?	Was zeet,	Approximate Interval Betwooneet and Do Oneet and To Oneet
23. PAFT 1. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final disease) or condition esuiting in death) Sequentially list conditions, arm, leading to immediate acuse. Enter UNDERLYING CAUSE (Disease or injury het initiated events esuiting in death) LAST PART II. Other significant condition CYTOMEGALIC VIRAL EXAMINER? 1 YES 2 NO 7. MANNER OF CEATH 11 Netural 5 Pending Investigation 3 Suicide 4 Homicide Could not be determined check only 1 CERTIFYING PHYS	CIAN: To the best of expression of the contributing to the contributing to the contributing to the contribution of the contrib	It coused the use on each if (OR AS A CONSTRITY AND (OR AS A CONSTRITY AND INFECTIO) WERNOUTPETER (OR AS A CONSTRIPT AND INFECTIO) WERNOUTPETER (Specify) Try knowledge, my knowledge, my knowledge, my knowledge,	death. Do rina. SEQUENCE OF BEQUENCE OF The SEQUENCE OF THE S	22. NAMI STEP 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e AND ADDRESS ewart 1 Bens moda of dyir ARY DYSPL ying ceuse gi 3. PLACE OF DE. Home 5 Res INJURY AT UYES 2 Diffice	S OF FACE FUT ninc ninc ninc ASIA ASIA Ven in F	Part I. 244 Ck only one) 3 Other (Sp. 28d. DESCRIE 26f. LOCATIO City or To	HOI N. Nor respiration PERFORI YES 2 Pacify) BE HOW IN N (Street e. wwn, State)	AUTOPSY MED? IN NO NO NO NO NO NO NO NO NO NO	Was reet, 24b. CURED or Rural F	Approximate Interval Betwoonset and Dr. Onee
23. PART I. Enter the diseases, or shock, or heart feliure. MMEDIATE CAUSE (Final disease or condition destroy) Gequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury heat initiated events esuiting in death) PART II. Other significant condition CYTOMEGALIC VIRAL EXAMINER? T. WAS CASE REFERRED TO MEDICAL EXAMINER? T. WAS CASE REFERRED TO MEDICAL EXAMINER? T. WAS CASE REFERRED TO MEDICAL EXAMINER? T. WAS CASE REFERRED TO MEDICAL EXAMINER? T. WAS CASE REFERRED TO MEDICAL EXAMINER? T. WAS CASE REFERRED TO MEDICAL EXAMINER? T. WAS CASE REFERRED TO MEDICAL EXAMINER? T. WAS CASE REFERRED TO MEDICAL EXAMINER? T. WAS CASE REFERRED TO MEDICAL EXAMINER.	CIAN: To the best of expression of the contributing to the contributing to the contributing to the contribution of the contrib	It coused the use on each if (OR AS A CONSTRITY AND (OR AS A CONSTRITY AND INFECTIO) WERNOUTPETER (OR AS A CONSTRIPT AND INFECTIO) WERNOUTPETER (Specify) Try knowledge, my knowledge, my knowledge, my knowledge,	death. Do rina. SEQUENCE OF BEQUENCE OF The SEQUENCE OF THE S	22. NAMI STEP 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E AND ADDRESS E WART Benimoda of dyin ARY DYSPL ying ceuse gi D. PLACE OF DE. Home 5 Res INJURY AT WORK? VES 2 office	S OF FACE FUT ninc Ninc ASIA ASIA Ven in F ATH (Check Idence 6 NO	Part I. 244 Ck only one) 3 Other (Sp. 28d. DESCRIE 26f. LOCATIO City or To	HOI N. Nor respiration PERFORI YES 2 Pacify) BE HOW IN N (Street e. wwn, State)	AUTOPSY MED? NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	Was reet, 24b. CURED or Rural F	Approximate Interval Betwoonset and Dr. Onset



FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN CERTIFICATE	OF DEATH	HEG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Franklin Lohn	57	2. DATE OF DEATH DA	30 93	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 G F 6. AGE (in yrs. last birthday) Whon the D Months D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1		ATHPLACE (State or Foreign Intry)					
H 5	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TO See Street and number)	9c. COUNTY OF	BOUNTY OF DEATH I							
5	RESIDENCE OF DECEDENT									
- DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR 106. STREET AND NUMBER	nore Ci	ty		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	1626 Booker Ct.	101. ZIP CODE	17	4	S A					
2	1 Never Married 2 Married FORCES? 1 VES 2 NO If y	S DECENDENT OF HISPAN es, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Ricen, etc.)	BI	RCE — American Indian, ack, White, etc. Pochy: Black					
COMPLETED	(Specify only highest grade completed) Elementary/3-econdary (0-12) (16a. DECEDENT'S USUAL, OCCI (Give kind of work done durn life. Do NOT use retired.)	JPATION ing most of working	16b. KIND OF BUS	INESS/INDUSTRY						
Ē										
BE CO	17. FATHER'S NAME (First, Middle, Last) John Franklin	18. MOTHER'S NA	ME (First, Middle, Meiden Y bara	Wa	Iter					
2	190. INFORMANT'S NAME (Type/Print) MOUTH Franklin 19b. MAILING ADDRESS (S) 1636 Book	Street and Number or Rural I	Batti mor	n, State, Zip Code)	21217					
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION 1 Crematory or other place of the place o	e) 1	8/4 ()L	CATION - City or	Mills, MD					
		ME AND ADDRESS OF FA								
	Som Carrock 1.	712 W. 1	North A	-venu	e					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the shock, or heer fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pulluranter Meury	e mode of dying, auc	h aa cerdiac or respi	ratory arrest,	Approximate Interval Between Onset and Death					
Z	DUE TO (OR AS A CONSEQUENCE OF):									
HIFICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
H	that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):									
3	PART II. Other significant conditions contributing to death but not resulting in the under	riving cause given in	Part I. 24e. WAS AN	AUTODOV	24b. WERE AUTOPSY FINDINGS					
₹	A - A C IO	mying couse given in	PERFOR		AVAILABLE PRIOR TO					
FUICAL	tasheer		1 YES 2	□ NO	OF DEATH?					
Ĕ			1		1 TES 2 NO					
ž			145.4							
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	26. PLACE OF DEATH (Ch	eck only one)							
2	1 YES 2 NO 1 Dipetient 2 ER/Outpetient 3 DOA 4 Nursin	g Home 5 🗆 Rasidence	6 Other (Specify)							
מו	(Month, Day, Year) INJURY	Bc. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED						
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory building, etc. (Specify)	y, office	261. LOCATION (Street a City or Town, State)	and Number or Rui	ral Route Number,					
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time one)				se(a) and manner as stated.					
H H	296. SIGNATURE AND THE OF CERTIFIER	29c. LICENSE NUI	MBER	29d. DATE SIGN	NED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
					0.5					
	31. DATA FILEG MOTT 4 1992 June de de de de de de de de de de de de de									





BALTIMORE, MARYLAND 21215-0020

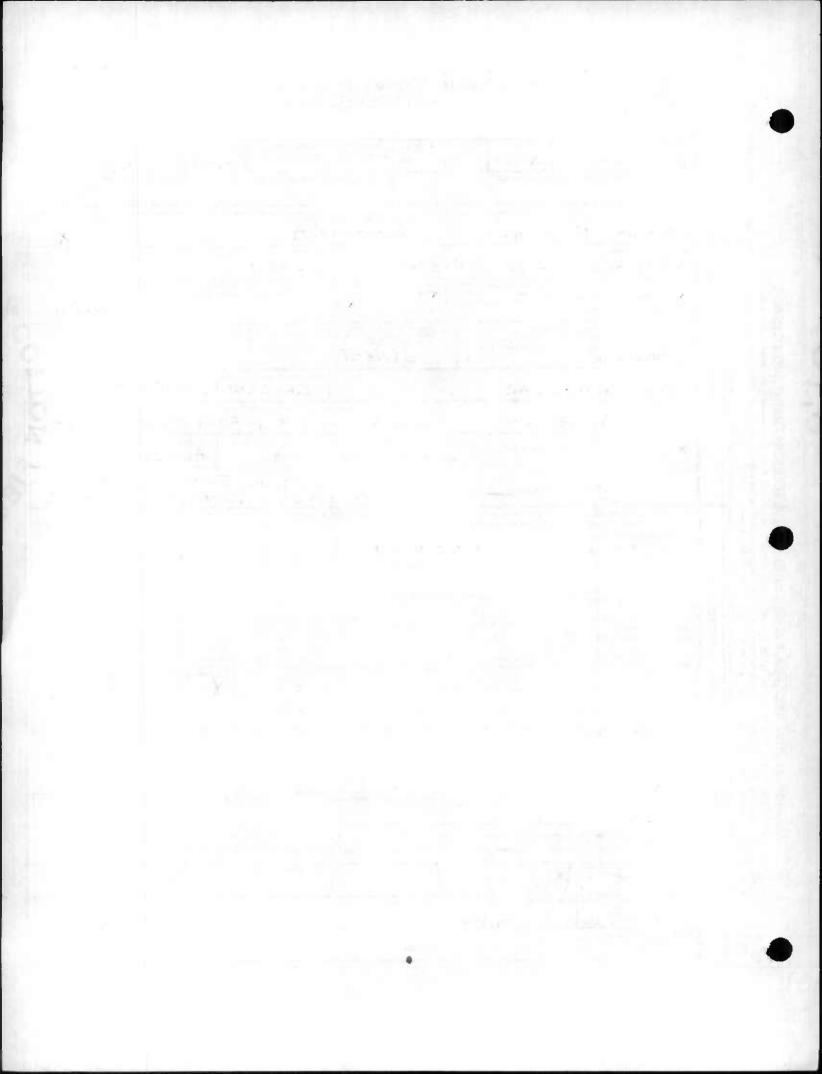
FOR STATE REGISTRAR 1 -

ITEMS: 23 PART I,27,28a,b,c,d,e,f per MEO G-691 9/17/92 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

- 0	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DAY YEAR			3. TIME OF DEATH	
	FILLADELTO 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGF (In vision)			NTES	08		1992	4:32 P.M	
	26.0	. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De)	/, Year]	6. BIRTH Countr	PLACE (State or Foreign	
	621-50-3810 1 1 1 1 2 1 F L (c) 9a. FACILITY NAME (If not institution, give street and number)	YRS.		OR LOCATION OF D	9-16		-	ONDURAS	
TOR	WILD WORLD AMUSEMENT PARK RESIDENCE OF DECEDENT	NTY OF D	GEORGES						
DIRECTOR	VIRGINIA FAIR FAX		TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 TES 2 NO	
FUNERAL	8581 Richmond Hwy #:	304	10	223C	9	10g. CITI	IZEN OF V	HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO	If yes, sp	CENDENT OF HISPA Hecity Cuben, Mexico 2 NO Specification	an, Puerto Rican		Black	- American Indian, i, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) CTH GTADE 16a	(Give kind of wi	USUAL OCCUPATION OF MORE OF THE PROPERTY OF TH	ON ost of working	16b. KINI	D OF BUSINESS/INC	DUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Lost) JOSE Q. AGUILAR			18. MOTHER'S NA	AME (First, Middle Z (NMN	Maiden Surname)	NiP		
10	JOSE Q. AGUILAR	196. MAILING . 8581	Richm	OND HW	Poute Number, C	ity or Town, State, Zip 04 ALEY	Code)	RiA, VA.	
	1 Burlet 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	CEAND DATEO		on BuriAl	_	ALINZ	A,	HONDURAS	
	21. SIGNATURE OF FUNERAL SERVICE UCESSINE		P.D. T	NO ADDRESS OF FA	AM FI	meral	ral Home RIA, VA. 22313		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the shock, or haart fellure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONDITION OF TO	CAUSE OF ISEQUENCE OF	DEATH :				eat,	Approximate Interval Between Onset and Death	
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY AWAILABLE COMPLETI OF DEATH: 1 VES								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💢 YES 2 \square NO HOSPITAL: 1 \square Inpetient 2 \square ER/Outpatlen		OTHER:	ACE OF DEATH (Ch		ocity) PARKIN	CIO	m	
	27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending	28b. TIME INJU	OF 28c, INJ	URY AT PRK?	26d. DESCRIB	E HOW INJURY OCC			
LED BY	2 Accident Investigation 3 Suicide 8XXX Could not be determined UNKNOWN 28e. PLACE OF INJURY — A building, etc. (Specify) UNKNOWN				City or Tow	(Street end Number	or Rural R	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge one) 2XXMEDICAL EXAMINER: On the examination end								
	250 SIGNATURE AND STITLE OF CERTIFIER	# Investigation	, in my opinion, c						
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (THE OF CASE	Date of the Control o	O.C.M.I			-03-	(Month, Day, Year) 1992	
	MARIOR GOUT, OR MO			STREET	BALTIM	ORE MARY	LAND	21201	
	AUG 04 1992 Julia Duidson-Re	ndull							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

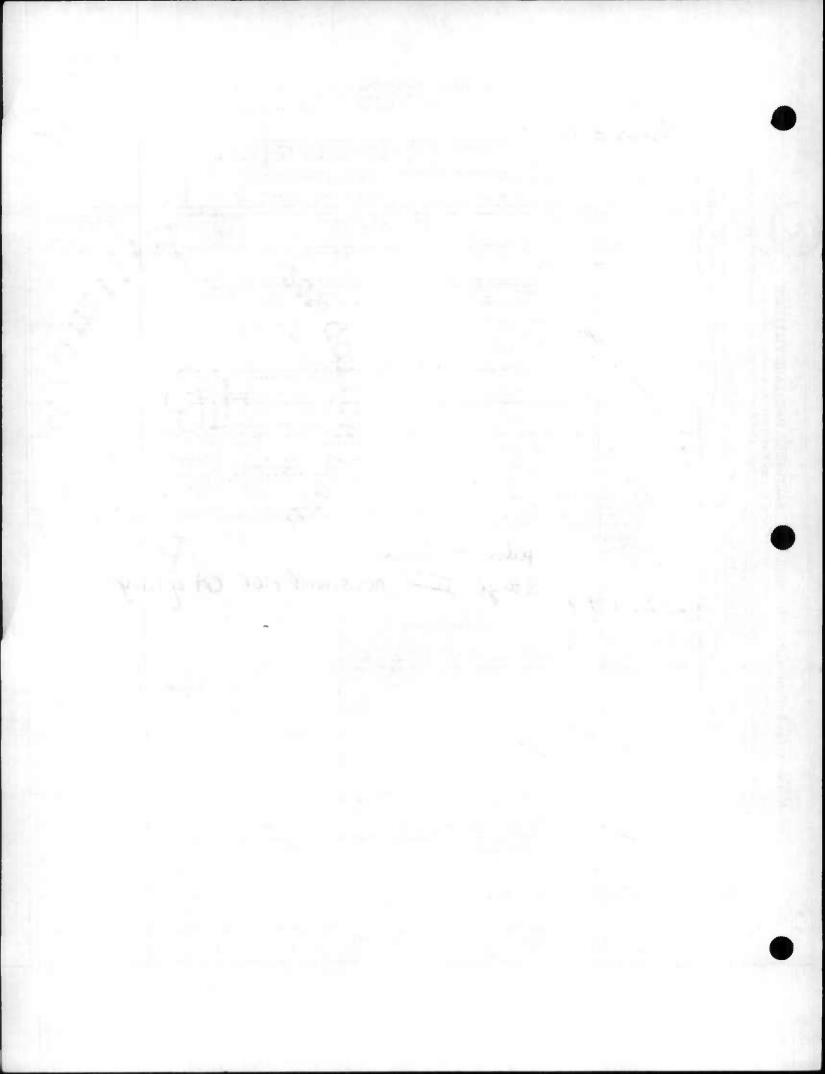


TO.	- 40		
8	2		
9	100		
Ħ	m		
Ħ	987		
ŏ	5		
3	-		
吾	- 8		
2	5		
98	요		
15	2		
£	A		
2	名		
4	-28		
뜌	-		
	-		
2	8		
f	-		
2	ĕ		
7	2		
g	6		
II.	76		
€.	8		
8	2		
a	2	池	
栕	2	6	
100	22	8	
ž	=	*	
ž	3	-	
2	₩	5	
2	2	lat	
€	ete	PH	
3	di.	2	
2	00	ਲ	
3	P	5	
8	a	0	
0	5	#	
0	10	ê	
ate	3	0.	
ific	2	8	
F	9	ě	
0	B	£	
te e	5	79	
e	60	Eu.	
9	\$	Σ	ì
=	2	8	١
ha	P	9	
65	2	幕	
ii.	Sig	E P	
8	5	5	١
-	8	-	
8	S	ep	
9	2	0	
Ė	He	316	
ż	FC.	S	ì
M	2	2	
Sic	2	-	
¥	Sis	N.	
4	-	~	
9	Ter	att	
5	X	de	
2	œ	10	
E	2	aft	
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours when death. Page 5 may be mained by the hospital or amending p	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director, page 5 should be demand for use as the b	82	
8	DIA	3	
-	7	2	ĺ
1	\$	1	ĺ

31. DATE FILED (Month, AUG 4

	1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF OEATH MONTH, DAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH										x 2 c	YEAR 12	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la	,	-	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	OF BIRTH h, Day, Year)		Country)	LACE (State or Fore
	9a. FACILITY NAME (If not institution, g	1 1	43	YRS.	9b. CITY,	70451.0				9/1929			yland
E C	Loch Raven V.		a1								9c. COUNT	TY OF DE	ATH
يظ	RESIDENCE OF DECEDENT		.41	140.00	Baltimore, Mary								
DIRECTOR	Maryland				Baltimore								10d. INSIDE CITY LIMITS? 1 YES 2 N
	10e. STREET AND NUMBER					101.	ZIP CODE	0.1.1			10g. CITIZ	EN OF WI	HAT COUNTRY?
FUNERAL	1209 Morling A	venue					21	211				USA	
	11. MARITAL STATUS 1 Never Married 2 Merried	FORCES?	NT EVER IN U.S. AF								s or No-	14. RACE - Block,	- American Indian White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE		1 TES 2 NO Specify:							Specify	White	
ETED	15. OECEOENT'S (Specify only highest g	EDUCATION trade completed)			USUAL OCC			a	16b	KIND OF BU	SINESS/INDU	STRY	
LE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	ise retired.)								
COMPL	12 (G.E.D.) 17. FATHER'S NAME (First, Middle, Last)		10.9	5. P	rmy	Ret	ired	IFD'S NA	ME (Elect)	Middle, Maiden	Summer		
_	Walter F	rank Fishe	r									lann	
TO BE													
F	Lynda Stull 4735 Poole Road, Eldersburg, MD 21784												
	20b. METHOD OF DISPOSITION 1 M Burisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State												
	Donation 5 Other (Specify) Maryland Veterans Cemetery Garrison Forest , M											est .MD	
	· la gla	in Sei	支山		² A. 38	318	Rola:	eft2 nd A	venu	Fune, Bal	eral H Lto.,M	lome D 2	21211
	23. PART I. Enter the diseases, ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Puln	on each line	lus	2AN 38 not enter the	318	Rola:	eft2 nd A	venu	Fune, Bal	eral H Lto.,M	lome D 2	21211 Approxima
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO b. S TOUE TO c. OUE TO	OR AS A CONSE	OUENCE O	2A N. 38 not enter the series of the series	318 in mod	Rola:	e of face	cury r	Fune, Bal	eral H Lto.,M	Iome ID 2	Approximatinterval Bell Onset and
: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO b. S TOUE TO c. OUE TO	OR AS A CONSE	OUENCE O	2A N. 38 not enter the series of the series	318 in mod	Rola:	e of face	cury r	e, Fune le, Bal	AUTOPSY	Iome ID 2 et,	Approximatinterval Bell Onset and
: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	a. DUE TO b. S TOUE TO c. OUE TO d	OR AS A CONSE	OUENCE O	2A N. 38 not enter the series of the series	318 in the mod	Rola:	e 11-14 nd A ng, such	Part I.	CA 24e. WAS AN PERFOR 1 YES 2	AUTOPSY	Iome ID 2 et,	Approximatinterval Bel Onset and Onset and Approximatinterval Bel Onset and
: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to b. S Due to c. OUE TO d. Hospital:	OR AS A CONSE	OUENCE O	2A N. 38 not enter the series of the series	Ishe mod	Rola: Rola: de of dyli cause g	eath (Che	Part I.	CA 24e. WAS AN PERFOR 1 YES 2	AUTOPSY	Iome ID 2 et,	Approximatinterval Bel Onset and Onset and Approximatinterval Bel Onset and
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are substantially in death. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 3 Netural 5 Pending	a. DUE TO b. STORY C. OUE TO d. HOSPITAL: 1) Inputent 2 26e. DATE OF (Month, E	OR AS A CONSE	OUENCE O	2A N. 38 not enter ti	lerlying 26. PLA: ing Home WOR	Cause g	e of form of Ang, such	Part I.	CA 24e. WAS AN PERFOR 1 YES 2	AUTOPSY	24b. y	Approximatinterval Be Onset and Onse
TED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are successful to the conditions of the conditions of the cause. The cause of the ca	a. DUE TO b. STORY TO THE TO T	OR AS A CONSE	OUENCE O	22 A N 38 38 38 38 38 38 38 38 38 38 38 38 38	lerlying 26. PLA ing Home 28c. INSU ing Home 1 VE	Cause g	e of form of Ang, such	Part I.	CA 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MMEO?	Iome ID 2 et, 24b, v	Approximatinterval Be Onset and Onse
ETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the conditions of th	a. DUE TO b. SHOULD TO c. OUE TO d	OR AS A CONSE	OUENCE O OUENCE O OUENCE O OUENCE O Tesulting	22 A 38 not enter ti FF: OTHER: 4 □ Nursir BE OFF M street, factor	ithe mod	Cause g	iven in	Part I.	24a. WAS AN PERFOR	AUTOPSY MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON NUMBER OF MICON	24b. y	Approxima Interval Be Onset and Onse
TED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the conditions of th	a. DUE TO b. STORY ONE TO c. OUE TO d	OR AS A CONSE	OUENCE O OUENCE O OUENCE O OUENCE O Tesulting	22 A 38 not enter ti FF: OTHER: 4 □ Nursir BE OFF M street, factor	lerlying 26. PLA ing Home 28c. INJU WOR 1 YE ry, office ne, date a	Cause g	Iven In	Part I.	24a. WAS AN PERFOR	AUTOPSY THEO? AUTOPSY THEO? AND AUTOPSY THEO? AND AUTOPSY THEO? AND AUTOPSY THEO? AND AUTOPSY THEO? AND AUTOPSY THEO? AND AUTOPSY THEO? AND AUTOPSY THEO? AND AUTOPSY THEO.	24b. y	Approximatinterval Ba Onset and Onse

BE REGISTRAR'S SIGNAPPRE LANGUE PURPLE



permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-for he fleet within 72 hours after death with the State Derir of Health and Mantal Horiden notor in hurial commandor.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
VDING PHYSICIAN:	: After this certific	Is marked, or il
PITAL OR ATTE	BAL DIRECTOR	f. It item 28
TO THE HOSF	TO THE FUNE	IMPORTAN

29b. SIGNATURE AND TITLE OF CERTIFIER

en

me mos

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Onams

BE

2

92 21320 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GREEN WOOD YEAR 130 92 6. AGE (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Ybar) 6/6/22 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F DAYS HOURS 218-18-7300 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Balto. Co. General Hosp. DIRECTOR Randallstown Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Randallstown 1 YES 21 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4401 ChapelDale Road 21133 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No if yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Bank Teller Pikesville Bank 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Willy Heise Alma E. Gessing BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Albert Heise 3612 Edgewood Road Randallstown, MD 21133 20a. METHOD OF DISPOSITION
1 (XBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Cemetery crematory or other place)
Druid Ridge Cemetery 7/31 4 Donation 8 Dother (Specify) Pikesville, MD OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. fames 8728 Liberty Road Randallstown MD 21133 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one caus iMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Netastatic DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF). DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
| Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Bural Boute Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

House Physician

Baltimore

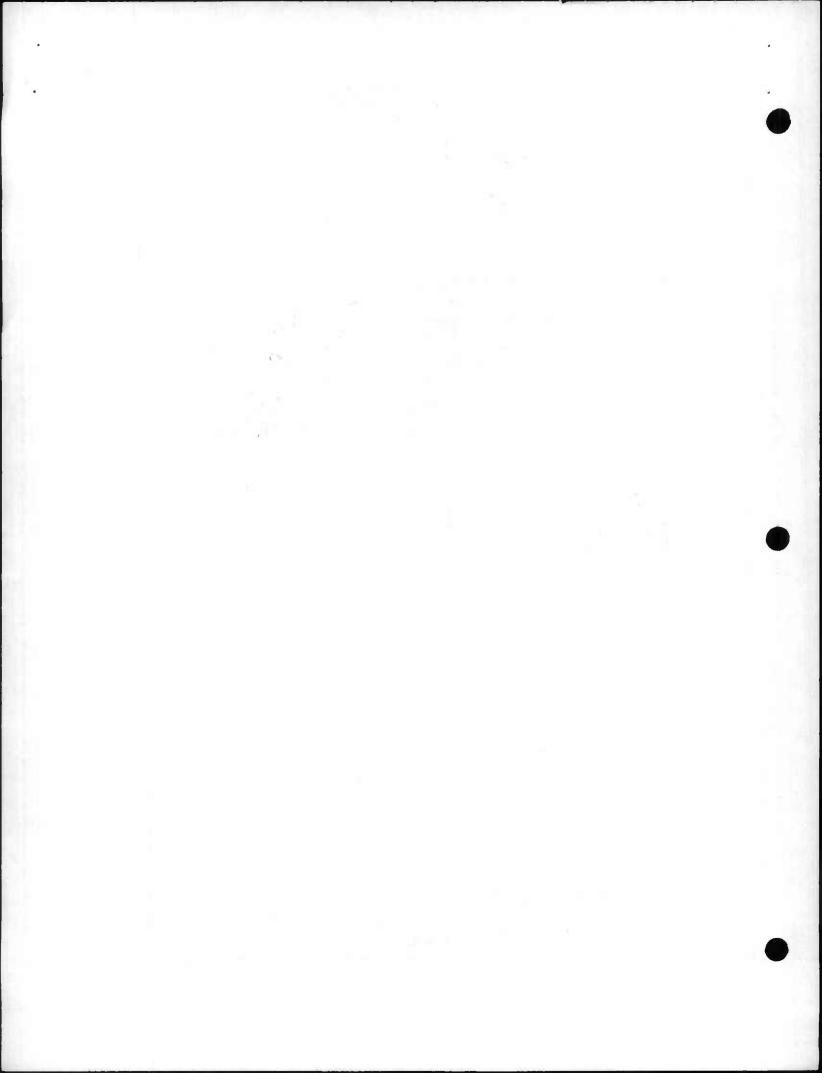
32. REGISTRAR'S SIGNATURE

29c. LICENSE NUMBER

6,61

DHMH-18 Rev 1/89

29d, DATE SIGNED (Month, Day, Yber)



1	1. DECEDE
ĺ	
	4. SOCIAL
	278
I	9e. FACILI
į	8
I	RESIDE
ĺ	10e. STATI
ł	Mary
	10e. STRE
Ш	0.11

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

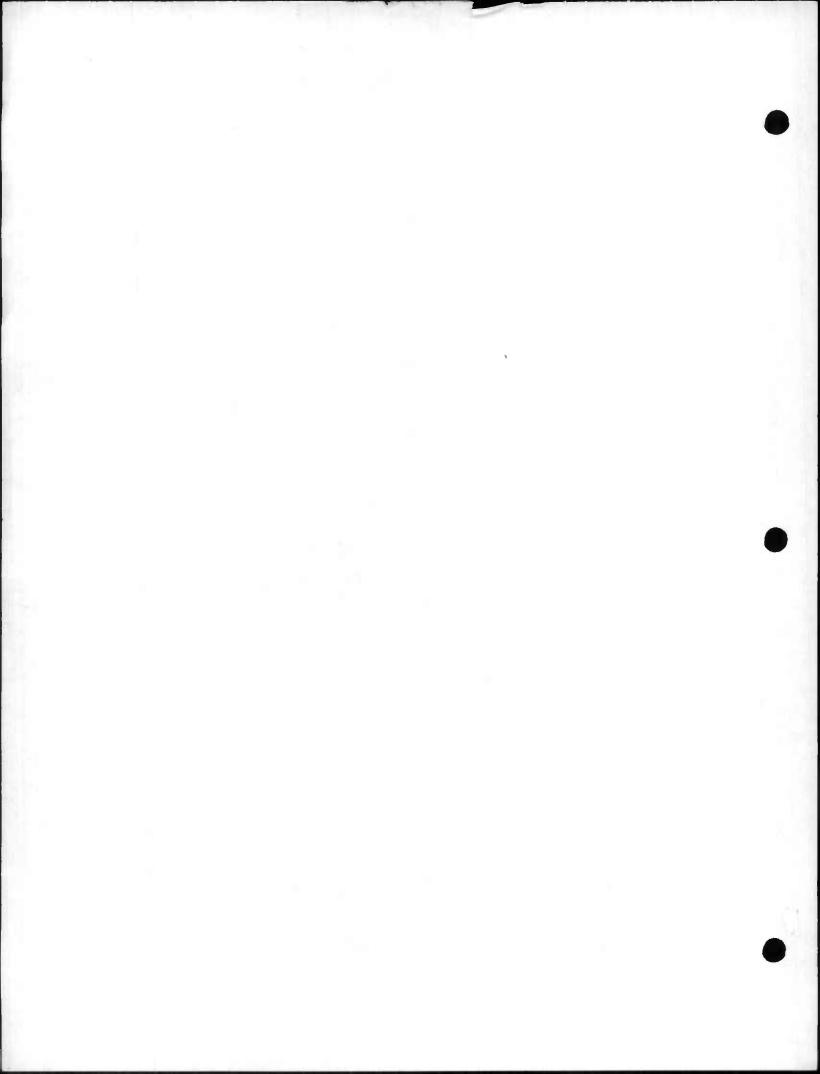
1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								C 1 U C					
1. DECEDENT'S NAME (First)	t, Middle, Last)								OF DEATH			3. TIME OF DEATI	н
Joh		Charles		Gleas	son			MONTH	3		92		м
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. Id		IF UNDER 1 1	$\overline{}$	IF UNDER 24 HRS. HOURS MIN,	7. DATE O (Month,	F BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or For	reign
278-05-190		1 XM 2 - F	72	YRS.			-3/C X	Dec	13,19		0	hio	
90. FACILITY NAME (If not in												ITY OF DEATH	
8410 Cha		alley Co	urt		1	ows	on			Baltimore			
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	DN			10d. INSIDE CITY LIMITS?			
Maryland	B:	altimore			Towson					1 TES 2 NO			NO
10e. STREET AND NUMBER						10f. 7	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
8410 Charles Valley Court							21204				US	iA	
11. MARITAL STATUS 1 Never Married 2			YES 2		13. WA	AS DECEI	NDENT OF HISPA	NIC ORIGIN? an, Puerto Ri	(Specify Yee lcan, etc.)	or No-	14. RACE Black	E — American Indie k, White, atc.	n,
3 Widowed 4 Dive		IF YES, GIVE W					2 NO Specif				Speci	"y: White	2
	CEDENT'S EDUC	CATION	16e, D	DECEDENT'S	USUAL OCC	CUPATION	N.	16b.	KIND OF BUS	SINESS/INDI	JSTRY		
(Specify online Elementary/Secondary (C	nly highest grade c [0-12]	College (1-4 or 5 +	- 1	(Give kind of v life. Do NOT us	work done dur se retired.)	ring most	of working						
		5+	Di	recto	r of h	Heal	th Serv	rices	Waxt	er Ce	ente	r/Senior	•
17. FATHER'S NAME (First, M		_					16. MOTHER'S NA			Surname)		Citizen	S
	Clifford	<u>d (</u>	Gleason				Mary		Α.		olen		
19e. INFORMANT'S NAME (F	1				d Number or Rural				,	MD 215	100
Robert Lin		<u>-ney</u>	1 220 200 20				s Valley	_	_				204
1 Donation 8 Other	on 3 - Remov	rval from State		EANDDATE Coremetory or of CECCO				DATE O /O2		cation — c			
21. SIGNATURE OF FUNERA		ENSEE O	LVE	ryree			ADDRESS OF FA	8/92 ICILITY	300	itiiga	le,	Kentuck	. У
Bryan	and Clar): Va	ref	>	L	.emm	non-Mitc	chell-					
-		<u> </u>	/				. Pador					-	
23. PART I. Enter the disheck, or h	naart fallure. L	omplications that List only one cau	caused the d	Jaath, Do n na.	not entar to	he moa	e of dying, suc	ch ss cardi	ec or reapl	ratory arre	ent,	Approxima Interval Be	tween
IMMEDIATE CAUSE (Fir disease or condition	nai	1	7.1	- 6)	+	120					Onset and	Death
resulting in death)	→ .	DUE TO	LOW AS A CONS	TOURNOE O	Sur	2	gave	ure				Suga	~
	_	Care	gon no n conc.	EUGENCE C	rito		din		.)			100	0
Sequentially list condit		DUE 10	(OR AS A CONS	EGDENCE OF	F):	8	and	ac				0	
cause. Enter UNDERLY	ING	ath	crosc	leron	200							unen	640m
that initiated events		OUE TO	(OR AS A CONSI	EOUENCE OF	F):								
resulting in death) LAS	" •	J											
PART II. Other algolfica	ant conditions	s contributing to	deeth but not	resulting	In the unde	eriying	cause given in	Pert I.	24a. WAS AN		24b	. WERE AUTOPSY FIN	
Chronic		tructi			dis		4		PERFOR	-	1	AVAILABLE PRIOR 1 COMPLETION OF C	
Chronic) re	nal A	ailur	00					1 YES 2	-NO		OF DEATH?	10
		U										1 100 2	
25. WAS CASE REFERRED TO EXAMINER?	-					28. PLA	CE OF DEATH	Reck only one)				
1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursin	ng Home	5 Residence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH		28a. DATE OF (Month, De	INJURY lav. Ybar)	28b. TIM		Bc. INJUI	RY AT	T	CRIBE HOW II	NJURY OCC	UREO		
	Pending Investigation	N	A				ES 2 NO						
3 Suicide 8	Could not be	28e. PLACE Of building,	F INJURY — At h atc. (Specify)	home, ferm, r	street, fectory	y, office		281. LOCA City or	TION (Street e Town, State)	ind Number (or Rural F	Toute Number,	
	datermined												
		CIAN: To the beat of											
2 L MEO	ICAL EXAMINER	R: On the basis of ex	camination end/o	r Investigatio	on, in my opir	nion, des	ath occured at the	time, date o	end place, and	d due to the	Couse(s) end menner es st	ated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	6		MAT	`		29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
I'm m	- ne	woma	7	1011			D279	04		9	1-4	1-92	1
30. NAME AND AODRESS OF	F PERSON WHO	4.0		TEM 27) (Type,				•					
31. DATE FILEO (Month, Day,	Yhark,	12 DECISTRA	AR'S SIGNATURE		(10								
	iic 4	1992	Julia Davi	Serve y	And De	1							
717	1115 7	INCE -	June man	(OPCION A-1)	TAIL AMOND								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



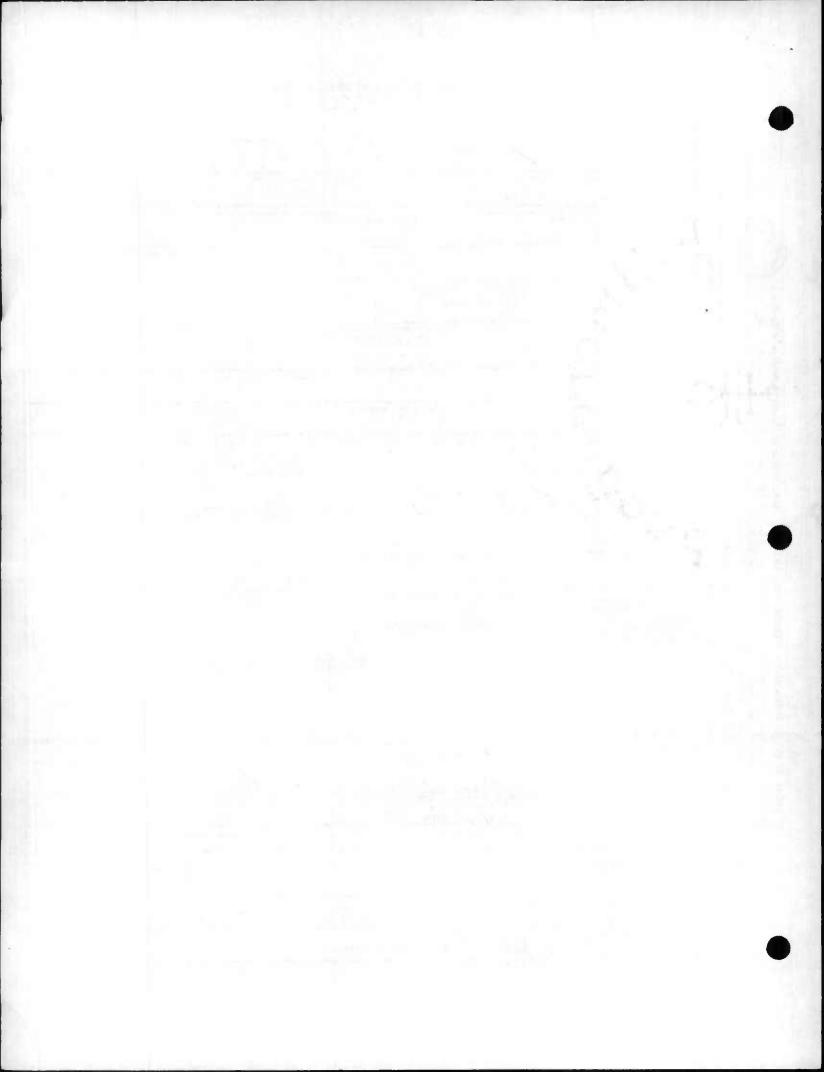
Pages 1, 2, 3 should

0	
A: After this certificate has been signed by the attending physician and completely miled in by the tuneral of	
2	
me	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
5	E.
Ξ	-
2011	n, 0
_	2
5	100
Ē	100
Ē	5
8	7
9	3
Fig.	0
E	-
5	0
ē	à
Ē,	9
9	9
Ę	2
E	x
3	2
0	5
5	ž
	-
5	8
5	5
5	eg .
n	X
20	o
Š	75
9	ě
23	9)
ğ	TES.
5	S
9	9
2	=
0	5
Ş	*
Į,	듶
5	9
	2
	63

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH (51 bson onalo 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 9. BIRTHPLACE (State or Foleign 1 M 2 D F 030-22-2640 HOURS 62 13 30 MASSACHUSETTS 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH BY FUNERAL DIRECTOR UNIVERSITY HOSPITAL BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY FOREST MARYLAND HARFORD HILL 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2720 REGESTER FARM ROAD 21050 UNITED STATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE - American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pt 1 TES 2 NO Specify: 1 Never Merried 2 Mar 3 Widowed 4 Divorced WHITE KOREA COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 8 SELF EMPLOYED TIMBER BUYER 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
ALICE CORKUM EDWARD GIBSON notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT D. GIBSON ROAD 06076 HOWARD UNION CT P 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION / Name of 873 20c. LOCATION — City or Town, State must GARRISON FOREST VETERANS CEM 4 ☐ Donation 5 ☐ Other (Specify) OWINGS 21, SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY ou HARKINS FUNERAL HOME, INC. DELTA, PA rel medical the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, i. Egter Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) Blust Traum Truma CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CO NSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significent conditions contributing to death but not reaulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

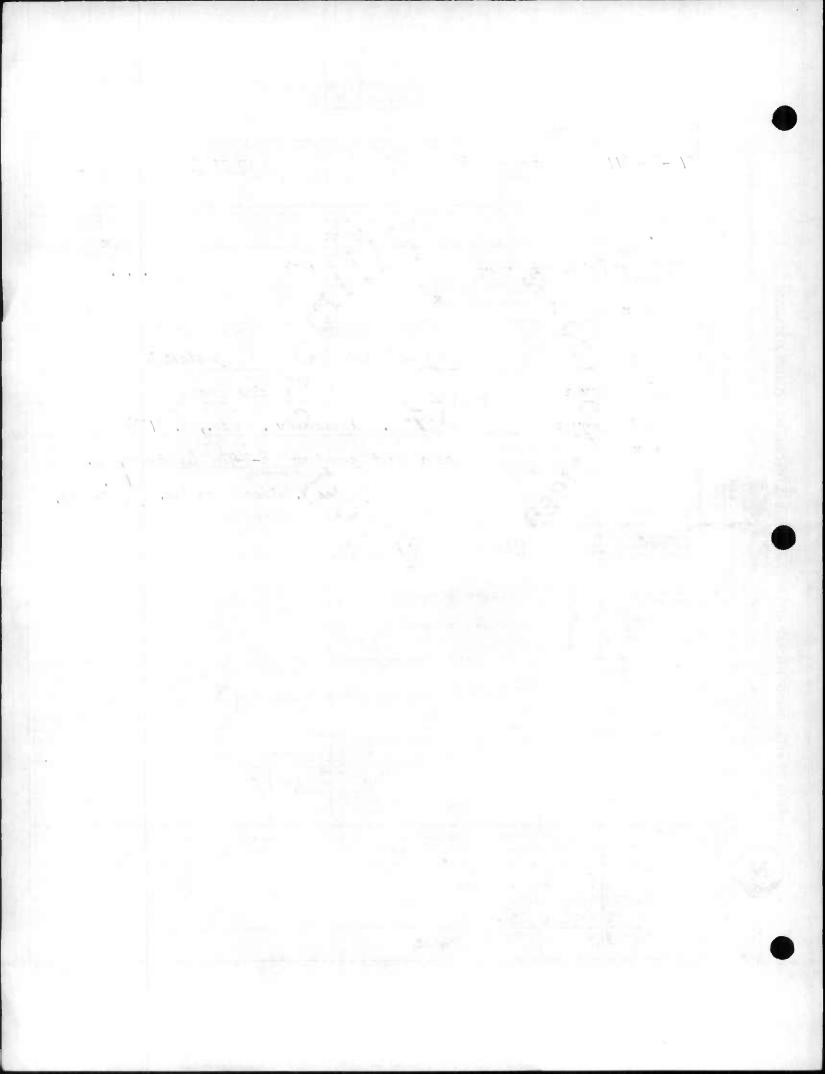
1 1 YES 2 NO 26. PLACE DF OEATH (Check only one) HOSPITAL: OTHER: 1 ☐ Inpetient 2 W ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c, INJURY AT 28d. OESCRIBE NOW INJURY OCCURED 1 | Natural
2 Accident 5 Pending Investign fellon BY 1 YES 2 NO PLACE OF INJURY — At he building, etc. (Specify) 281. LOCATION (Street and Nu. City or Town, State) 3 Suicide er or Rural Route Number 6 Could not be 9 4 Homicide Undur Ē 29e. CERTIFIER
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. COMPL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: 11 2 MEDICAL EXAMINER: Dn the beele of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 8E 2 TEO CAUSE DF DEATH (ITEM 27) (Type, Print) 22 Sofreene St Yello MD 31. DATE FILED (Month, Day

who Davidson



	1 - STATE REGISTRAR	STATE OF I		DEPAR					MENTAL HYGIE REG. N		Sirem .	C 1 0		
	1. DECEDENT'S NAME (First, Middle, Last)					2.0				DATE OF DEATH 3. TIME OF DE				
	DONALD Wayn	re		G	ROVE	3			10 97H 2	9	MEAR	10:18	P M	
	4. SOCIAL SECURITY NUMBER 215-66-2311	5. SEX	6. AGE (In yrs. last birthday. YRS.		IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNPLACE (State or Country)		Foreign	
	9e. FACILITY NAME (If not institution, give				9b. CIT	9b. CITY, TOWN OR LOCATION OF DE				77 27 54 TH 9c. COUNTY OF DEA			FATH	
TOR	203 S.castle street					BALTIMORE								
DIRECTOR					ty, town or Location Baltimore							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. BTREET AND NUMBER					10f. ZIP CODE				10g. CITIZI		AT COUNTRY		
FUNERAL	3502 East Fairmount Avenue					21224					S.A			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 45 Divorced	FORCES? 1	MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO FYES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIC If yes, specify Cuban, Mexican, Puert 1 ☐ YES 2 ☑ NO Specify:				3/N7 (Specify Yes or No— to Rican, etc.) 14. RACE — American Black, White, etc. Specify: White			dlen,	
COMPLETED						during mo	ast of world	ng		(onstruction				
M	17. FATHER'S NAME (First, Middle, Last)		d	77000	C 076.	- Cur		TOPPIO MAA	ME (First, Middle, Meid					
BE CC	John Grover						C	ather	rine Gord	on				
TO E	100. INFORMANT'S NAME (Typo/Print) Katherine Groven	7.	19	2502	S ADDRESS (Street and Number or Pural Poute Number, City or Yown, State, Zip Code) E. Fairmount Ave. Balto. Md. 21224									
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE					OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE L	1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY												
	Charles S. Zeiler & Son Inc. Conkling St.											t.		
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. VAK	at caused the deuse on each line	N TOX	CAPT	the mo	de of dy	ing, auch	n as cardiec or ree	plratory arre	at,		meta Between nd Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in t					the underlying cause given in Part I.				24a. WAS AN AUTOPSY PERFORMED? TYPES 2 \(\text{I NO} \)		No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\subseteq \text{NO} \)		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER													
YSI	1 XXES 2 NO	1 Inpatient 2	☐ ER/Outpatient 3	3 🗆 DOA	4 Num		• 5 (XR	esidence (6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Applicant Investigation	1 Natural 5 Pending (Month, Day, Year) INJU					WORK? WORK?							
8	2 Accident Investigation 3 Suicide 6 Could not be determined Could not be determined Could not be determined Home												1+0	
COMPLET	29e. CERTIFIER (Check only one) 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) end menner se stated. 20e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) end menner se stated. 20e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) end menner se stated.													
TO BE C									SIGNED (Morith, Day, Year)					

111 PENN STREET, BALTIMORE, MARYLAND 21201



	-		
	Pages		
	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1,		
an.	ransit		
physici	burial-t		
Dulb	s the		
r arte	use a		
KT21	of b		
nosp	tacher		106.
Dy The ho	be de		10 1
ned D	pino		led :
Lecan	5 8		notif
ay De	page		2
E	ctor,		mus
200	al dire		ner
reflockery. The law requires that the beath certificate be executed within 24 hours aret beath. Fage 6 may be retained by	funera		irked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
alte	y the	пола	cal
Sign	din	or re	med
47	/ filler	tion,	the
WIGHT	pleteh	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rent,
Dann	moo I	ırial,	5
CARC	n and	10 00	ımat
91	ysicia	prior	tra
Similar	ng ph	giene	othe
5 10	tendi	al Hy	0
20 00	he at	Ment	E I
I IP	1 64	and	my in
6	signer	lealth	42 a
2	Deen	10	sho
e lan	has t	Dep	1 23
N	icate	State	Hen
SICIA	certif	the t	1, 04
TILL	this certi	with	rked

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The

HOSPITAL

DIRECTOR: After this cer hours after death with th item 28 is merked, o

HE FUNERAL DIRECT
MAITHIN 72 hours a
OHTANT: If Item 2

2, 3 should

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR L. GAMBLE **ORLANDA** 11: 30 AM 92 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. Washington, D.C 1 🗌 M 2 🔀 F 578-90-6775 YRS 10-6- 1960 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES HOSPITAL CENTER CHEVERLY DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Landover 1 TYES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 705 Avanti Place 20785 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12th Grade Nurse Assistant Private 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Levi Gamble, Sr. Mae Gloria Hill BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gloria Gamble 705 Avanti Pl., Landover, MD. 20s. METHOD OF DISPOSITION

1 M Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify)

21. BIGNATURE FRAL SERGIC LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Harmony Memorial park 8/1 Landover, Maryland Stewart Funeral Home chm 4001 Benning Road, N.E. Wash.D.C. 23. PART/ Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death or condition ___ CERTIFICATION Sequentially list conditions. if any, leeding to immediate cause. Enter LINDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST MEDICAL 24s. WAS AN APTOPSY underlying cause given 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 340 OF DEATH? 1 TYES 2 THO PHYSICIAN: 25. WAS CASE HE 26. PLACE OF DEATH (CN HOSPITAL OTHER: 1 YES 2 NO npatient 2 [ER/Outpatient 3 [DOA ng Home 5 🗌 Residence 6 🗌 Other (Specify) 27. MANNER OF DEATH 25s. DATE OF INJURY 280. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify). 291, LOCATION (Street and Number or Rural Route Number, City or Steen, State) 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atated. 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. Sichard 20c. LICENSE NUMBER 29d. DATE SIGNED (M. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF er Rugist An's signature 31. DATE FILED (Month, Day, Year) 1992

AUG

m, with it will

YEAR

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

AUG 04 1992

1 -

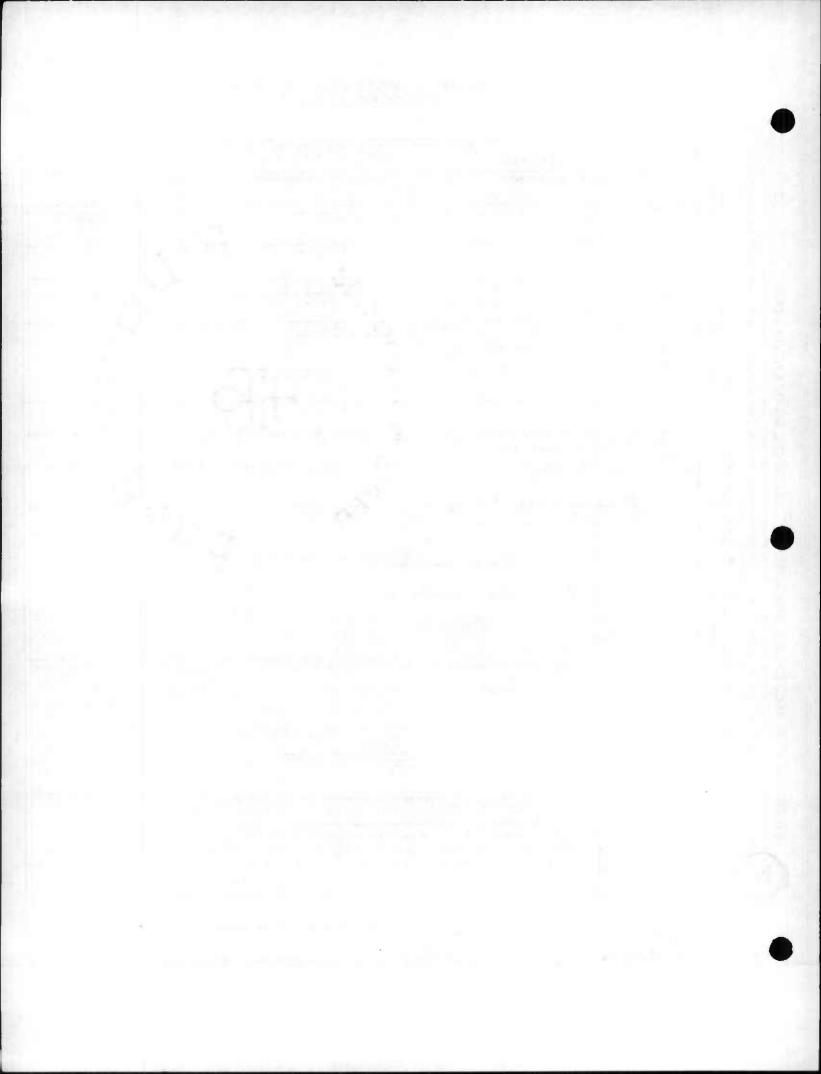
24 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within RECORDS, P.O. BOX 68760, DIVISION OF VITAL TAL

GORMAN 1992 August 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIFITHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 427-07-5294 YRS. 04-18-1918 Oklahoma Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital DIRECTOR Baltimore Baltimore County 10c. CITY, TOWN OR LOCATION Maryland N/A Baltimore City 1 YES 2 | NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6819 Everall Avenue use as the burial-transit 21206 U.S.A hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 NO BY 3 🔯 Widowed 4 🔲 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Social Security filled in by the funeral director, page 5 should be detached for on removal. Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Clerk Administration 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, 16 Harley S. Kent Arizona notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wilma Jean Bayne 6819 Everall Avenue, Baltimore, Maryland 21206 2 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE examiner must Parkwood Cemetery 8/4 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. alblu 6415 Belair Road, Baltimore, Maryland 21206 the medical 23. PART I. Enter the diseases, or complications that caused the deeth, Do not snter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. interval Between **Doset and Death** IMMEDIATE CAUSE (Finsi the attending physician and completely filler Mental Hygiene prior to burial, cremation, disease or condition resulting in death) Anoxic Encephalopathy event, other traumatic Respiratory Failure CERTIFICATION Sequentially list conditions, if sny, leading to immediats cause. Enter UNDERLYING Choking Due to (or as a consequence of): CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS this certificate has been signed by with the State Dept. of Health and AVAILABLE PRIOR TO any Hypertension COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? shows : Left Ley Ischemia 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Te T HOSPITAL: OTHER:
4 Nursing Nome 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Ø Inpetient 2 □ ER/Outpetient 3 □ DOA 6 27. MANNER OF DEATH 26s. DATE OF INJURY marked, 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY After Investigation 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is COMPLETED 6 Could not be DIRECTOR: / 4 🔲 Homicide Hem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, and due to the cause(a) and manner as stated. 以下 MERICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 8 92 3 6 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Joseph Kaplan D 9000 Franklin Square Drive, Baltimore, Maryland 21237 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

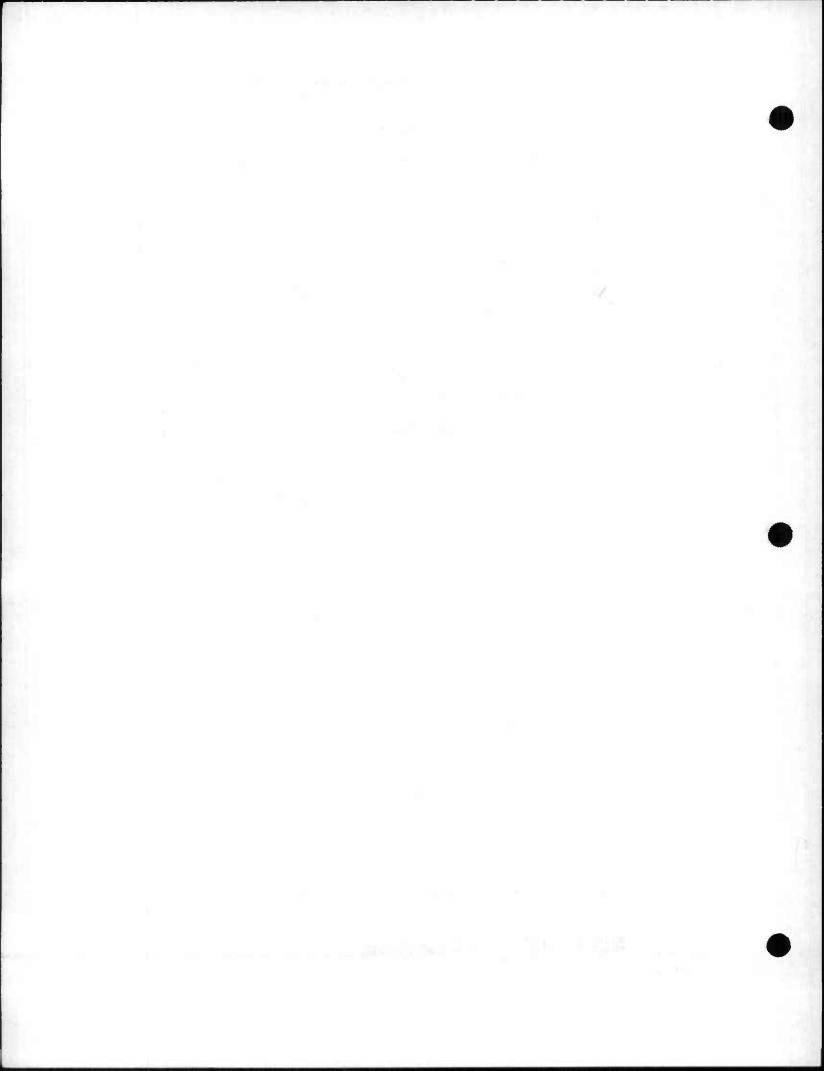
Audrey K. Gorman



(4	No.
N	23	ą
BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted in the funeral director.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	uires that the death certificate be executed within 24 hour	signed by the attending physician and completely filled in
DIVISION OF VITAL RE	L OR ATTENDING PHYSICIAN: The law requ	DIRECTOR: After this certificate has been

0	9		
ğ	35 1		
atte	88		
9	70		
pita	P		
hos	ach		6
a e	det		0
3	2		10
9	PAG		Pe
etair	AS.		100
De l	6 5		-
3	ğ		T b
9	tor.		STIC
90	Sirec		E 70
	E		ine
att	une		E S
ĕ	9	6	i e
31	3	E	E3
SUD SULS	Ξ.	7 10	ned
4	Filled	Ä,	0
7	ely 1	natio	=
WIEL	plet	Cren	ent
00	E 03	al,	3
900	Du	P	atic
8	in a	8	Ë
E e	sicia	nior	E
nea	P.	90	16
ë	Bull	ygie	=
	tend	E	0
e c	9	lent	MY.
Die	y th	P P	Ξ
Bal	8	1 3	amy
S	Sign	eaft	20
600	en s	Of H	9
J. A.E.	8	R.	3 8
e e	has	e D	m 2
-	cate	Stat	ie
S	ertif	the	6
2	SCI	=	ad,
-	4	A C	ark
S	Afte	deat	E
Z.	ë.	ler (3 18
A.	5	s af	28
5	DIR	NOU	tem
AL	AL	121	=
20	VER	F	Ë
Ę	3	with	TAI
IU THE HUSPITAL OH ALLENDING PHYSICIAN; the law requires that the death certhcare be executed within 24 hours after death. Page 6 may be retained by the hospital or attending to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	Piled	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	2	90	E

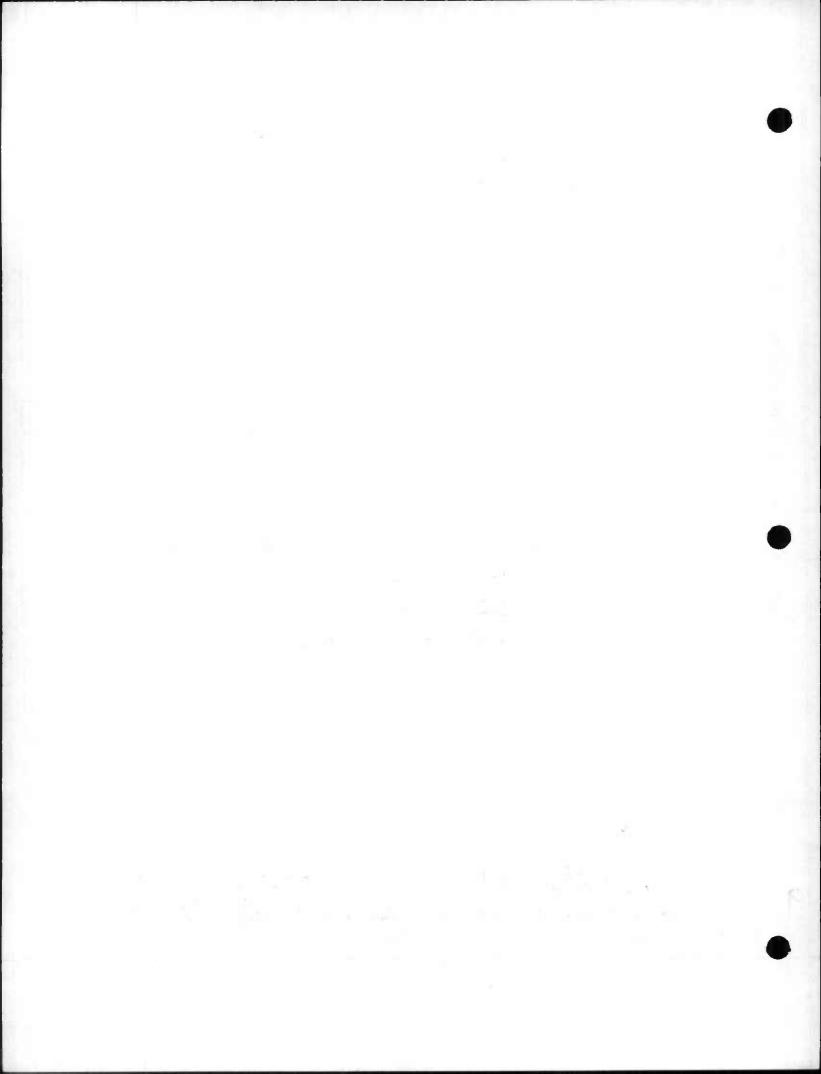
	REGISTRAR		CERTIFIC	CATE OF DEATH		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	WAKD	(7) 1C)	<i>t</i> .	2. DATE OF MONTH	DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTHPLACE (State or Foreign
	220 07 0000	1 M 2 🗆 F	/// YRS.			6/1915	VIRGINIA
R	9a, FACILITY NAME (If not institution, give street and number) 130 SLADE AVE., A PT. 603 9b. CITY, TOWN OF LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH BALTIMORE						
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY	TOWN OR LOCATION			10d. this DE CITY
뜸	MARYLAND BAL	TIMORE		BALTIMORE			LIMITS?
FUNERAL	10e. STREET AND NUMBER	- 500		10f. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
NE	130 SLADE AVE., AP	T. 603 12. WAS DECEDENT EVER IN	U.S. ARMED	2120		Specify Yes or No.	USA 14. RACE — American Indian,
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA WWII	2 NO	If yes, specify Cuban, Maxi 1 YES 2 NO Spec	can, Puerto Rica	in, etc.)	Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	18b. KI	ND OF BUSINESS/INC	DUSTRY
PLE	Elementary/Secondary (0-12) 12	College (1-4 or 5+)		PING MANAGER		CLOTHING	
800	17. FATHER'S NAME (First, Middle, Last)					lle, Maiden Surname)	
BE	SOLOMON 19e. INFORMANT'S NAME (Type/Print)	GLICK			ACHEL	ELF	
유	MRS. MIRIAM D. GL	ICK		DDRESS (Street and Number or Rura SLADE AVE., APT		BALTIMORI	
	201 METHOD OF DISPOSITION 1 D Burial 2 Cremation 3 Ramov	ral from State 20b.	PLACE AND DATE OF	DISPOSITION (Name of	DATE	- FLI	City or Town, State
	4 Donation S Other (Specify)	MSSE OH	IEB SHALO	MEM. PARK 8,		REISTER	RSTOWN, MD
	Aggliet /	tellens	he	SOL LEVINSO	ON & BR ERTOWN	RD. BALT	ro., MD 21215
4	23 PART I. Enter the diseases, or co shock, or heart tellure. Li IMMEDIATE CAUSE (Final	mplications that caused at only one cause on ea	the death. Do no	t enter the mode of dying, au	ich as cardiac	or reapiratory arr	Approximata interval Between Onset and Dasth
	disease or condition resulting in death)		aut	Myocard	well	foredes	- MINUNES
2		Due to longs A	CONSEQUENCE OF:	1 ander	dia	Do . C	Tollean
VIIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF		,		//
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	711			
ERT	resulting in death) LAST						
	PART II. Other algnificant conditions	contributing to death bu	ut not resulting in	the underlying cause given i	n Part I. 24	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL					1	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ							1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE DF DEATH (C	Check only one)		
YSIC	1 - YES 2 - NO	HOSPITAL:		THER: Nursing Home The Residence	8 Other (Sp	Decify)	
ВУ РН	27. MANNER OF DEATH 1. Matural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TtME		26d. DEŞCRI	BE HOW INJURY OCC	CURED
- 11	3 Sutcide 6 Could not be determined	28s. PLACE OF INJURY building, stc. (Special	— At home, farm, str	est, factory, office		ON (Street and Number own, State)	or Rural Route Number,
COMPLETED				at the time, data and place, and do			
8	29b. SIGNATURE AND TITLE OF CERTIFIER	Man	'~~	29c, LICENSE N			E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P.	rint)	11/		130/10
	31 DATE FILED (Month Co. Wash	T 22 BEGIEVELEN GOVERN	Time				/ 060
	AUG 4 19	32. REGISTRAR'S SIGNA	vidron-Rand	.00			



S		
n		
200		
ecion,		
5		
Unella	bath with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	market as form 60 shows and fallows as the same and
2	70	
2	700	1
2	ě	-
5	0	
Ē	ĕ.	3
7	ati	3
ě	Per.	•
È	3	1
3	nal	
2	굺	•
=	2	
250	rior	
7	9	١
2	gien	44
2	Ť	
8	13	
200	¥.	
5	and	
5	£	1
30	Hea	
5	0	-
5	ä	
8	å	6
910	tate	A
Ĕ	60	1
3	#	
21112	With	
107	ath	i

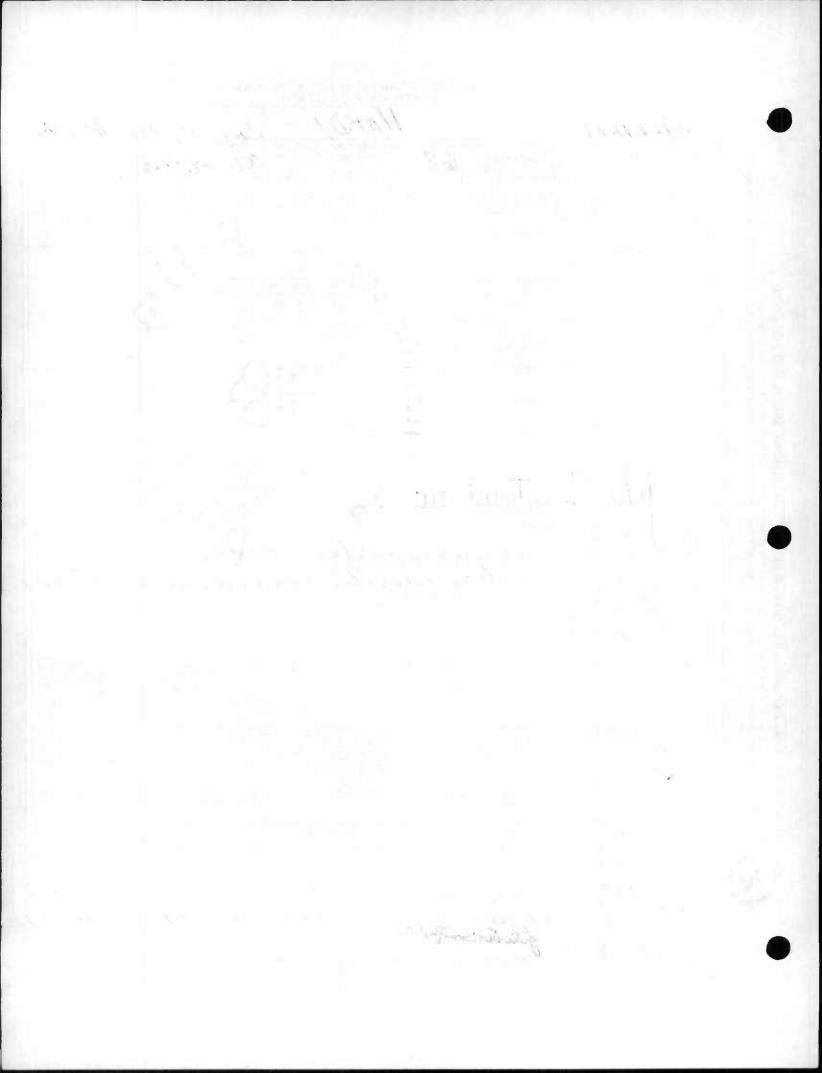
21327 92 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH

	Kathleen	<u>C.</u>	<u>. H</u>	oppin	g			90	2 5	32	6:15P M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24 HF		ATE OF BIRTH Worth, Day, Year		8. BIRTHPI Country)	LACE (State or Foreign
	153-03-3496	1 M 2 F	85	YRS.			J	une 20		**	lew York
OB	90. FACILITY NAME (If not institution, give st GREATER BALTIMO	CAL CI	ENTER	9b. CITY, TOWN	OR LOCATION O			9c. COU!	ALTI	$_{IO}^{\text{TH}}RE$	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c CITY	TOWN OR LOCA	TION				L	at mains arry
E C		timore			Cockeys						6d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					I. ZIP CODE			10g CITI		T COUNTRY?
E	10508 Longbran	nch Road				21030			log. on		SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A!	RMED	13. WAS DE	ENDENT OF HE	SPANIC OF	RIGIN? (Specify	Yea or No —		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA		NO	If yes, s	ecify Cuban, Ma					- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(0	ECEDENT'S U	JSUAL OCCUPATI ork done during me retired.)	ON ost of working		16b. KIND OF	BUSINESS/IND	USTRY	
PP.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	College (1-4 01 3 +)	9	Secret	ary			Educ	ation		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	S NAME (F	irst, Middle, Maid			
BE	Luther Cummings	;						ite Sh			
0	19a. INFORMANT'S NAME (Type/Print)		19		ADDRESS (Street						
	Kathleen H. Patt	on									d. 21030
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remo	wal from State	cometery on	amelony or oth	F DISPOSITION (N er placa)		1		LOCATION —		
	4 Donettern 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	Meti	o Cre	ematory	ND ADDRESS OF	8/4	/92	Caton	sville	, MD
	- Sugar (1)	. V 1.31	4			mon-Mi			efeld		
-	bryan W. Clai				10	W. Pac	donia	Rd.,	Timon	ium,	MD 21093
	23. PART I. Enter the diseases, or c shock, or haart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	ATIC	COLOI	+ CARC						Approximate Interval Between Onset and Daath
z		COL	ON AS A CONSE	CA	:						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		R AS A CONSE								
SE	CAUSE (Disease or Injury	. OIL TO (C	BR AS A CONSE	ZEL	7						
E	that initiated events resulting in death) LAST				SEVE	25					
				,							+
MEDICAL	PART ti. Other significant conditions	contributing to d	eath but not i	resulting in	tha underlyin	g cause given	n in Part	PERF	AN AUTOPSY ORMED? 2 PNO	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Σ										1	YES 2 NO
HAN:	25. WAS CASE REFERRED TO MEDICAL				26. P	ACE OF DEATH	Check on	ty one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:						
/ PHYSICI	27. MANNER OF DEATH 1	28a. DATE OF IN (Month, Day,	JURY	28b. TIME INJU	OF 28c. IN.	URY AT PRK?	28d.	DESCRIBE HON	V INJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	INJURY — At ho c. (Specify)	t home, term, street, factory, office		281.	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			te Number,		
91	29a. CERTIFIER	YAM: To the heat of -	u basulada a d								
COMPLET	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of m									nd manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	, mit),			29c. LICENSE	NUMBER	8	29d. DATE	SIGNED (M	fonth, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO Day'd G. Robe	AS, WI	OF DEATH (ITE	M 27) (Type, F	I. Chawl	er St. 1	Bal	to. 1	W. 21	204	C
	31. DATE FILED (Monte Doy Vear) 1992	32. REGISTRAP	SIGNATURE	Binda B2	1		J 0[



HISPITAL OR ATTENDING PHYSICIAN. The law impuries that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	FUREFAL DIRECTOR: After this certificate has been signed by the attending physician and competery fleet in by the funeral director, page 5 should be detached for use as the		
or att	or use		
ospita	thed f		eś
the h	detad		OUC
ed by	d pin		ed at
retain	5 sho		notiff
ay be	page		be
9	actor.		must
Pag	al de		iner
death	ş		BEER
ŧ	E A	BADW	ical
hours	묘	0,18	med
ii 24	野田	ğ	B .
d with	g d u	CIBE	event
ecute	to pur	burla	affe
2	ician	Sor to	mneu
theats	phys	20.00	her 1
th cert	mding	B	00 00
i deat	日光	Menta	uny.
長り	B	pie	N in
ires th	Ĭ	ij	10 20
nen /	Deed	10.7	sho
五五	H	9 Deg	E2 III
100	these	e Stat	H
USIO	is cer	6.6	ad.
NG PI	4	á	mark
TEND	DR: A	the d	#
DR AT	IRECT	500	em 2
DAL C	BALD	12	##
Š.	FURE	with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.	PEANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
454			-

1. DECEDENT'S NAME (First, Middle, Last) WILLIAM			H	M	RDY	JR.	JUL	y a	D. 199	YEAR	1.25A.
4. SOCIAL SECURITY NUMBER 577-22-2808	5. SEX	6. AGE (In yrs. I		IF UNDER	BAYS HOUP		OC7	OF BIFTH	- 1-	Country	oth Caroli
9a. FACILITY NAME (If not institution, give at Prince George 1 RESIDENCE OF DECEMENT		tal C	enter		hever		DEATH		9c. COUNT Prin		George's
District of Co					ngton						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
5434 C Street,	S.E.				10t. ZIP C	019			1000		States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? (N IF YES, GIVE W	YES 2		H	MAS DECENDEN f yes, specify C	uben, Maxic	en, Puerto	N? (Specify Ye Rican, etc.)		Black	- American Indian, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			le. Do NOT use	rork done d e retired.)	CCUPATION furing most of we	orking	161	b. KIND OF BU	ISINESS/INDU	STRY	
12th Grade		R	etire	ed					ernme	nt	
17. FATHER'S NAME (First, Middle, Lest) Willie Hardy					16. M	IOTHER'S N		Middle, Maider		277	
19a. INFORMANT'S NAME (Type/Print)			Ob Manage	ADDRESS	(0			nnie S			
Patrice Davis		,			nd St						
20e. METHOD OF DISPOSITION					TION (Name of	• , IN	DAI		CATION — C		
4 Donation 5 DOther (Specify)		БТПС	OIII P.	remo	rial			1 51	uitla	na,	MD.
23. PART I. Enter the diseases, or c shock, or heart failure. I iMMEDIA'E CAUSE (Final disease or condition resulting in death)	omplications that	ceused the die on each lin	leath. Do no	S 4	the mode of	t Fu enni	nera ng F	dlac or resp	N.E.	st,	Onset and Dea
23. PART J. Enter the diseases, or c shock, or heart failure. I	omplications that List only one cause DUE TO S	Caused the die on each lin	EQUENCE OF	S 4 4 ot enter to	tewar 001 B	t Fu enni	nera ng F	dlac or resp	N.E.	st,	Approximate Interval Betwee Onset and Dear
23. PART I. Enter the diseases, or c shock, or heart failure. I iMMEDIA'E CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated svents	omplications that list only one cause of the	OFF AS A CONSE	EQUENCE OF	S 4	tewar 001 B the mode of	t Fu enni dylng, su	nerang F	Rd., I	ALTOPSY	240.	Approximate Interval Betwee Onset and Deat
23. PART I. Enter the diseases, or c shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure for conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	omplications that list only one cause of the	OFF AS A CONSE	EQUENCE OF	S 4	tewar 001 B the mode of	t Fuenni dylng, sur	nerang F ch as care	24s. WAS AMPERITOR	ALTOPSY	240.	Approximate Interval Betwee Onset and Deat Autopay Findings MARLA MUTOPRY FINDINGS MARLA MULE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or c shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock or heart failure. I shock or heart failure. I shock or heart failure. I shock or conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated svents resulting in death) LAST	DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	OR AS A CONSE	EQUENCE OF)	S 4 oot enter (tewar 001 B the mode of Less derlying caus	t Fuenni dying, sur	nerang F ch as care Con as care I Part I.	24n. WAS AMPERIOR	ALTOPSY	240.	Approximate Interval Betwee Onset and Deat Autopay Findings MARLA MUTOPRY FINDINGS MARLA MULE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or c shock, or heart failure. I immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions is the cause of	DUE TO E	OR AS A CONSE	POURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF)	S 4 ot enter to	tewar 001 B the mode of Level Level derlying caus 28. PLACE OF	t Fuenni dying, sur dying, sur pe given in	nerang Foth as care	24s. WAS AMPERFORM	ALITOPSY	240.	Approximate Interval Betwee Onset and Deat Autopay Findings MRIE AUTOPAY FINDINGS MRIE AUTOPAY FINDINGS OF DEATH?
23. PART I. Enter the diseases, or c shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock or heart failure. I shock or heart failure. I shock or heart failure. I shock or heart failure. I shock or heart failure. I shock or heart failure in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions PART II. Other significant conditions IS. WAS CASE REFERENCE TO MEDICAL EXAMINENT THE 2 NO IT. MANNES OF DEATH 1 What I should be a shock or heart failure. I should be a shock or heart failure. I should be a shock or heart failure. I should be a shock or heart failure. I should be a shock or heart failure. I should be a shock or heart failure. I should be a should be a shock or heart failure. I should be a s	DUE TO A HOSPITAL: 1 Impetion 2 2	OR AS A CONSE	EQUENCE OF) TOURNOE OF) TOURNOE OF)	S 4 ot enter to	tewar 001 B the mode of Less derlying caus	t Fuenni dying, sur dying, sur pe given ir	nerang Foth as care	24n. WAS AMPERIOR	ALITOPSY	240.	Approximate Interval Betwee Onset and Deat Autopay Findings MARLA MUTOPAY FINDINGS MARLA MULE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or c shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock or heart failure.	DUE TO DU	OR AS A CONSE	EQUENCE OF) FOURIER OF) FOURIER OF) FOURIER OF) FOURIER OF) FOURIER OF)	ot enter to the unit of the un	tewar 001 B the mode of Level deriying caus 28. PLACE OI ing Home 5 D 28c. DNJURY AT WORKY 1 YES 3	t Fuenni dying, sur dying, sur pe given ir	nerang Foth as card	24s. WAS AMPERFORM	AUTOPSY AMEDY OCCU	24b.	Approximate Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset a
23. PART I. Enter the diseases, or c shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock, or heart failure. I shock or heart failure. I shock or heart failure in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions IS. WAS CASE RESERRED TO MEDICAL EXAMINATE TO NO. IS. WAS CASE RESERRED TO MEDICAL EXAMINATE TO NO. IT. MANNES OF DEATH I STRUME ST. Pending Investigation 2 Accident Suicide 6 Could regular	DUE TO DU	OR AS A CONSE	TOURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF)	OTHER 4 Number of the treat, factor at the tire to the tire at t	tewar 001 B the mode of Less derlying caus 28. PLACE OI thing Home 5 128c. PNJURY AT 1 YES try, office	t Fuenni dying, sur dying, sur pe given in F DEATH (C) Realdence	nerang Foth as card	ZAR. WAS AMPERIOR I WAS AMPERIOR I WES : CRIBE HOW CATION (Shows or News, Sham)	AUTOPSY PAGE 27 PAGE 2	24b.	Approximate Interval Betwee Onset and Deat William Conset and Deat William Conset and Deat William Conset and
23. PART I. Enter the diseases, or c shock, or heart failure. I make place a condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions II. VIII. 2 NO F. MANNES OF DEATH 1 VIII. 2 NO F. MANNES OF DE	DUE TO DU	OR AS A CONSE	TOURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF) TOURNCE OF)	OTHER 4 Number of the treat, factor at the tire to the tire at t	tewar 001 B the mode of	t Fuenni dying, sur dying, sur pe given in F DEATH (O) Realdsnoe	Part I. Pock only in the Congress of the Cong	ZAR. WAS AMPERIOR I WAS AMPERIOR I WES : CRIBE HOW CATION (Shows or News, Sham)	AUTOPSY MALED? PAUTOPSY 24b.	Approximate Interval Betwee Onset and Deat William Conset and Deat William Conset and Deat William Conset and	



burial-transit permit. Pages 1, 2, 3 should

use as the

page 5 should be detached for

funeral director,

f in by the fi

9 filled

npletely fille cremation,

and com o burial, o

the after

been signed by the

with w

After ti

9

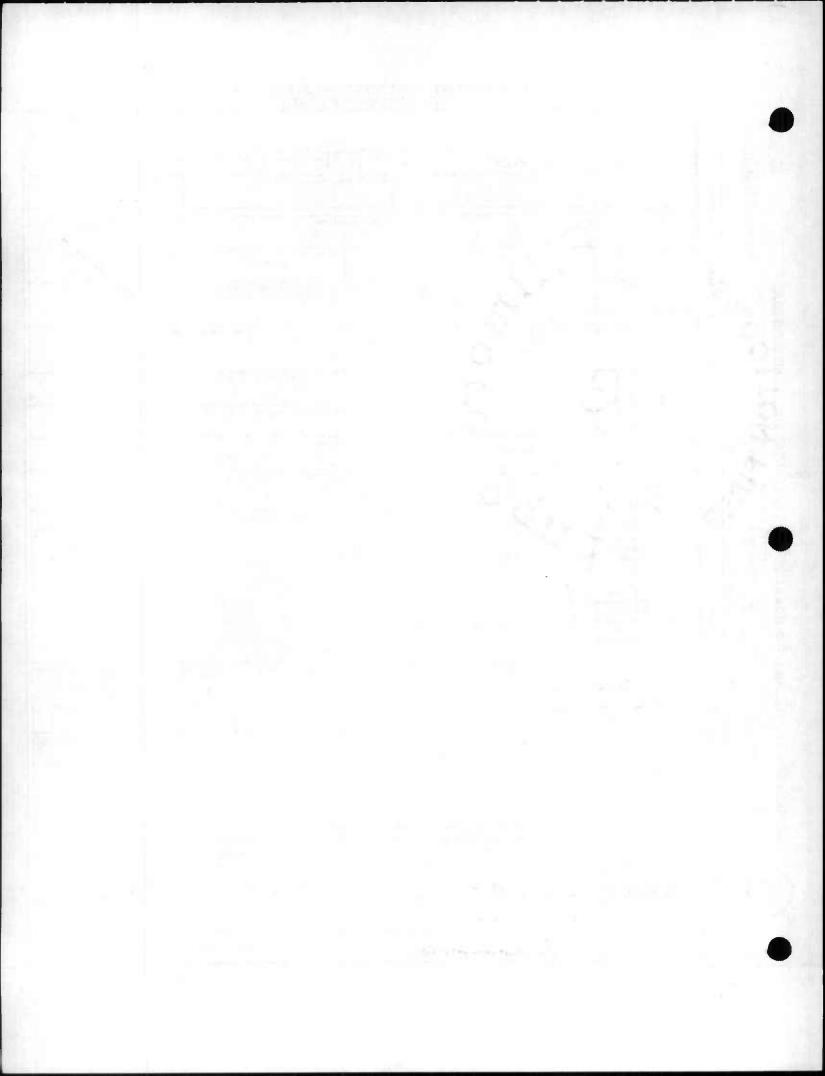
	24 hours
60,	within
687	Procestad
č	2
.O. BC	Cartificate
٥,	death
õ	the
3	hat
RECO	requires 1
_	ME
A	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN. The law remites that the death certificate he executed within 24 hours
VISION	ATTENDING
0	a
	PITAI

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 80 03 12:10 PM HELEN HIGGINS R 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 6/2/1913 DAYS 1 M 2 TF 216-12-1234 79 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR A.A. COUNTY NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Pasadena Anne Arundel 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8427 Byrd Road 21122 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 HO 1 Never Married 2 Married BY 1 TYES 2 TNO Specify: Specify: White **¾** Widowed 4 □ Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) dary (0-12) College (1-4 or 5+) 10 Homemaker Domestic 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Thomas Merrick Ella Unknown F BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8427 Byrd Road Pasadena, MD. 2 Mrs. Beverly A. Mc Pate 21122 9 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State Must Glen Haven Mem. Park 8/6/92 Glen Burnie, MD. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY
MC Cully Funeral HOme of Pasadena 3204 MOuntain Rd. Pasadena, MD. 21122 medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or feert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the discess or condition intracultra day resulting in death) event. OUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY ung concer shows any 1 ☐ YES 2 ☐ NO joina 1 YES 2 NO PHYSICIAN: certificate has been the State Dept. of the State Dept. of them 23 st 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNEB OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A 2 hours after d 3 Suicide 40 ETED. 6 Could not be determined 4 Homicide FUNERAL DIRECT WITHIN 72 HOURS A STANT: If Item 2 29e. CERTIFIER
(Check only one)
20

CERTIFIER
(Check only one)
20

MENICAL EXAMINES: On the best of my knowledge, death occurred at the time, date end place, and dua to the cause(a) and manner se stated. COMPL 2 MEDICAL EXAMINER: On the beets of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(e) and menner ee stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPGETED CASE OF DEATH (ITEM 27) (Type, Print) D21613 8/4/92 2 DR LORAINE M. DAILEY M.D./8096 EDWIN RAYNOR BOULEVARD/PASADENA, MARYLAND 21122 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

ia Savidon Andalla



BALTIMORE, MARYLAND 21215-0020

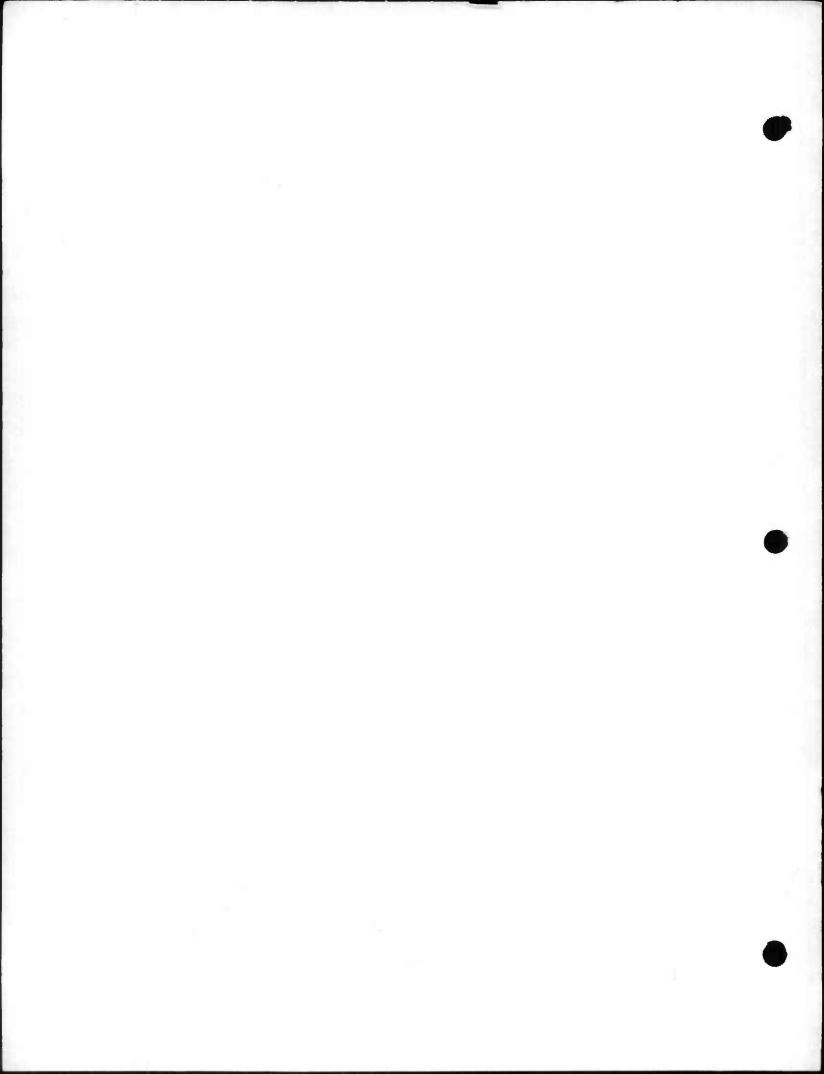
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

0	S	
5	5	
and the court columns to concern the column and the column and the column of the column of the column of the	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	
	g	
5	Z	
DOLL BERN	should	
-	5	
9	page	
a no no	director,	
andan.	funeral	
6	the	ĕ
5	Š	Ĕ
5	2,	-
2	8	0,
à	=	S
2	leteh	еша
2	E	2
	8	vuria
}	8	0
3	Slan	0
3	is in	pd a
É	0	ene
3	din	F
-	me	Teg
5	9	Yen
2	#	P
5	5	an
2	ignec	Health and Mental Hyglene prior to burial, cremation, or removal.
3	6/3	X

	FORSTATE OF MARYLA	AND / DEPARTI	MENT OF HEALTH AND	MENTAL HYCIENS	2 6	21330
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) CARRIE		ATE OF DEATH	REG. NO. 2. DATE OF DEATH JULY 30, DAY		3. TIME OF DEATN 1:15 P
		'in yrs. last birthday)	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIFTTN (Month, Day, Year) 4/28/189	8.	BIRTNPLACE (State or Foreign Country) PENNSYLVANIA
OR	9a. FACILITY NAME (If not institution, give street end number) JEWISH CONVALESCENT CENTER	BALTIMORE		BALTI		
DIRECTOR	10a. STATE MARYLAND 10b. COUNTY BALTIMORE	10c. CITY, BAL	TOWN DR LOCATION TIMORE		-	10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	23 STONEHENGE CIR.		10f. ZIP CODE 21208		USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 YES 2 X NO Specifi	in, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) L 2 College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i HOUSEWI	k done during most of working retired.)	AT HOME	INESS/INDUS	тяу
BE CO	17. FATHER'S NAME (First, Middle, Last) DAVID FISHER		MARY			
2	194. INFORMANT'S NAME (Type/Print) MRS. IRENE LEBLANG	2311	KEN OAK RD., AF			21209
	1 □ Buriel 2 □ Cremation 3 □ Plemoval from State 4 □ Donation 6 □ Other (Specify)	PLACE AND DATE OF the terry, crematory or other ONTEFTORE	8/2/92	FOX		SE, PA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE CULTURE CULTURE CONTROL CONTR	00	22. NAME AND ADDRESS OF FA SOL LEVINSON 6010 REISTERS	& BROS, . I		. MD 21215
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on eximmediate Cause (Finel disease or condition resulting in death)	I the death. Do not ach line.	onter the mode of dying, suc	atom inte	atory arrest	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEDUENCE OF):	, , , , , , , , , , , , , , , , , , ,	, ,		
MEDICAL	PART II. Other significant conditions contributing to deeth be	ut not resulting in	the underlying cause given in	Part I. 24s. WAS AN / PERFORM 1 YES 2	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO 1 Impelline	attent 3 🗆 OOA	PLACE OF DEATN (Ch	eck only one) 6 Other (Specify)	_	
ву РНУ	27. MANNEB-OF DEATH 1 Natural 5 Pending (Month, Day, Hear) 2 Accident Investigation	28b. TINDA	TA YHULMI THE SE	28d. DESCRIBE NOW IN	JURY OCCUR	ED
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	— At home, term, stre	et, factory, office	281. LOCATION (Street ar City or Town, State)	nd Number or I	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowl one) 2 MEDICAL EXAMINER: On the base of examination					suse(s) and manner se stated.
TO BE	Bledie Dry	m	D 27	075	29d. DATE SI	GNED (Month, Day, Year) -31-94
	10219 S. DULFie	LO PO	O. Wills	MJ3	21	117
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	Maridan Dan	do 80			

Javidson-Randall

1992



	-4
	2
	2
	2
	2
	8
	-
	21
	2
	51
	2
	티로
-	2
nove	2
Te	8
0	E
JO.	2
ma	-
G.	2
lith and Mental Hygiene prior to burial, cremation, or removal.	3
3	품
5	틸
prio	5
ane.	اع
ğ	5
T	9
emt em	5
2	重
. W	=
afth	60
Ŧ	8
9	등
Б	2
ie e	E
Sta	=
the	0
seath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
th v	37
Seal	E

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

E FILED (Month, Day, Year) --

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR		STATE OF M	AADVI ANI	n / DEDAG	TREEN	r OE I	UEAITU	AND	RAFAITAL I	VOIEN	-	02	21	221
1 - STATE REGISTRAR		SIMIL OF I		CERTIF						FG. NO.	E .	26	61	221
1. DECEDENT'S NAME (Firs	t, Middle, Last)		11	1 1					2. DATE OF E				3, TIME OF D	EATN
Sima			Hen	ed	0				MONTH	7 04	71	YEAR	125	3 P "
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B		/ /	8. BIRTH	PLACE (State o	or Foreign
159-34-597	13	1 M 2 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	2/27	1909)	Country	OLAND	
9a. FACILITY NAME (If not it		treet and number)			9b. CITY		OR LOCATION		EATN		9c. COU	INTY OF DI		
SINAI HOSP						BAI	LTIMO	KE_						
10a. STATE	10b. COUNTY	γ		10c. CIT	Y. TOWN (ORLOCA	TION						104 INCIDE	NITU
MARYLAND	-20 030						IMORE		10d. INSIDE CITY LIMITS? YES 2 _ N					
and the same of th	7000 FIELDCREST RD., 2nd Fl					109. CITIZEN OF WHAT COUNTY 21215 USA								
	CREST											USA		
1 Never Married 2	1. MARITAL STATUS Never Merried 2 Merried Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. &RMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 UES 2 1 NO Specify: 14. RACE — American Indian, Black, Whita, etc. Specify: WHITE					* 15515			
	CEDENT'S EDU		16a	DECEDENT'S	work done	CCUPATI during m	ION	107	16b. KIN	D OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (4	College (1-4 or 5	·)	life. Do NOT us	se retired.) EWIF						AT	HOME		
17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTI	NER'S NA	ME (First, Middle	, Maiden	Surname)			
NUCHEM	EDE	LSTEIN					GN	ENDI	E		(UN	IKNOWI	1)	
DAVID HENE	ELDE						and Number STLE		Route Number, C			(p Code)	4D 21	136
20s. METHOD OF DISPOSIT 1 ☐ Burtel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	on 3 Memor r (Specify)			TEFTOR				8/2/	92			City or Too IASE,		
21. SIGNATURE OF FUNERA	yh-x	Stellu	ian			6010	O REI	STER	PLATOWN	RD.		BALT	O., MD	212]
23, FART I. Enter the d	fisesses or c	complications tha	t caused the	death. Do r	not anter	tha mo	oda of dyi	ng, auc	h aa cardisc	or respi	ratory ar	rest,	Approx	rimata

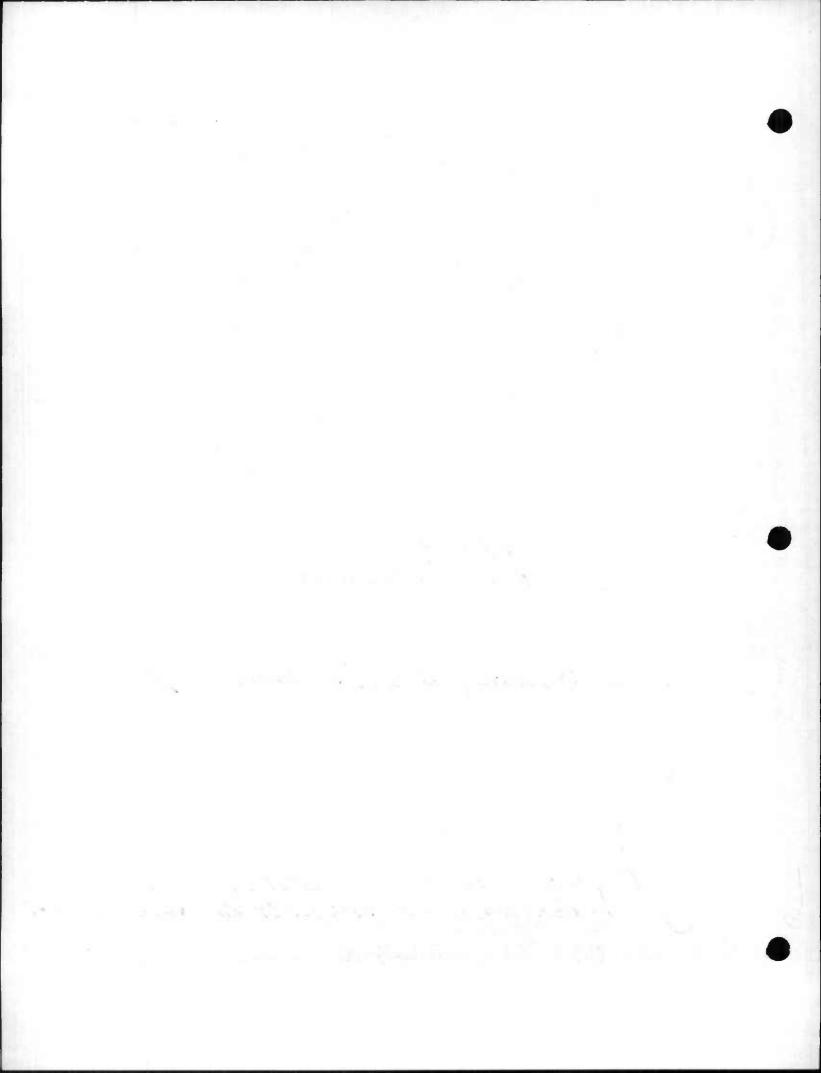
Elementary/Secondary (0-12) College (1-4 or	Illin On MOT upp on		AT H	AT HOME				
17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S I	NAME (First, Middle, Maiden Surname)					
NUCHEM EDELSTEIN			GNENDLE (UNKNOWN)					
19a. INFORMANT'S NAME (Type/Print)			A Route Number, City or Town, State, Zip C					
DAVID HENELDE		CONECASTLE AVE						
20a. METHOD OF DISPOSITION 1 Durisl 2 Committee 3 Removal from State 4 Donation 9 Other (Specify)	20b. PLACE AND DATE OF D		2/92 FOX CHA					
A The Management of the Manage	wan	6010 REISTE		ALTO., MD 2121				
23, PART I. Enter the disesses or complications to ahock, or heart failure. List only one c	hat caused the death. Do not	anter tha mode of dying, au	ich aa cardiec or respiratory arrei					
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	JULE MI	n 5 clerous		interval Between Onset and Death				
cause. Entar UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF):	O DECENOUS						
PART II. Other algorificent conditions contributing THULL DEPULS 25. WAS CASE REFERRED TO MEDICAL	to death but not resulting in the	mess Da	PERFORMED? 1 VES 2 VO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C THER:						
27. MANNEW OF DEATH 26s. DATE (■ 6 ☐ Other (Specify) 28d. DESCRIBE NOW INJURY OCCU	RED				
3 Suicide 6 Could not be detarmined	OF INJURY — At home, ferm, atree g, etc. (Specify)	rt, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,				
one) 2 MEDICAL EXAMINER: On the basis of			us to the cause(s) and manner as stated the time, data and pieca, and due to the					
296. SEPHATURE AND TITLE OF CERTIFIER	W-	29c, LICENSE N	UMBER 29d. DATE : 7	SIGNED (Month, Day, Year)				
MAME AND ADDRESS OF PERSON WHO COMPLETED CA	SUM HOLD A	91	T. Ris. BACK					

32. REGISTRAR'S SIGNATURE
1992 La Sandon Rondard

1992

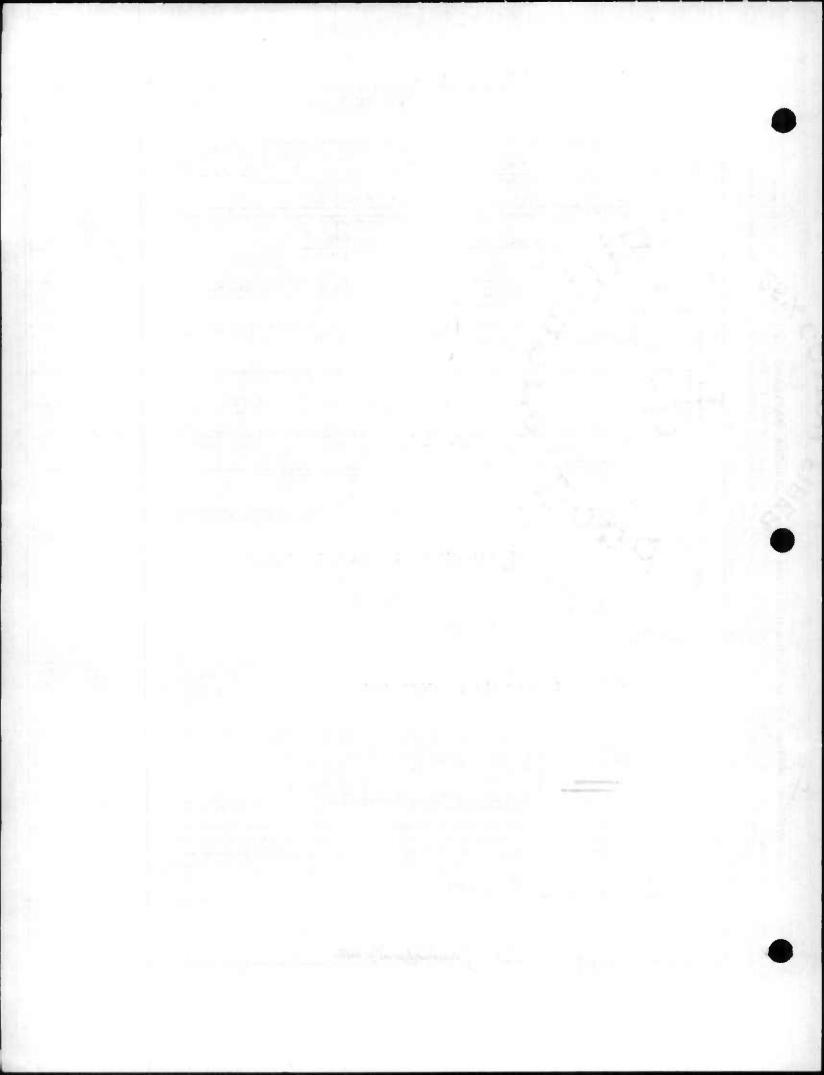
DHMH-16 Rav 1/89

5



į	aff	esa	
1	al or	ě	
)	ospit	hed	ari.
	Ne h	Jetac	500
1	50 1	2	75
	Ped	prid	60
	retail	SP	=
î	2	90	9
	may	g.	100
)	9 9	recto	Ē
	Page	al di	ne
į	ath.	Jeun	E
	er de	the fi	- ex
	s aft	by	dica
•	hour	or in	H
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0	with	crem	vent,
)	petri	rial.	9 3
,	exec	and or	mat
)	g G	ician rior t	2
1	ficate	phys ne p	ler.
	certi	Jing Ygie	=
	ath	tal H	0,
)	e de	Wen A	F
	at th	and a	7
)	th sa	gned	8 30
	dulr	or Si	NOW
	W F	pt.	3
	he is	e Pas	E 2
	N.	Stat	2
	SICIA	certi	10
	PHY	this	rked
	NG	fter	E
	END	R. A	- 50
	AT	ECTO S aft	n 28
	O.	Plour	Iten
1	PITAL	P. Z	1 3
	100	Vithir	AN
	포	H	ORT
	101	5 5	MP
			_

ELLA	0			HORW	/ITZ	2.0	ATE OF DEATH	1	992	3. TIME OF DEATH 4:25
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bir	thday) IF UND	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		ATE OF BIRTH Month, Day, Year) 7/19/194		a. BIRTI	HPLACE (State or Foreign) NEW YORK
FACILITY NAME (If not institution, give 3445 CARRIAGE					OR LOCATION OF DI	_	77 237 23-1	9c. COU	NTY OF C	DEATH
RESIDENCE OF DECEDENT 10a. STATE MARYLAND	BALTIM		c. CITY, TOWN		TION ALLSTOWN					10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
DO. STREET AND NUMBER HT					1. ZIP CODE 21133	3		10g. CIT	USA	WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? IF YES, GIVE V	IT EVER IN U.S. ARMED YES 2 NO NAR OR DATES	13	Il yes, sp	CENDENT OF HISPAI Hecify Cuben, Mexica 2 A NO Specif	an, Pue	RIGIN? (Specify Yearto Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.
15. DECEDENT'S ED (Specify only highest grade) Elementary/Secondary (0-12)		(Give k	ENT'S USUAL ind of work done NOT use retired.	OCCUPATION OF COLUMN SEWIF	ost of working		16b. KINO OF BU	SINESS/INC		
7. FATHER'S NAME (First, Middle, Last)			11002	TIVVIE		ME (F	rst, Middle, Meiden			
LAWRENCE	RUBI	N					LIAN	June 11 10		LANSER
De. INFORMANT'S NAME (Type/Print)			AILING ADDRE	SS (Street a	and Number or Rural	Floute I	Number, City or Tow	n, Statu, Zip		21133
STUART HORWITZ										LLSTOWN,
De. METHOD OF DISPOSITION Buriel 2 X Cremation 3 Re Donation 5 Other (Specify)	1	20b. PLACE AND COMPLEX	DATE OF DISPO	OSITION (No	ame of 7/3	1		CATION — BALT		E, MD
	MCENSES		1	MARKE C	UD ADDOCTOR OF	or :-				
3. PARY I/ Enter/the diseases, or shook, or heart failure MMEDIATE CAUSE (Final lisease or condition equiting in death)	r complications that. Liet only one ceu	CLEROTIC CA	Do not sate	SOL 5010 or the mo		S TOV	BROS., WN RD.	BALT	0.,	Approximats interval Betw
3. PART I/ Enter/the diseases of shock, or heart failure MMEDIATE CAUSE (Final lisease or condition	r complications that be a considered as a cons	use on each line.	RDIOVAS(ICE OF):	SOL 5010 or the mo	LEVINSON REISTERS	S TOV	BROS., WN RD.	BALT	0.,	
3. PARY I/ Enter the diseases, or shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or condition esuiting in death) sequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events	r complications that be a considered as a cons	CLEROTIC CA (OR AS A CONSEQUEN (OR AS A CONSEQUEN	RDIOVASO RECE OF): ICE OF):	SOL 6010 er the mo	LEVINSON REISTERS Inde of dying, suc	I & STOV	BROS., WN RD. cerdisc or reapi	BALTY ratory and	O.,	Approximate interval Betwoen and Do
3. PARY I/ Enter/the diseases of shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure seating in death) dequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury het initiated events sesuiting in death) LAST	a. ATHEROS DUE TO b. DUE TO c. DUE TO d	CLEROTIC CA (OR AS A CONSEQUEN (OR AS A CONSEQUEN (OR AS A CONSEQUEN death but not resu	RDIOVASO RECEOFI: ICE OFI:	SOL 5010 er the mo	LEVINSON REISTERS Inde of dying, suc	I & STOV	BROS.,	BALTY ratory sn autopsy MED?	O.,	Approximate Interval Betwoonset and Donest a
S. PART / Enter the diseases of shock, of heart failure shock, of heart failure medical factors of the second file of the secon	a. ATHEROS DUE TO b. DUE TO c. DUE TO d	CLEROTIC CA (OR AS A CONSEQUEN (OR AS A CONSEQUEN (OR AS A CONSEQUEN death but not resu	RDIOVASO RECEOFI: ICE OFI:	SOL 5010 er the mo	LEVINSON REISTERS Inde of dying, suc	Part (BROS., WN RD. csrdiac or reapi 24e. WAS AN PERFOR 1 YES 2	BALTY ratory sn autopsy MED?	O.,	Approximats interval Betwoon Oneet and Doneet
S. PARY I/ Enter the diseases of shock, of heart failure shock, of heart failu	a. ATHEROS DUE TO b. DUE TO c. DUE TO d	CLEROTIC CA (OR AS A CONSEQUEN (OR AS A CONSEQUEN (OR AS A CONSEQUEN death but not resu	Do not sinte RDIOVAS(ICE OF): ICE OF): ICE OF): ICE OF): ICE OF): ICE OF):	SOL 5010 er the mo CULAR CULAR ION 26. P1	LEVINSON REISTERS ide of dying, suc DISEASE	Part I	BROS., VIN RD. Cardiac or reapi L. 24a. WAS AN PERFOR 1 YES 2	BALTY ratory sn autopsy MED?	O.,	Approximats interval Betwoon Oneet and Doneet
S. PART Enter the diseases of shock, of heart failure shock, of heart failure shock, of heart failure shock, of heart failure shock, of heart failure shock, of heart failure shock, of heart failure shock, any, leading to immediate save. Enter UNDERLYING AUSE (Disease or injury nat initiated events essetting in death) LAST ART II. Other significant conditions of the shock of the significant conditions of the significant	a. ATHEROS DUE TO b. DUE TO c. DUE TO d	CLEROTIC CA (OR AS A CONSEQUEN (OR AS A CONSEQUEN (OR AS A CONSEQUEN IVER; MANIC-	Do not sinte RDIOVAS(ICE OF): ICE OF): ICE OF): ICE OF): ICE OF): ICE OF):	SOL 5010 er the ma CULAR CULAR 10N 26. P1 28C. INJ	LEVINSON REISTERS ide of dying, suc DISEASE g cause given in ACE OF DEATH (Ch.	Part I	BROS., VIN RD. Cardiac or reapi L. 24a. WAS AN PERFOR 1 YES 2	BALTV ratory sn Autropsy Med?	O., rest,	Approximats interval Betwoon Oneet and Doneet
S. PARY I Enter the diseases of shock, oil heart silure shock, oil heart silure shock, oil heart silure shock, oil heart silure shock, oil heart silure shock, oil heart silure shock, and see the shock enter undertying and see enter undertying as the shock enter undertying and shock enter undertying and shock enter undertying and shock enter under the shock enter under the shock enter under the shock enter the s	a. ATHEROS DUE TO b. DUE TO c. DUE TO d	CLEROTIC CA (OR AS A CONSEQUEN (OR AS A CONSEQUEN (OR AS A CONSEQUEN IVER; MANIC-	DO NOT SITTED TO NOT THE OF INJURY M	SOL 5010 er the mo CULAR CULAR ION 26. P1 LINI 28C. INJ 28C. INJ 1 1	LEVINSON REISTERS Ide of dying, suc DISEASE DISEASE g cause given in ACE OF DEATH (Ch. 10 5 M Residence URKY AT 17 19 19 10 NO	Part (28d	BROS., VIN RD. Cardiac or reapi L. 24e. WAS AN PERFOR 1 YES 2	BALTY ratory sn autopsy imed? NO	24b	Approximate Interval Betwood on Set and Down and
ART II. Other significant condition in LAST WAS CASE REFERRED TO MEDICAL EXAMINER? 1 CYCS 2 NO MANNER OF DEATH MANNER OF DEATH MANNER OF DEATH MANNER OF DEATH MANNER OF DEATH MANNER OF DEATH MANNER OF DEATH MANNER OF DEATH MANNER OF DEATH COULD NOT COUNTY OF COUNT	a. ATHEROS DUE TO b. DUE TO c. DUE TO d	CLEROTIC CA (OR AS A CONSEQUEN (OR AS A CONSE	Do not sate RDIOVAS(ICE OF): ICE	SOL 5010 er the mo CUL AR CUL AR I ON 26. Pt ER: uraing Hom 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	LEVINSON REISTERS Ide of dying, suc DISEASE DISEASE g cause given in ACE OF DEATH (Chi- Line 5 X Residence LINY AT LYCE 2 NO end place, and due	Part (28d. 1	BROS . , VIN RD . Cardiac or reapi L. 24a. WAS AN PERFOR 1 YES 2 Describe How in City or Town, State)	AUTOPSY MED? NO NJURY OCC	24b CURED or Rural I	Approximate interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
ART II. Other significant condition in white in the condition in the condition is sequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events essentially in death) LAST ART II. Other significant conditions in death) LAST ART II. Other significant conditions in death) LAST ART II. Other significant conditions in death in the conditions in t	Tomplications the best of a series of a se	CLEROTIC CA (OR AS A CONSEQUEN (OR AS A CONSE	Do not sinte RDIOVAS(RDIOVAS	SOL 5010 er the mo CUL AR CUL AR I ON 26. Pt ER: uraing Hom 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	LEVINSON REISTERS Ide of dying, suc DISEASE DISEASE g cause given in ACE OF DEATH (Chi- Line 5 X Residence LINY AT LYCE 2 NO end place, and due	Part (28d. (28d. (week only)	BROS . , VIN RD . Cardiac or reapi L. 24a. WAS AN PERFOR 1 YES 2 Describe How in City or Town, State)	AUTOPSY IMED? NO NJURY OCCURRED NO NJURY OCCURRE	24b CURED or Rural F	Approximate Interval Betw Onset and D



ш.	
7	
7	
4	4
	113
>	á
or	1
4	3
2	
-	
1.1	4
-	i
Œ	-
BALTIMORE, MARYLAND	
=	
2	1
_	¢
	3
4	4
m	
-	4
	1
	- 5
	3
	ľ
	ç
-	
	4
0	4
9	ď
-	3
00	3
9	-
V	1
2	9
0	-6
m	90
	5
). BOX 68760,	different has assessed until in the same about death Dane & same in the same

DIVISION OF VITAL RECORDS, P.C

	5		
	0		
	ES 1		
	200		
	H.		
	Dec 1		
'n.	ansi		
Sicie	rial-t		
P.	20		
nding	Sth		
atte	Se a		
10 P	n Joy		
splt	Ped		
e ho	etac		nce
30 1	pe od		ato
per	pine		pe
retair	Sh		though
8	906		90
may	Dr. D		181
9 90	irecta		Ē
2	ral d		ine
eath	fune		EX
ther	the	oval.	a le
ILS 3	a by	rem	edic
700	Pel	1, 0	E
in 24	By fi	ation	Ĕ
WITH	plete	crem	rent.
rted	CON	nal,	6 3
Soeci	and	ng o	mati
8	ician	nor t	Tal.
heate	phys	ne p	10
certi	ding	lygie	=
eath	atten	tal H	0 %
9	the	Me	P
hat	2	and	II A
res t	igne	ealth	20
requi	en s	Of H	P O
MP.	IS be	ept.	23 8
E E	te h	ate C	E
Ä	tifica	e St	Jr 16
VSIC	S Ce	中日	d,
H	r this	th wit	arke
DINC	Afte	deat	E
LEN	TOR:	after	28 1
RA	IREC	SUN	E
AL C	AL D	2 hc	1 1
OSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft permit. Pages 1, 2, 3 sh	thin ?	NNT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
_	-3	1000	-

pino

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED.

COMPL

BE

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 1 -REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Marilyn Klingel Kettlewell MARILYN KLINGEL KETT 2. DATE OF DEATH 3. TIME OF DEATH 8 30 YEAR 92 8 KETTLE WELL 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 216-30-9014 1 M 2 F 65 2-21-2 BALTMORE 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE BALTIMORE UNION MEMORIAL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO BALTIMORE MO BALTIMORE FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? DUNKIRK 601 21212 NZU 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

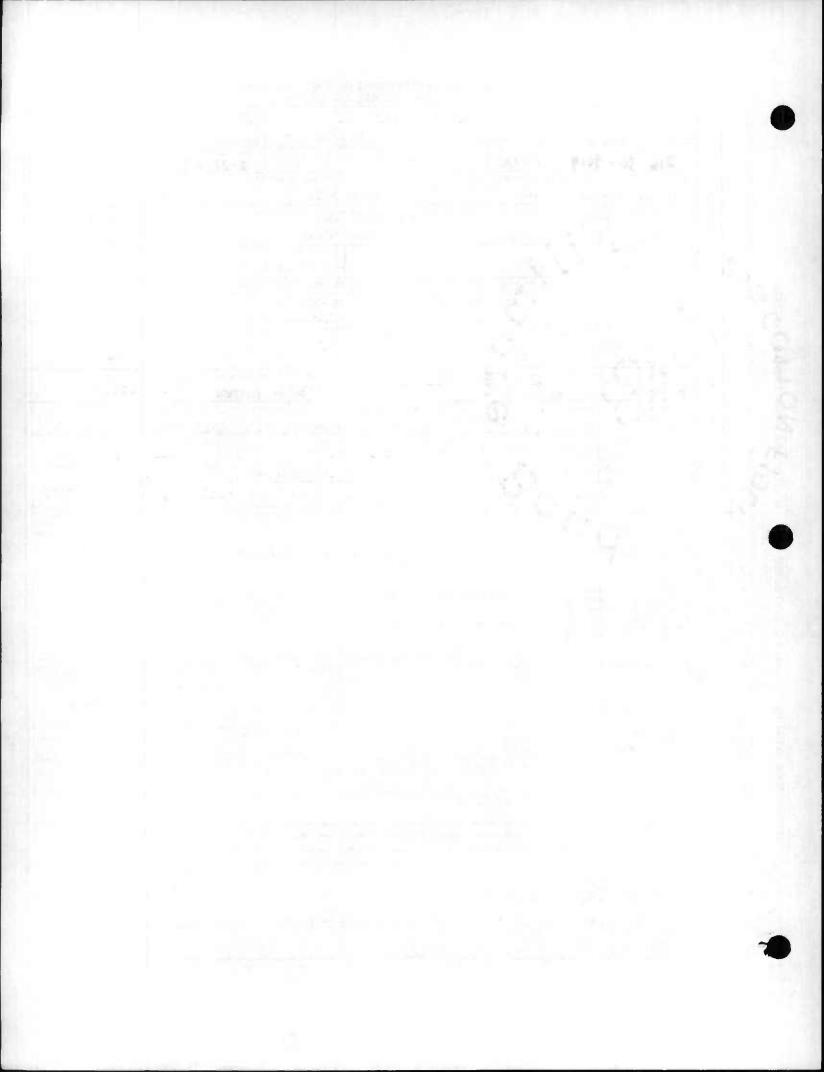
1 YES 2 NO Specify: Specify: WHITE 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)
Homemaker 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Own Home 4 years Elementary/Secondary (0-12) FF OT MIM 12 years 17. FATHER'S NAME (First, Middle, Lest) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Clarence H. Klingel CLARENCE RUTH RITTER Ruth Ritter KLINGEL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) LYNN ALONSO Lynn Alonso PINEHURST RO BALTIMORE, MD 20s. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE Greenmount Crematory 8/4 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF SUMERIAL SERVICE LICENSES 22 Mart and Appress of Faculty eld Home Inc. Thomas Joseph Bozek 6500 York Road Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raepiratory arrest, shock, or heart failure. List only one ceuse on each line interval Between Onset and Daath IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastotic odero common DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Nome 5 Residence 8 Other (Specify) 1 TES 2 NO 1 Cinpatient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Nomicide 29a. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Surgiel inter MO 8-3-92

ST

BAUTIMORE

W. BARRE 123 JAMES KUHTV 31. DATE FILEO (Month, Day, Year)
AUG 04 1992 32. REGISTRAR'S SIGNATURE whia Saids

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after detail with the State Degr. of Health and Membra I bything permit correction, or many or many or many and the provided as a page 1, 2, 3 should be added as them 28 it marked as the 28 it marked as them 28 it marked as the 28 it marked

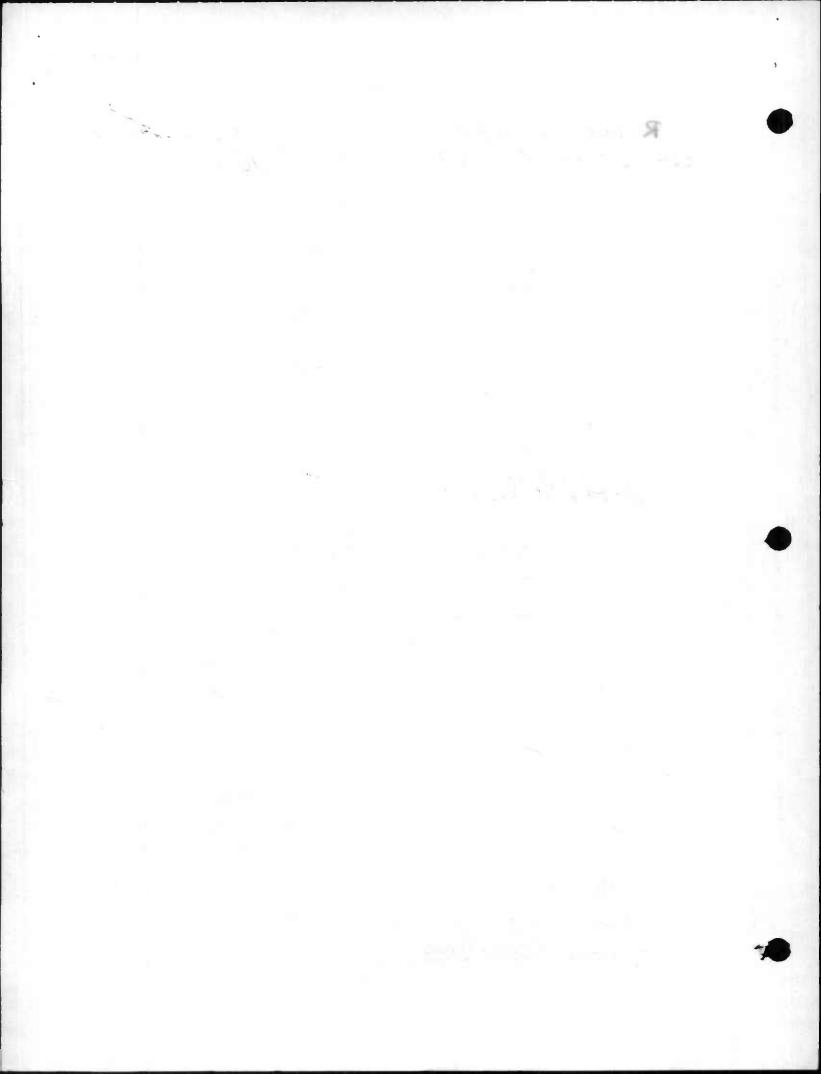
								9	2 2 1 3 3 4		
	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	RTMENT	OF HEA	LTH AND	MENTAL HYGIE	NE	•		
	1. DECEDENT'S NAME (First, Middle, Last)	Sruger		IOATE	0. 0		2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In yr	s. last birthday)	IF UNDER 1		UNDER 24 HRS.	7. DATE OF BIFTH (Month, Day, Year)	O &	BIRTHPLACE (State or Foreign Country)		
	219-12-5991 1 9e. FACILITY NAME (If not institution, give street	M2 0 F 67	YRS.				10/19/2		Maryland		
H.	Sinai Hospital					ocation of d	DEATH		altimore City		
CTC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
DIRECTOR		imore City		altime		L			10d. INSIDE CITY LIMITS? 5 YES 2 NO		
AL	10e. STREET AND NUMBER				101. ZII	CODE		10g. CIT	IZEN OF WHAT COUNTRY?		
FUNERAL	5438 Narcissus Ave					2121			ted States		
BY	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S FORCES? *** YES 2 IF YES, GIVE WAR OR DATES	DNO.	lf y	yes, specify	Cuban, Maxic NO Speci	NIC ORIGIN? (Specify 'an, Puerto Ricen, etc.)	Yes or No—	or No- 14. RACE - American Indian, Black, Whita, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 164	DECEDENT'S	USUAL OCC	CUPATION	wadda	16b. KIND OF E	DUSINESS/INC			
E.		College (1-4 or 5+)	(Give kind of life. Do NOT us			warang	T.J	T. Bui	um a t t		
WO	17. FATHER'S NAME (First, Middle, Last)		Даро		18	MOTHER'S N	AME (First, Middle, Meld		mett		
ш	Robert Albert Krug	ger, Sr.					Murphy				
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, St 1322 Pinch Valley Road Westmins											
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal	I from State 20b. PL	CE AND DATE OF CONTROL	OF DISPOSITI	ION (Name o	ol			City or Town, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	BEE	State			emeter		arrisc	on Forest, MD		
		ellner		8/2	48 L1	berty	Funeral D Road Ran	dallst	town, MD 21133		
	23. PART I. Enter the diseasea, or com- shock, or heert feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Respire	line.	1 =	-	lure		piratory arr	Approximate interval Between Onset and Death		
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Renal DUE TO (OR AS A CO)	Fai	line	2>						
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM			nfa	rct					
MEDICAL (PART II. Other aignificant conditions of	ontributing to deeth but n	ot resulting	n the unde	erlying ce	use given in	PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
									1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	OSPITAL:	R 3 DOA	OTHER:		OF DEATH (Ch	6 Other (Specify)				
ву Рну	27. MANNER DF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 26	Sc. INJURY WORK?		28d. DESCRIBE HOW	INJURY OCC	CURED		
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	it home, farm, s	itreet, factory	, office		261. LOCATION (Stree City or Town, Stel	t and Number e)	or Rural Route Number,		
COMPLETED		Y: To the best of my knowledge							led. ne cause(a) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER					LICENSE NUI			E SIGNED (Month, Day, Year)		
0	-Hamburge	MD						10	18/02/92		

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

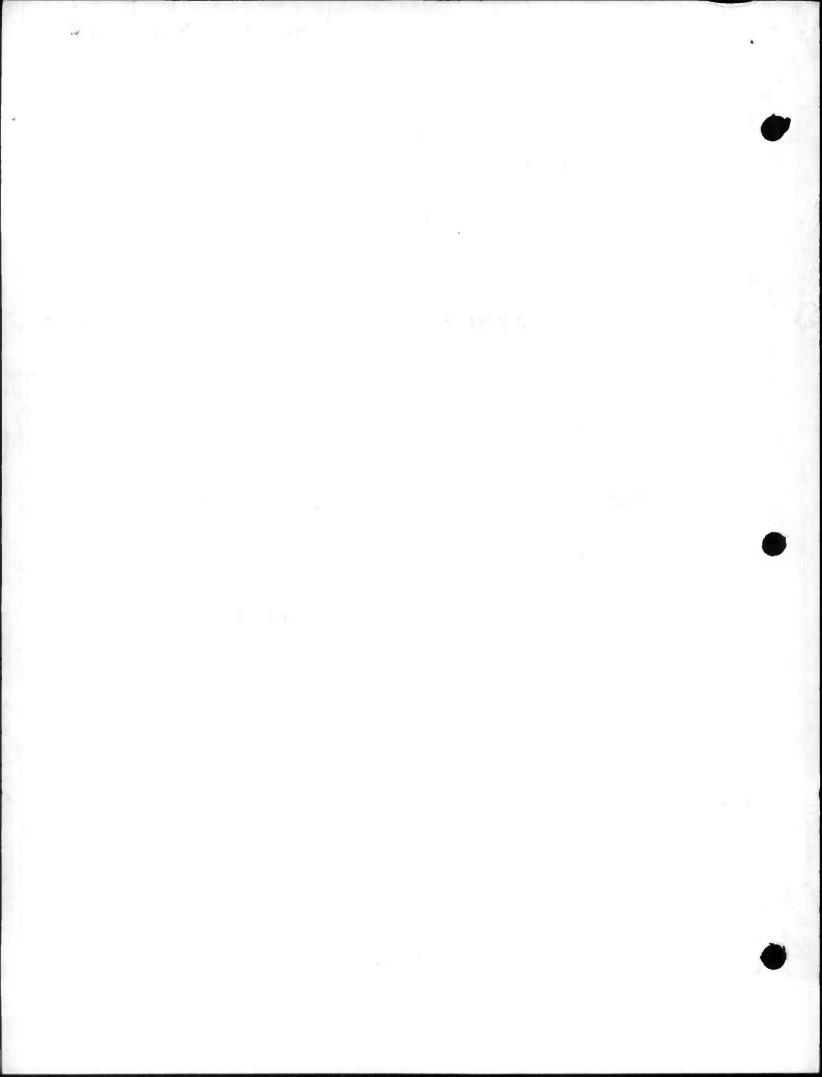
SOLUTION

SINCE am

31. DATE FILED (Month, Day, Year)
AUG 0 4 1992 32. REGISTRAR'S SIGNATURE
Davidson-Rando R



		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	Per MEO G- RTMENT OF I CATE OF	IEALTH AND	2 reb MENTAL HYGIE REG. N	NE	2 21333
			KNOCHUNE	JOSEPH	KROCH	IUNE, JR.	2. DATE OF DEATH	DAY 4	S. TIME OF DEATH
pin	100	4. SOCIAL SECURITY NUMBER 213 - 32 - 316	1 M 2 □ F 58	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3 N	BIRTHPLACE (State or Foreign
1, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st HARBOR HOSP RESIDENCE OF DECEDENT	_			ACTI MOR		sc. COUNTY	HORE
permit. Pages	DIRECTOR		CTHORE	10c. CIT	BACT	MONE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ışı	FUNERAL	100. STREET AND NUMBER 15 OR PLUM 11. MARITAL STATUS	STREET	··· a amage		21226			OF WHAT COUNTRY?
s the	B	1 Never Married 2 National Mileral 3 Divorced	FORCES? DES IF YES, GIVE WAR OR DA	2 NO	If yes, ap	ENDENT OF HISPA ecity Cuben Mexico 2 10 Specia	NIC ORIGIN? (Specify \ an, Puerto Rican, etc.) fy:	fes or No— 14.	RACE — American Indian, Black, Whita, etc. Specify:
2121 al or atte	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12) 12 th		(Give kind of life. Do NOT u	WORL OCCUPATE work done during mo se retired.) RAILROAL	est of working		REMAN A	ND BRAKEMAN
# 2 € € Z	BE CO	17. FATHER'S NAME (First, Middle, Last) JOSEPH ANTHONY KR	OCHUNE, SR.			18. MOTHER'S NA MARIO	ON E . Maid	AUGUSTO!	NSKI
43 44	-	MRS. MARION E. KRO					Route Number, City or 1		
OR MA		20a. METHOD OF DISPOSITION 1 XI Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	rval from Stata cem	PLACE AND DATE letery, cremetory or of LY CROSS	OF DISPOSITION (Na Dither place) CEMETE	RY, AUG.	6, 1992,	BALTIM	ORE, MARYLAND
		Shave	Sauas		237	E. PATAP		BALTIM	ORE, MD 21225
tely filled in t mation, or ret t, the media		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	CONSEDUENCE O	Hie he	patric	fcully		Approximate interval Between Onset and Death
BOX 68760 cate be executed wit physician and comple e prior to burial, cre- er traumatic even	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEDUENCE O		2			
P.O. B th certificat anding phy Hygiene p or other	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST		CONSEQUENCE O		TALWIN	N_OVERDOSE_		
RECORDS, P.O. w requires that the death certile been signed by the attending pt. of Health and Mental Hygie shows any injury, or other	MEDICAL CE	PART II. Other significant conditions	1-0-01	ut not resulting	In the underlyin	g ceuse given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL The la	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	ACE OF DEATH (Ch	neck only one)		
Sertification the	PHYS	1 YES 2 NO 27. MANNER OF DEATH 3. MARGET 5 Pending	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	26b. TIM	4 Nursing Horr		6 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCUR	ED
DIVISION OF OR ATTENDING PHYS DIRECTOR: After this chours after death with Item 28 is marked	ED BY	2 Accident Suicide 6 Could not be determined	7/31/92 28e. PLACE OF INJURY building, etc. (Spec	Ukn.	M 1 1	NN.	UNKNOWN 281. LOCATION (Street City or Town, Sta	ot and Number or i	Rural Route Number,
E AN =	COMPLET		UNKNOWN						
MPORTANT:	BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	: On the basis of examination	n end/or investigatio	on, In my opinion, d	29c. LICENSE NUI		29d, DATE SI	BUSEC (Month, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	201 50 1	1 12000		3-92
		31. DATE FILED (Month, Day, Year) $8 - 3 - 92$	32. REGISTRAR'S SIGNA	ATURE 1992	guha David	born-Adapted	M TIHIO	DT 371	BACTO, MO



page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

T

notified

pe

must

examiner

medical

other traumatic event,

0 Injury,

amy

shows a

23

or Item this certificate h

is marked,

28

Hem

BE

2

29b. SIGNATURE AND TITLE O

1992

is Davidson

L DIRECTOR: After the hours after death w

TO THE HOSPITAL OF THE FUNERAL DE FILED WITH 72 ho

filled in by the funeral director, ion, or removal.

and completely fille o burial, cremation,

2

the attending physician Mental Hygiene prior to

has been signed by I Dept. of Health and

death certificate be executed within HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

LONG, MILDRED

92 21336 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH 3. TIME OF DEATH VEAR 31- 92 5155p 7. DATE OF BIRTH (Month, Day, Year) 8. AGE (In yrs. last birthda IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fore 20140909 1-21-24 Maryland 9c. COUNTY OF DEATH FUNERAL DIRECTOR Carroll Count Westminister 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll County Westminster 1 YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1061B Hook Rd. 21157 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22210 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 MIO Specify: 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 22
IF YES, GIVE WAR OR DATES 1 Never Married 2 KMarried BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co College (1-4 or 5+) 10th Grade Switchboard Operator Fox Chevrolet 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Wagner Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mr. Alvin Long 1061 Hook Rd. Westminster, MD 21157 20a. METHOD OF DISPOSITION
1 🔀 Burial 2 🗋 Cremation 3 🗆 Re
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Woodlawn Cemetery 8-4-92 Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition Cavalingente Shock
DUE TO (OR AS A CHISEOUENCE OF): resulting in death) Infanction-Inferror Myscardial CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Right Ventricle CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: npatient 2 ER/Outpatient 3 DOA 4 - Nu ng Home 5 - Residence 6 - Other (Specify) 28s. DATE OF INJUST 28s. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED BY 1 YES 2 NO 28s. PLACE OF MITTING 3 | Suickée 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER rred at the time, date and place, and due to the cause(a) and manner as stated.

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year) 31

92

In my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

where it is not been and the American And the state of t LIGGINS

5. SEX

1 M 2 - F

6. AGE (In yrs. last birthday)

70

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

2. DATE OF DEATH

JULY 30,

1 - FOR STATE REGISTRAR

ANDREW

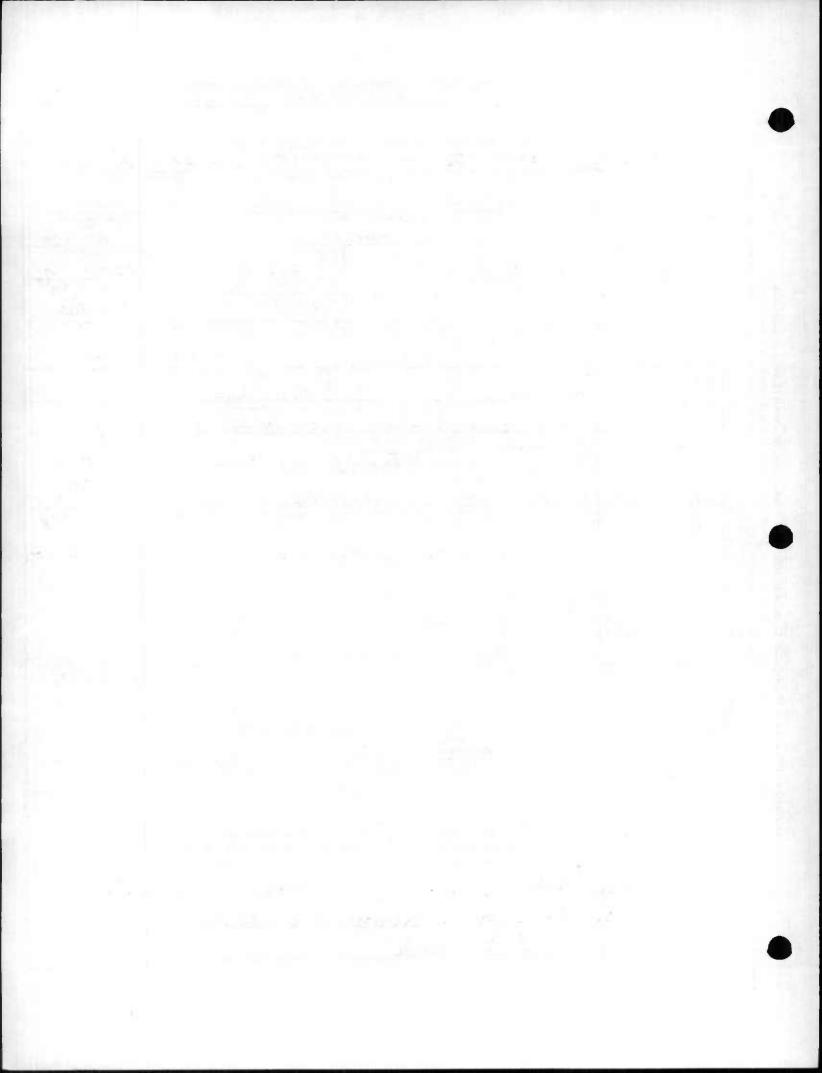
4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

OR	THE JOHNS HOP				IMORE CI	
DIRECTOR	10a. STATE 10b. COUN	тү	10c. CITY	RALT	ATION TO RE	
FUNERAL	100. STREET AND NUMBER 2229 AIS4	DUITH STR	EET		or. ZIP CODE	218
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	N U.S. ARMED	If yes, t		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)
COMPLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of with the Do NOT us	USUAL OCCUPATIVOR done during in the retired.)	FION nost of working	16b. KIND OF BU
BE CON	17. FATHER'S NAME (First, Middle, Last),	66-125			16. MOTHER'S NA	AME (First, Middle, Malden
10	19a. INFORMANT'S NAME (Type/Print) MIDUS B,	LIGGINS	22:	29 A	is and Number or Rural	House Number, City or Tov
	20e. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State cen	netery, crematory or of	1 2101	V CEM.	B/05/42 1
	21. SIGNATURE OF FUNERAL SERVICES	& Cul		1.70	AND ADDRESS OF F	MILES ST
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF	ግ :	ng ceuse given in	
: MEDICAL						PERFO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (27) YES 2 \(\sum \) NO	HOSPITAL:		OTHER:	PLACE OF OEATH (C	
BY PHYS	27. MANNER OF OEATH 1 Matural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. II	NJURY AT VORK?	6 Other (Specify) 28d. OESCRIBE HOW
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	— At home, ferm, s	street, factory, off	ice	28f. LOCATION (Street City or Town, State
COMPLETED		SICIAN: To the best of my know NER: On the bests of examination				
BE	296. SIGNATURE AND TITLE OF CHITIFE	en			29c. LICENSE NU	MBER
2	30, NAME AND ADDRESS OF PERSON W	MACY M	D.	Orint)	Hees	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. , DAY 1992 7:30P 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign VIRGINIA 9c. COUNTY OF DEATH BALTIMORE CITY 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 45A 14. RACE — American Indian, Black, White, atc. Specify: BLACIL NESS/INDUSTR DWAR Approximate **Onset and Death** MOD 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AUTOPSY □ NO 1 TYES 2 NO NJURY OCCURED ind Number or Rural Route Number, d due to the cause(s) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) 7/31/92

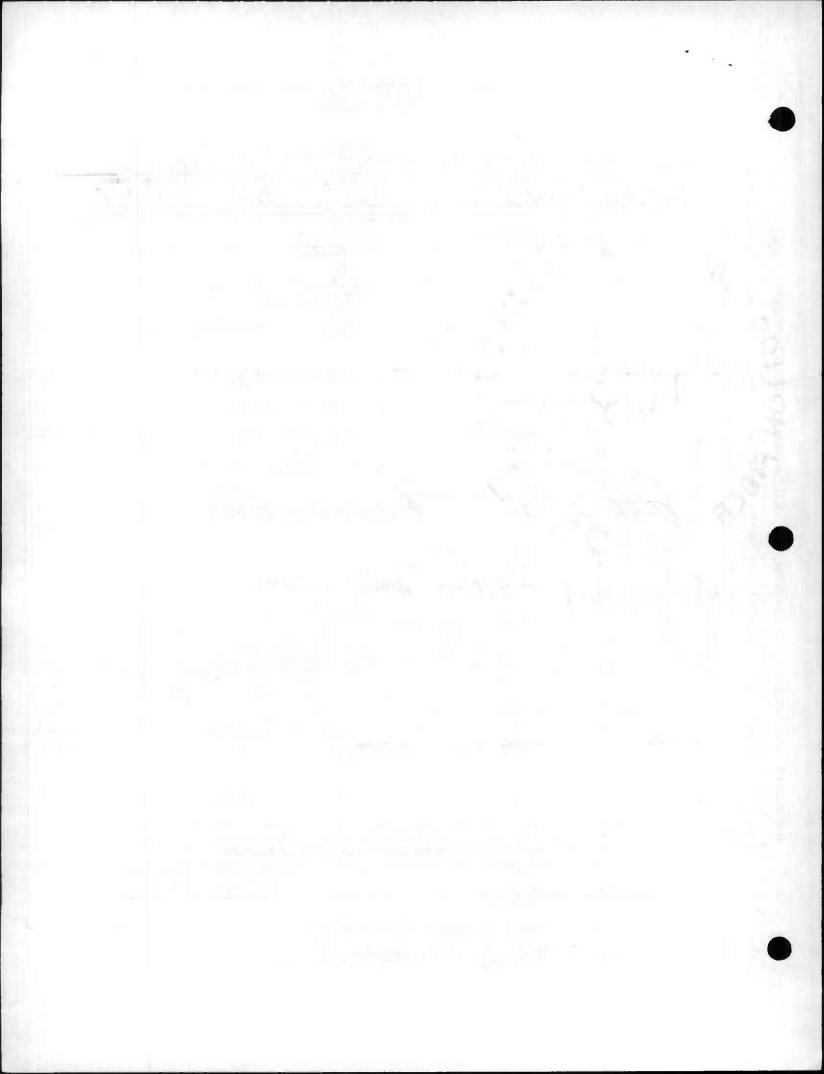
DHMH-16 Rev 1/89



DHMH-18 Rev 1/89

RITAL STATUS lever Married 2 XI Vidowed 4 Divo	GROV	HARFORD 12. WAS DECEDENT EV	AGE (in yrs. last	YRS. M	F UNDER 1 YEAR ONTHS DAYS b. CITY, TOWN TOWN OR LOCA Y L E S V		7. DATE OF B (Month, Day DEATH	172	Country) I'I A R JATTY OF DEAT	ACE (State or Foreign RYLAND
RYLAND TREET AND NUMBER OF AWN RITAL STATUS Lever Married 2 XI Vidowed 4 Divid	GROV	HARFORD E ROAD 12. WAS DECEDENT EV		10c. CITY, 1	Falls)	LOA C	42		lartora	/
RYLAND TREET AND NUMBER OF AWN RITAL STATUS Lever Married 2 XI Vidowed 4 Divid	GROV	HARFORD E ROAD 12. WAS DECEDENT EV							10-	
TREET AND NUMBER OF AWN RITAL STATUS LEVER MARTING 2 XI FINANCE 15. DEC	GROV Married	E ROAD		<u> </u>	YLESV					d. INSIDE CITY LIMITS?
RITAL STATUS lever Married 2 XI Vidowed 4 Divo	Married	12. WAS DECEDENT EV				ILLE of. ZIP CODE		10g. CF	1 (T COUNTRY?
ridowed 4 Dive		12. WAS DECEDENT EV				2113	2	100		STATES
15. DEC (Specify on		IF YES, GIVE WAR	YES 2 XN	MED 10	If yes, s	CENDENT OF HISP/ pecify Cuben, Mexic S 2 NO Spec	an, Puerto Rican		14. RACE	
mentary/Secondary (CEDENT'S EDI by highest grad 0-12)	UCATION le completed) College (1-4 or 5+)	(Gr	ive kind of wor Do NOT use r			100000	O OF BUSINESS/IN	DUSTRY	
HER'S NAME (First, N				FARM	EK		AME (First, Middle	A I R Y		
HARRY FORMANT'S NAME (LOWE Type/Print)		198	b. MAILING AI	DORESS (Street	ETHEL			in Code)	
HELEN	H. Lo	OWE				GROVE F		YLESVI		iiD 2.
ETHOD OF DISPOSIT urial 2 - Crematic onation 5 - Other	on 3 🗆 Ren	noval from State	20b. PLACE A cometery, cree FAWN		DISPOSITION (A	ETERY	8/4	FAWN (ROVE,	
Sequentisily list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions		DUE TO (OR	AS A CONSECUTION AS A C	DUENCE OF):	the underlyle	Disloc	Part I. 24a	WAS AN AUTOPSY PERFORMEO? YES 2 NO	CO	ERE AUTOPSY FIN NILABLE PRIOR T MPLETION DF CA DEATH?
S CASE REFERRED T	TO MEDICAL								1[☐ YES 2 ☐ NO
AMINER? YES 2 NO	- WEDIONE	HOSPITAL: 1 Inpatient 2 ER	/Outpatient 3		THER:	TLACE OF DEATH (C		ecify)		
	Pending Investigation	28a. DATE OF INJI (Month, Day, Y		28b. TIME C INJUR	OF 28c. IN	JURY AT ORK? YES 2 NO	_	E HOW INJURY O	CCURED	
Accident	Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At hor (Specify)	me, term, stre	et, factory, offi	ce	281. LOCATION City or Tox	N (Street and Number vn, State)	er or Rural Route	e Number,
Suicide 8		SICIAN: To the best of my	knowledge, der							nd manner as sta
Suicide 8 Homicide	ICAL EXAMIN	ER: On the basis of exami		investigation,	In my opinion,	death occured at the	tima, data and			bythy Day, years
	ccident uicide 8	ccident Investigation uicide 8 Could not be determined	ccident Investigation uicide 8 Could not be omicide determined 28e. PLACE OF IN building, etc.	ccident investigation uicide 8 Could not be determined 28e. PLACE OF INJURY — At ho building, etc. (Specify) IFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de	ccident investigation investigation along the committee investigation and committee investigation are committee investigation at the committee investigation and committee investigation are consistent as a constant of the committee investigation and committee investigation are consistent as a constant of the committee investigation and committee investigation are consistent as a constant of the committee investigation and committee investigation are consistent as a constant of the committee investigation and committee investigation are consistent as a constant of the committee investigation and committee investigation are consistent as a constant of the committee investigation and committee investigation and committee investigation are consistent as a constant of the committee investigation and committee investigation and committee investigation are consistent as a constant of the committee investigation and committee investigation and committee investigation and committee investigation are consistent or constan	ccident investigation licide a Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, offi building, etc. (Specify) IFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date to my knowledge, death occurred at the my knowledge.	ccident investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office omicide determined 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify)	coldent investigation licide Could not be detarmined 28e. PLACE OF INJURY — At home, tarm, street, fectory, office City or Tow CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a)	investigation licide li	coldent investigation investig

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



-	
9	
68760	
9	
X	
BOX	
P.0	
I.I.	
SC	
2	
0	
E C	
Œ	
VITAL RECORDS,	
F	
5	
OF	
S	
200	
DIVISION	
5	
_	

SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral. I, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9a. F. E. 10a. 10a. 11. M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or remonal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. I IMM dise result for a cause CAU that result for a ca

	STATE 0	F MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGI REG.		92	2 21	33) .
lle, Last)			2. DATE O	F DEATH		WEAR	3. TIME OF DE	HTA	
A	MO	RTON	07	31	1992	YEAR	8:40	P	1
	5. SEX	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF	BIRTH		B. BIRTI	HPLACE (State or	Foreign	_

	SIATE UF MA			TMENT OF	HEALTH AND		HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					DEATH	2. DATE OF	DEATH		3. TIME OF DEATH		
PATRICIA	MORTO	N				монтн 07	31 1	992 YE	8:40 P		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yn	s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		IRTHPLACE (State or Foreign		
197-30-3342	1 □ M 2 🂢 F		23 YRS.	MONTHS DAYS	HOURS MIN.	12-	23-68	,	PA.		
9a. FACILITY NAME (If not institution, give street					DR LOCATION OF	DEATH	19	9c. COUNTY	OF DEATH		
THE JOHNS HOPKIN	S HOSPIT	AL		BALT	LMORE			BALT	IMORE CITY		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c CIT	Y. TOWN OR LOCA	TION				I continue a constitue		
MD									10d. INSIDE CITY LIMITS?		
10a. STREET AND NUMBER			I_BA	LTIMOR	H. ZIP CODE		1.	O- OITHEN	1 ∑ YES 2 ☐ NO OF WHAT COUNTRY?		
1751 E. OLIVER	STREET	1	2ND F	LOOR	21213				51		
	12. WAS DECEDENT	EVER IN U.S	. ARMED		CENDENT OF HISPA		Specify Yea or		S . A . RACE — American Indian.		
1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA			If yes, a	pecify Cuban, Maxic	an, Puerto Rica	in, etc.)		Black, White, etc.		
3 Widowed 4 Divorced	E (41) = 3			1	a sVTVI abec	ny.			BLACK		
15. DECEDENT'S EDUCA (Specify only highest grade co	TIDN mpleted)	16a	. DECEDENT'S	USUAL OCCUPAT	ON ost of working	16b. KI	ND OF BUSIN	ESS/INDUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT us	e retired.)	out or working						
12th			UNEMP	LOYED							
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N			mame)			
WILLIAM MORTON						COLCL					
19a. INFORMANT'S NAME (Type/Print)					and Number or Rura						
STACEY BARNES					IVER ST	. 2ND					
20e. METHOD OF DISPOSITION Description 2 Cremation 3 Remove	al from State	20b. PLA cemetery	CEAND DATE C	OF DISPOSITION (A ther place)	ame of	DATE	20c. LOCA	FION — City	or Town, Stata		
4 Donation 8 Other (Specify)	ICEE	I VO	SHELL		IAL GAR		DUNI	DALK,	MD		
-	1	0			ND ADORESS DF F		/1101				
mell	0/1-	18	noo	1					NORTH AVE.		
23. PART I. Enter the diseases, or cor ahock, or heert failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pvu	e on eech	Iline.	· Pu	LUMO (or respire	ory arreat,	Approximate interval Between Onset and Death		
	HI	V	posih.	ve Sta	tus (NHO	ATT	15	1 x 2-3 v		
Sequentially list conditions, if any, leading to immediate		OR AS A COR	SEQUENCE OF	7):		(// + 0)					
CAUSE (Disease or Injury			enous		95			548			
that initiated events resulting in death) LAST	DUE TO (C	OR AS A CON	NSEQUENCE OF	ን:							
d.											
PART II Other elegificant conditions	contributing to d	eeth but n	ot resulting i	- 45 1 1 1				TOPSY			
PART II. Other significant conditions of				n the underlyin	g ceuse given in		PERFORME	D?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 ND		
PART II. Other significant conditions				n the underlyin	g ceuse given ir		PERFORME	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?		
25. WAS CASE REFERRED TO MEDICAL				26. P	g ceuse given ir		PERFORME	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	ER/Outpatien		26. P		neck only one)	PERFORME YES 2	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH	IOSPITAL:	JURY	R 3 DOA	26. P OTHER: 4 □ Nursing Hon	LACE OF OEATH (C.	neck only one) 8 □ Other (Sp	PERFORME YES 2	NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 ND		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	JURY	n 3 🗆 DOA	26. P OTHER: 4 □ Nursing Hori E OF 28c. IN. MY	LACE OF OEATH (C	neck only one) 8 □ Other (Sp	PERFORME YES 2	NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 ND		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO POINT 27. MANNER OF DEATH 1 Netural 5 Pending	IOSPITAL: Afripatiant 2 = 8 200. DATE OF IN (Month, Day.	JURY Year)	d 3 □ DOA 28b. TIME	26. P OTHER: 4 □ Nursing Hori E OF 28c. IN. MY	LACE OF OEATH (C. 10 5	1 1 8 Other (Sy 28d, DESCRI	PERFORME YES 2 Decity) BE HOW INJU	JRY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 ND		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DENTH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only	iOSPITAL: Impetiant 2 = 2 20e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	NJURY — A INJURY — A rc. (Specify)	28b. TiMet INJ.t.	26. P OTHER: 4 □ Nursing Hone EOF 28c. IN. WY 1 □ treet, factory, office d at the time, date	LACE OF OEATH (C) 10 5	8 Other (St 28d. DESCRI 28f. LOCATIC City or R	PERFORME YES 2 Decity) BE HOW INJU ON (Street and own, State)	Number or Ru	AAALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 ND Iral Route Number,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO DATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only	iOSPITAL: Impetiant 2 = 2 20e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	NJURY — A INJURY — A rc. (Specify)	28b. TiMet INJ.t.	26. P OTHER: 4 □ Nursing Hone EOF 28c. IN. WY 1 □ treet, factory, office d at the time, date	LACE OF OEATH (C) te 5 Residence IURY AT JRK? YES 2 NO a and place, and due leath occured at the	8 Other (St 28d. DESCRI 28f. LOCATIC City or R	PERFORME YES 2 Decity) BE HOW INJU NN (Street and own, State) a) and manner b) and manner	Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 ND D aral Route Number,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	iOSPITAL: Impetiant 2 = 2 20e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	NJURY — A INJURY — A rc. (Specify)	28b. TiMet INJ.t.	26. P OTHER: 4 □ Nursing Hone EOF 28c. IN. WY 1 □ treet, factory, office d at the time, date	LACE OF OEATH (C) 10 5	8 Other (St 28d. DESCRI 28f. LOCATIC City or R	PERFORME YES 2 Decity) BE HOW INJU NN (Street and own, State) a) and manner b) and manner	Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 ND Iral Route Number,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	PLACE OF In Month, Day, 28a. PLACE OF building, et	NJURY — A c. (Specify) ny knowledge mination and	28b. TiMe INJU	26. P OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1 Ireet, factory, office d at the time, date n, in my opinion, o	LACE OF OEATH (C) te 5 Residence IURY AT JRK? YES 2 NO a and place, and due leath occured at the	8 Other (St 28d. DESCRI 28f. LOCATIC City or R	PERFORME YES 2 Decity) BE HOW INJU NN (Street and own, State) a) and manner b) and manner	Number or Ru	AMARABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 ND Iral Route Number, see(s) and manner as stated. NED (Month, Day, Year)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	PLACE OF In Month, Day, 28a. PLACE OF building, et	JURY Year) INJURY — A c. (Specify) ry knowledge minetion and OF DEATH (at 3 DOA 28b. TiMe INJU It home, farm, si o, death occurre Vor investigation	26. P OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1 Ireet, factory, office d at the time, date n, in my opinion, o	LACE OF OEATH (C) te 5 Residence IURY AT JRK? YES 2 NO a and place, and due leath occured at the	8 Other (St 28d. DESCRI 28f. LOCATIC City or R	PERFORME YES 2 Decity) BE HOW INJU NN (Street and own, State) a) and manner b) and manner	Number or Ru	AMARABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 ND Iral Route Number, see(s) and manner as stated. NED (Month, Day, Year)		

he Davidson-Randalle

DHMH-18 Rev 1/89

THE JOHNS HOPKINS HOSPITAL BALTIMORE

MD BALTIMORE

1751 E. OLIVER STREET 2ND FLOOR 21213

XX X

Agritte to James

BLACK

BALTIMORE CITY

X

U.S.A.

12th UNEMPLOYED

WILLIAM MORTON RUTH COLCLOUGH

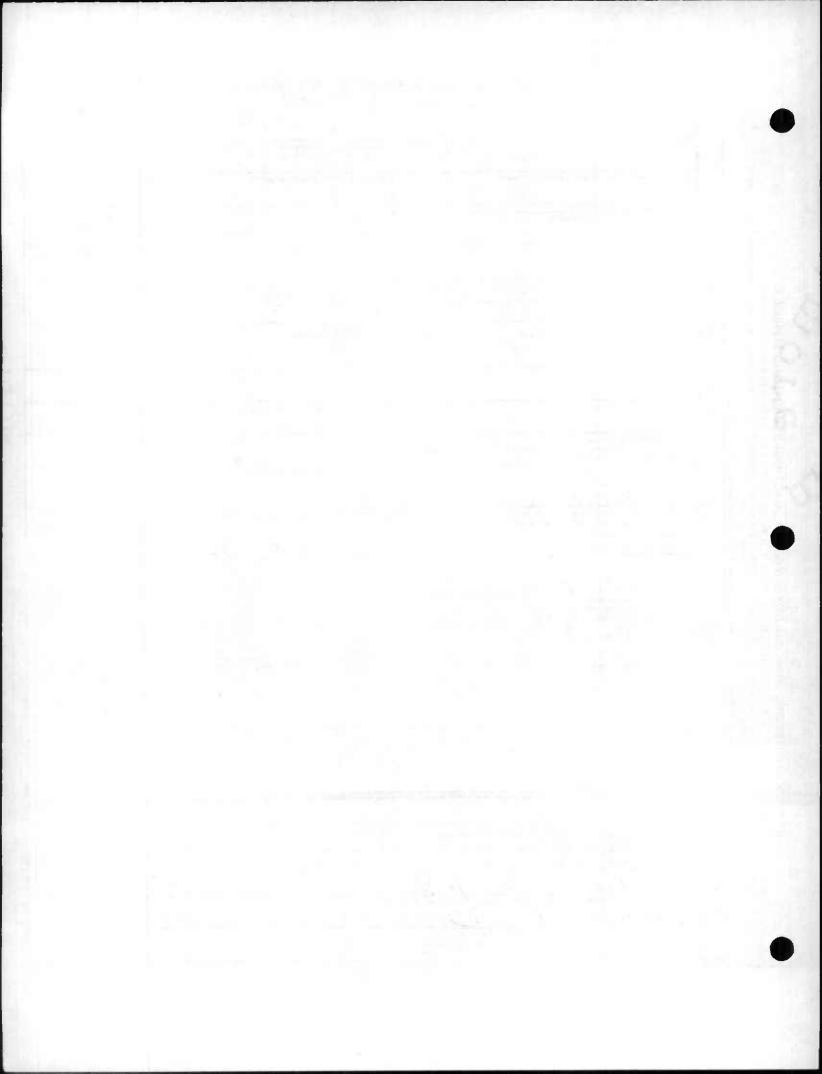
STACEY BARNES 1751 E. OLIVER ST. 2ND FL./BALTO., MD 21213

VOSHELL MEMORIAL GARDENS DUNDALK, MD

WM.C.MARCH F.H./1101 E. NORTH AVE.

=	8	che		
4	100	deta		-
7	4	2		1
7	Den	DUID		Post
5	retai	S SA		2000
	2	90		9
Ï	тау	r, pa		-
2	9	ecto		E
2	20	i di		-
BALLIMORE, MARTLAND	5	nera		Ē
Ž	de:	5	-i	-
ш	afte	A th	NO.	16.0
	SUN	0	F re	had
	4 P	Filled	n. 0	9
_	alu 2	ely i	natio	40
2	Will	plet	eg-	-
0	urted	00	da,	
0	900	and	0 0	Pour
5	2	cian	ior t	2000
0	cate	Ships	e p	
5	ertiff	Bu	glen	die
Ľ	th c	lend	£ m	-
ñ	dea	e at	de mit	7417
3	4	y th	N P	To !
5	tha	99	th a	200
2	lires	Sign	Heat	97
	regi	eeu	0	oho
	SW.	as p	Pept.	25
1	100	ite h	ate [8
>	AN:	ifica	St	110
_	SICI	200	5	9
2	E	this	Wit	-
5	ING	After	leath	E
	END	8	ter c	P le
-	A	E	IS at	200
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	DIA	hou	liban
	M	RAL	22	1 16
	\$	UNE	vithir	1
	포	HE	M pe	TOU
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MENOTENT. If there 39 to marked no them 22 shows any latery or other transmiss share the marked avantages were he artifled at some

DECEDENT'S NAME (First, Middle, Las	st)				ORR	OW OW			REG. N			3. TIME OF DEATH
ANTONIO	BURELL			MORROWS					WONTH 3 DAY			2:55
SOCIAL SECURITY NUMBER	AL SECURITY NUMBER 5. SEX 8. AGE (In yrs.			rs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR			-		OF BIRTH		B. BIRT	HPLACE (State or Fore
216-84-1735	16-84-1735 1 ⋈ M 2 □ F 24			MONTHS C	DAYS	HOURS	MIN.		th, Day, Year) -22-	68	Coun	MD
Sa. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
IN FRONT OF 162	3 VENEY C	OURT		BAL	TIM	ORE						
esidence of Decedent												
	N.I.Y	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?				
IN STREET AND NUMBER	MD TREET AND NIMAED			BALTIMORE								
			10f. ZIP CODE								N OF WHAT COUNTRY?	
				1	_	123					J.S.	
II. MARITAL STATUS 12. WAS DECEDENT EVER IN U. FORCES? 1 YES			NO If yes, specify Cuban, Mexican, P					an, Puerto		es or No-	14. RAC Blac	E — American Indian ck, White, etc.
Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		10	YES	2 💢 NO	Specifi	ly:			Spec	BLACK
15. DECEDENT'S E		16a.		S USUAL OCC				161	b. KIND OF E	USINESS/II	NDUSTRY	BLACK
(Specify only highest gri	ade completed) College (1-4 or 5	4)	(Give kind of life. Do NOT u	work done dun use retired.)	ing mos	it of working	g					
10th			UNEME	LOYE	D							
FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maid	n Sumame)		
JOHNNY MORRO	W					NE	TTI	E MO	DRGAN			
e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	O ADDRESS (S	Street ar	_					Zip Code)	
NETTIE MATTH	EWS		1711	OPI	NKF	TT	CT.	/BAT	TIMO	RE,	MD	21237
a. METHOD OF DISPOSITION	even Trippes		CEANDDATE	OF DISPOSITI	_			DAT		OCATION -		
De. METHOD OF DISPOSITION Description D	emoval from State	WOO.	DLAWN	other place)	ETF	RY		1	WC	ODLA	WN.	MD
3. PART I. Enter the disesses, c shock, or heart felius	or complications that	it coused the	death. Do	WM.	.c.		СН	F.H.				RTH AVE
3. PART I. Enter the diseases, or shock, or heart felium MMEDIATE CAUSE (Final leases or condition esuiting in death)	or complications the re. List only one cert	at coused the use on each	TPE	not enter the	.c.	MAR	СН	F.H.				
shock, or heart fellur MMEDIATE CAUSE (Final Isease or condition	a. DUE TO	lu V	INO.	WM .not enter th	.c.	MAR	СН	F.H.				Approximate Interval Bet
shock, or heart fellur MMEDIATE CAUSE (Final leese or condition exulting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat Initiated events	a. DUE TO c. DUE TO d.	OR AS A CON	ISEQUENCE C	WM . not enter th	. C .	MAR de of dyl	CH ing, suc	F.H.	CAST	piratory a	S	Approximate Interval Bet
shock, or heart fellur MMEDIATE CAUSE (Final leese or condition southing in death) equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events southing in death) LAST ART II. Other significent conditions. WAS CASE REFERRED TO MEDICAL	a. DUE TO c. DUE TO d. List contributing to	OR AS A CON	ISEQUENCE C	MM not enter the	. C .	MAR de of dyl	CH ing, suc	F.H.	24a. WAS PERF	IN AUTOPS:	S	Approximatinterval Bet Onset and I
shock, or heart fellur MMEDIATE CAUSE (Final leese or condition esuiting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat Initiated events esuiting in death) LAST	b. DUE TO c. DUE TO d. HOSPITAL:	OR AS A CON	ISEQUENCE CO	orner the under	C . C . Per moor	MAR de of dyl	CH ng, suc	Part I.	24a. WAS PERF	IN AUTOPS'S ORMED?	7 24l	Approximation of the company of the
shock, or heart fellur MEDIATE CAUSE (Final leeses or condition southing in death) equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events resulting in death) LAST ART II. Other significent conditions. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28s. DATE OF	OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON	ISEQUENCE CO	orp: OTHER: 4 Nursing	C . C . C . C . C . C . C . C . C . C .	MAR de of dyl	CH ng, suc	Part I.	24a. WAS PERF	IN AUTOPS: ORMED? 2 □ NO	y 244	Approximatinterval Bet Onset and I
shock, or heart fellur MEDIATE CAUSE (Final leese or condition esuiting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events resulting in death) LAST ART II. Other significent conditions are selected to the condition of the condit	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 20s. DATE Of (Month)	OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON	ISEQUENCE CONSEQUENCE THER:	C . C . ee moo	MAR de of dyl	CH ng, suc	Part I.	24a. WAS / PERF YES	IN AUTOPS: CORMED? 2 IN NO PUE	244 BLIC CCURED	Approximation of the company of the	
shock, or heart felium MMEDIATE CAUSE (Final Isease or condition positing in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury net Initiated events resulting in death) LAST ART II. Other significent condit EXAMNER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month.) 28e. PLACE Of	OR AS A CON OR AS	ISEQUENCE CONSEQUENCE FFI: OF	. C	MAR de of dyl	CH ng, suc	Part I.	24a, WAS PERF YES PERF SCRIBE HOVE	IN AUTOPS' ORMED? 2 □ NO PUE	244 BLIC CCURED	Approximatinterval Bet Onset and I onset a	
shock, or heart fellur MMEDIATE CAUSE (Final leese or condition suiting in death) equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury rat Initiated events seuiting in death) LAST ART II. Other significent condit EXAMINER? Type 2 NO MANNER OF DEATH MANNER OF DEATH Metural 5 Pending investigation	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpellant: 2 O7/31 28e. PLACE Could be be be be be be be be be be be be be	O(OR AS A CON O(ISEQUENCE CONSEQUENCE FFI: OF	. C	MAR de of dyl	CH ng, suc	Part I.	24a, WAS PERF YES PERF SCRIBE HOVE	IN AUTOPS' ORMED? 2 □ NO PUE	244 BLIC CCURED	Approximatinterval Bet Onset and I onset a	
shock, or heart fellur MMEDIATE CAUSE (Final lease or condition seutiting in death) equentially list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events resulting in death) LAST ART II. Other significent condit EXAMINER? TYPES 2 NO MANNER OF DEATH Netural 5 Pending investigation 3 Suicide 6 Could not I MEDICAL EXAMINER? THE STATE OF THE ORIGINAL STATE MEDICAL EXAMINER OF DEATH MEDICAL EX	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpellant: 2 O7/31 28e. PLACE Could be be be be be be be be be be be be be	OR AS A CON OR AS	ISEQUENCE CONSEQUENCE THER: 4 Nursing ME OF 28 UOA M street, factory C STRE	28. PL. 28. PL. WOF TO THE WORLD	MAR de of dyl Couse g ACE OF DR BRY AT RES 2 2	CH ing, suc	Part I. Part I. Signature of the case of	24a. WAS 2 PERF PERF PERF PERF PERF PERF PERF PERF	IN AUTOPS: ORMED? 2 □ NO PUE VINJURY O SHOTI	BLIC CCURED	Approximation of the control of the	
shock, or heart fellur MMEDIATE CAUSE (Final lease or condition seutiting in death) equentially list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events resulting in death) LAST ART II. Other significent condit EXAMINER? TYPES 2 NO MANNER OF DEATH Netural 5 Pending investigation 3 Suicide 6 Could not I MEDICAL EXAMINER? THE STATE OF THE ORIGINAL STATE MEDICAL EXAMINER OF DEATH MEDICAL EX	b. DUE TO c. DUE TO d. DUE TO d. List only one cet a. DUE TO c. DUE TO d. List only one cet a. DUE TO c. DUE TO d. List only one cet a. DUE TO c. DUE TO d. List only one cet b. DUE TO c. DUE TO c. DUE TO d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To list on the best of an an an an an an an an an an an an an	OR AS A CON OR AS	ISEQUENCE CONSEQUENCE THER: 4 Nursing ME OF 28 UOA M street, factory C STRE	28. PL. 28. PL. WOF TO THE WORLD	MAR de of dyl Couse g ACE OF DR BRY AT RES 2 2	CH ng, suc	Part I. Part I. By Other 28d. DE SU COU as to the case time, date	24a. WAS 2 PERF PERF PERF PERF PERF PERF PERF PERF	IN AUTOPS: ORMED? 2 INO PUE / INJURY O SHOT	BLIC CCURED TOTAL TOTAL THE CRUSE (Inted.)	Approximation of the control of the	
shock, or heart fellur shock, or heart fellur shock or condition esuiting in death) equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury rat Initiated events esuiting in death) LAST ART II. Other significent condit examiner? L. WAS CASE REFERRED TO MEDICAL EXAMINER? L. WAS	b. DUE TO c. DUE TO d. DUE TO d. List only one cet a. DUE TO c. DUE TO d. List only one cet a. DUE TO c. DUE TO d. List only one cet a. DUE TO c. DUE TO d. List only one cet b. DUE TO c. DUE TO c. DUE TO d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To d. List only one cet pure To list on the best of an an an an an an an an an an an an an	OR AS A CON OR AS	ISEQUENCE CONSEQUENCE THER: 4 Nursing ME OF 28 UOA M street, factory C STRE	28. PL. 28. PL. WOF TO THE WORLD	MAR de of dyl CSUSS S ACE OF DI S Re RY AT RK? ES 2 D and place, with occur 29c. LICE	CH ng, suc	Part I. Part I. 28d. Other 28d. DE St. LO Coly COU as to the case time, date	24a. WAS 2 PERF PERF PERF PERF PERF PERF PERF PERF	IN AUTOPS: ORMED? 2 INO PUE / INJURY O SHOT	BLIC CCURED TO THE TOTAL THE COURSE THE SIGNED THE SIGN	Approximatinterval Bet Onset and I onset a	



	æ	/8	87	4
W	温	禮	Ρ.	
0	- 8	唐		
0	5	2		
9	in G	\$		
15	Pue	88		
ò	Ħ	88		
21	8	0		
0	pita	B		
Z	hos	5		9
A	9	det		5
Z	3	2		T
œ	9	용		2
4	tain	કુ		5
Σ	9	40		2
шî	A	Se de		Pe
Œ	E	5.		T
0	9	Sch		Ē
≥	Pag.	6		
F	, i	eral		듣
7	leat	\$		2
BALTIMORE, MARYLAND 21215-0020	ter	鲁	1	-
	a	3	Ĕ	3
	Und.	2	N N	ě
	4	Siled Bell	'n,	9
	n 2	1	atio	=
Ó	É	Set	rem	E
9/	Š	E	J. C	\$
8	5	P	eria n	a c
2	X	29	9	E
6	2	ciar	0	20
ě	ate	S	B	4
ö	Ě	0	en	š
Ö	8	등	F	0
п.	ag.	Tie	E	0 %
S	0	2	Men	5
2	#	3	9	=
Ö	than the	Pe	th a	E
ŏ	es.	16	lean	2
Ш	9	UB.	D H	5
ш.	*	8	H.	65
A	9	has	ది	2
F	E	ate	tate	-
5	A	tific	S	=
L	SICI	93	5	-
0	¥	his	with	9
Z	9	10	=	la la
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NIO	Aft	de	50
S	TEN	OR:	ther	00
5	A	ECT	50	1 2
0	80	DIR	DO	Te l
_	M	A	2	E
	SPI	VER	F	=
	2	FU	W	M
	THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical manual pages.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnar mean	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: It Item 2

2

2

and town

James Quinlan,

31. DATE FILEO (Month, Day, Year)

114

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

M.D.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Charles Lee Miller August 1992 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 😿 M 2 🗌 F YRS. 177-07-6259 July 10,1909 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Joseph's Hospital Towson Baltimore. RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Timonium Maryland 1 TYES ZXX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21093 USA 114 Castletown Rd., Apt. 201 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Il yes, specify Cuben, Mexicen, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 25 NO BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete t6e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Tool and Die Maker Bendix Radio Division 12 17. FATHER'S NAME (First, Middle, Last) 16. Grace First, Middle, Maiden Surname) John Calvin Miller Anna Melinda Lee BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 114 Castletown Rd., Apt. 201, Timonium, MD 21093 Mary Folwell Miller 20s. METHOD OF DISPOSITION
1 to Burlel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Phipps Cemetery Elmo, Pennsylvania 8/6 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Martin D. Lawson ausor Lemmon-Mitchell-Wiedefeld. Inc. 10 W. Padonia Rd., Timonium, MD 21093 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart fallure. List only one ceuse on each line. interval Retwe IMMEDIATE CAUSE (Final Onset and Death disease or condition murt. resulting in death) CERTIFICATION Sequentially list conditions, Sequentially institutions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceusa given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA *Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending t YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinfon, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

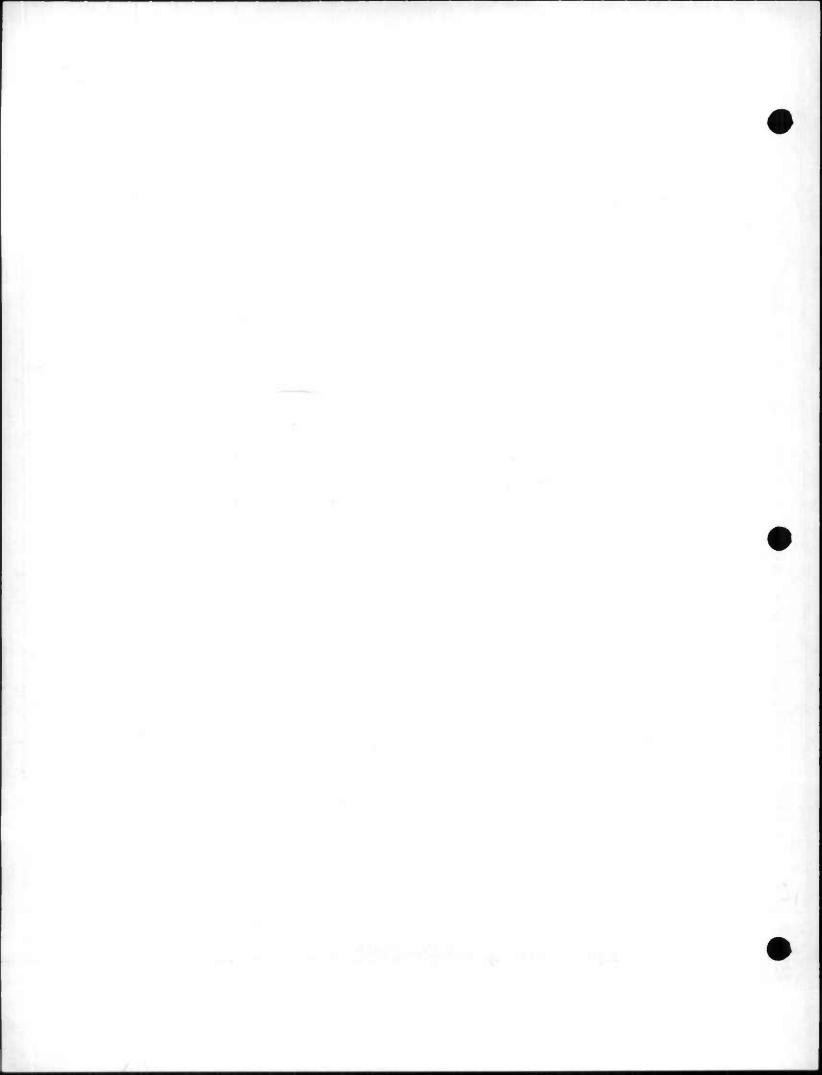
29c. LICENSE NUMBER

7801 York Rd., Towson, Md.

D-12950

DHMH-16 Rev 1/89

29d. OATE SIGNED (Month, Day, Year)



e	•
ther	
10	•
Po	
24	27.00
within	
precuted	
2	1
The law requires that the death certificate be executed within 24 hours after death	Man a hand
death	- 44
the	
that	4 7
requires	
ME	4
22	-
ATTENDING PHYSICIAN: Th	Company of the state of the sta
ATTENDING	Company Adversary

31. DATE FILED (Month, Day, Year)

	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I		MENTAL HYGIEN		2 2 3 4 2	
	1. DECEDENT'S NAME (First, Middle, Last)	JOSEPH 1	R. McGE	E		2. DATE OF DEATH MONTH D	3 9	TEAR 11:55 P	
	4. SOCIAL SECURITY NUMBER 217-34-7676 9a. FACILITY NAME (If not institution, give s	1 √ M 2 □ F 54	yrs. lest birthdey) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev Mar) APRII. 29	BIRTHPLACE (State or Foreign Country) MARYLAND Y OF DEATH		
TOR	FRANCIS SCOTT KEY		TER		IMORE CI		SC. COUNT	TOT DEATH	
- DIRECTOR		ALTIMORE	10c. Cf	TY, TOWN OR LOCA			10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	8144 MID HAVEN ROAD			10	zip code	222	10g. CITIZE	U.S.A.	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 000	13. WAS DEC If yea, ap 1 🗀 YES	ENDENT OF HISPAR ecity Cuben, Mexica 2 2 Specifi	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No 14	Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12TH GRADE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use rotired.) SHOP WORKER 16b. KIND OF BUSINESS/INI SHOP WORKER BETHLEHEM ST						O. Francisco		
BE CON	RICHARD H. MCGEE MARIE E. HINES								
10	190. INFORMANT'S NAME (Type/Print) SOPHIA E. McGEE		8144	MID HAVE	N ROAD	BALTIMORE	, MARS	/LAND 21222	
	20s. METHOD OF DISPOSITION 1 X Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	SAC	RED HEA		SUS CEM.		LTIMOT	RE, MARYLAND	
	21. SIGNATURE OF PHERAL SERVICE LIC	E. Vera	Q	7922	WISE AV	'ENUE DUNDA	LK MD	INDALK INC. 21222	
	23. PART i. Enter the steeses, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on asc	ch line.				ratory arres	Approximate interval Between Onset and Daetr 2 days	
CERTIFICATION	disease or condition resulting in death) Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CI	PART II. Other significant condition Sub avachno	a contributing to death but it is Hemory ha	t not resulting	in the underlying	Part I. 24e. WAS AN PERFOR 1 TYPES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		M 1 1	RK? 'ES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
0	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY – building, etc. (Specify	- At home, ferm,	street, factory, office		281. LOCATION (Street a City or Town, Stele)	nd Number or	Rural Roule Number,	
COMPLETE		CIAN: To the best of my knowled R: On the besis of examination of						suse(e) end menner as atated.	
O BE	296. SIGNATURE AND TITLE OF CERTIFIER Joseph M.	Haelle	and the same of th	0)	29c. LICENSE NUN		29d. DATE S	GNEO (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO Todd M.	KOELLING W	W (ITEN 27) (Type	Print) Ol. N. Wel	fe St. Bo	elt-MD 21	202		

32 REGISTRAD'S SIGNATURE
92 July Davidson-Randade

DHMH-16 Rev 1/89

92

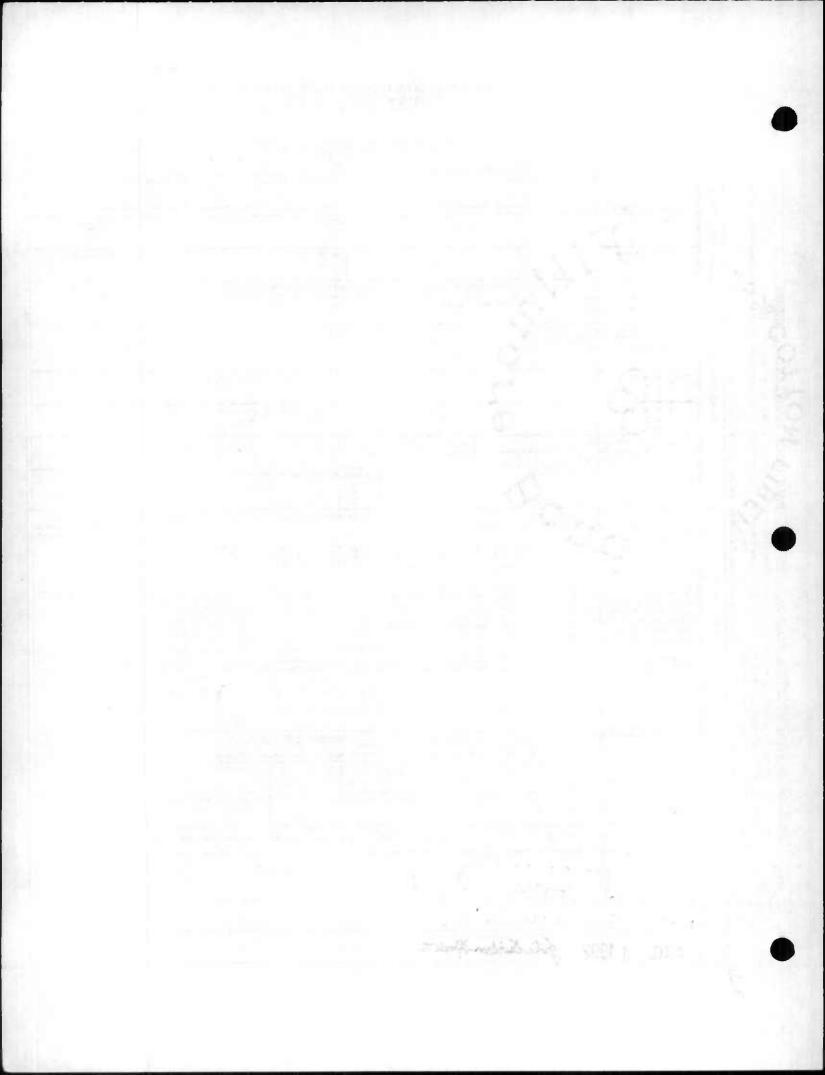
Cun toos

- 00	
\circ	-
68760,	
Pa.	
1	
00	к
-	
യ	
-	
BOX	
_	
-	
	•
•	
200	
-	
	- 2
\sim	•
U	
-	
-	
ш.	
P.O.	
- 65	
100	4
w,	
-	
=	
~	4
\sim	- 1
•	
4.5	
()	
_	
ш	
~	
-	
•	
-	
_	- 6
	the second secon
3	1
	3
-	
=	-3
	-9
~	34
200	:4
~	80
-	-4
-	14
	-1
ON OF VITAL RECORDS,	- 4

ALCHRETOR And the properties that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The hours after this been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. OFFINE II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 21343

	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	ANT	TWON	MOOF	Œ	2. DATE OF C		92 3. TIME	of DEATH	
	4. SOCIAL SECURITY NUMBER	100		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 9/17	IRTH	B. BIRTHPLACE (S Country) Md .		
	9e. FACILITY NAME (If not institution, give a	1111		9b. CITY, TOWN OF	LOCATION OF C			TY OF DEATH		
TOR	IN FRONT OF 2417 WEST FRANKLIN STREET BALTIMORE									
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	r		TOWN OR LOCATIO	ON			LIN	SIDE CITY WITS? ES 2 NO	
RAL	100. STREET AND NUMBER				ZIP CODE		10g. CITIZ	EN OF WHAT CO		
N.	317 E. North A			NIC ODIONO (P.	ecify Yes or No-		de la Maria			
ВУ	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13 Wildowed 4 Divorced 15. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 16. YES, GIVE WAR OR DATES			If yes, spec	olfy Cuban, Mexic	an, Puerto Rican	, etc.)	14. RACE — Amer Bleck, White, Specify: Black	etc.	
ED	15. OECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U	SUAL OCCUPATION		16b. KINI	D OF BUSINESS/INDU			
PLET	Elementary/Secondary (6-12) College (1-4 or 5+) Cab			wk done during most of working redired.) Odriver Transportation			ation			
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Charlie L. Moo		18. MOTHER'S N. Edna	AME (First, Middle Cr	Meiden Sumeme) andall					
TO BE	19a. INFORMANT'S NAME (Type/Print) Charlie L. Moo	re	196. MAILING A 5 4 0 7	Leith	Number or Rural	al Route Number, City or Town, State, Zip Code) alto., Md. 21239				
	20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Commons, Exemples, Exem									
	4 Donation 5 Other (Specify)	CENSEE	111.00000		ADDRESS OF F					
	James	a. Mort	on	James	A. Mo	orton	& Sons BAlto.	. Md.	21217	
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	on each line. JPLE GU AS A CONSEQUENCE OF):					int	pproximate terval Between neet and Death	
ATION	Sequentially list conditions, It sny, lasding to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
	PART II. Other aignificent condition	o contribution to do	Ab							
₹	TART II. Other algument condition	s contributing to dear	th but not resulting in	the Underlying	cause given in		WAS AN AUTOPSY PERFORMED?	MAILABI	UTOPSY FINDINGS LE PRIOR TO	
PHYSICIAN: MEDICAL						1 VYES 2 NO		COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
Š.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF OEATH (C)	neck only one)				
S	1 X YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DOA 4	OTHER:	5 Residence	8 X Other (Spe	ocity) ON STE	REET		
	27. MANNER OF OEATN 1 Neturel 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye 08/03/1	IRY 28b. TIME	OF 28c, INJUI		28d. DESCRIB	E NOW INJURY OCCU			
2 Accident						WEST TIMORE,				
9	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heet of our li	011 0210						YLAND	
COMPLETED			nowledge, death occurred nation and/or investigation,						TOTAL TOTAL	
TO BE	Munit- 9	falley	2 M		O.C.M.			SIGNED (Month, D /03/1992		
	MAKIO F. GOL	re, Jk,	MD 111	PENN ST	REET B	ALTIMOR	E, MARYL	AND 212	201	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	Bode							
	AUG 4 1992	The series	African							



BALTIMORE, MARYLAND 21215-0020

Once.

notified

ě

must

medical examiner

the

BY

BE COMPLETED

99	CECT
×	80
BC	afte.
0	Cartific
P.	death
Ö	the
OH	that
REC	V. The law requires that the death certificate be execu-
4	W.
Z	The
DIVISION OF VITAL RECORDS, P.O. BOX 6	PHYSICIAN-
VISION	NIM DR ATTENDING PHYSICIAN
0	DR
	N

een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should of Health and Mental Hygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. rted within 24 certificate has been signed by the attending physician and completely the State Dept. of Health and Mental Hygiene prior to burial, crema I, or Item 23 shows any Injury, or other traumatic event, PAL DIRECTOR: After this cert to bours after death with the

2/344 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Antoinette Genevieve Michalski MONTH OS 01 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 216-10-1494 DAYS HOURS 1 M 2 EF Md. 06 9a, FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Eastwood 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 461 Pembrooke Blvd. U.S.A. 21224 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yea, specify Cuben, Mexican, Puerto Rican, etc.)
 I YES 2 NO Specify: RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried COMPLETED BY 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) U.S. Post Office Postal Worker 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Anthony Wysocki Alexandra 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Raymond A. Michalski 461 Pembrooke Blvd. Balto., Md. 21224 20a. METHOD OF DISPOSITION
1 September 2 Greenetion 3 G 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify) Eastwood. Md. emetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. D. Eastern Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory Approximate shock, or heart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition_ reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying sause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | W 1 | YES 2 | NO

5. WAS CASE REFERRED TO MEDICAL EXAMINER?			heck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 200 En/Outpatient		THER: Nursing Home 5 Nesident	te 8 🗆 Other (Specify)	
7. MANNER OF DEATH 1 Parties 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	284. DEŞCRIBE HOW INJURY OCCURED		
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, atre	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)		

viedge, death occurred at the time, date end place, end due to the cause(s) end manner se stated

end piece, end due to the ceuse(s) and menner es stated.

29d. DATE SIGNED (Month, Day, Year)

31. DATE FILED (Month, Day, Year) 1992 AUG 04

32. REGISTRAR'S'SHINATU

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	ì
_	,
0	
Ø	
~	
00	
S	
×	
0	
\approx	
-	1
0	
Ξ.	
а.	
S	
0	
~	
Like	
0	
0	
44	
-	
-	
=	
LL	
\overline{C}	
0	
7	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
O	
77	
U)	
7	
=	
0	

92 YEAR 8 2 9:20 A SYBIL I. MOORE 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 80 MONTHS DAYS HOURS MIN. South Carolina 1 M 2 K F YRS. 250-26-2224 Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES HOSPITAL CENTER DIRECTOR PG CHEVERLY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d, INSIDE CITY Washington District of Columbia 1 X YES 2 | NO permit. FUNERAL 10s, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 5350 B Street, S.E. 20019 United States 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Mexican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian 1 Never Married 2 Married BY 3 X Widowed 4 ☐ Divorced Black E 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life, Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Grade Retired Decorating Service Private 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John Harmon Richey Sallie Rice BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William W. .2716 Whiteholm Ct., Upper Marlboro, M Moore, 9 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify)
21. BIGNATURE OF INNERNAL SERVICE OF CENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, p Incoln Memorial Cem. 8/7 Suitland, MD. medical examiner Stewart Funeral Home filled in by the funeral ion, or removal. MM 4001 Benning Rd., N.E. Wash. 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between cremation, or IMMEDIATE CAUSE (Final Onset and Death event, the disease or condition_ completely resulting in death) live executed within to burial, traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate physician 8 Mental Hygiene prior cause. Enter UNDERLYING certificate CAUSE (Disease or Injury other (OR AS A CONSE that initiated events aftending resulting in death) LAST injury, or signed by the a PART II. Other significant conditions contributing the 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PROOF TO that shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 0 certificate has been 25. WAS CASE REFERENCE TO MEDICAL PHYSICIAN: Dept. 23 Hem ; 26. BLACE OF DEATH (Check only one State HOSPITAL: **EXAMINER?** OTHER: 1 - YES 2 42-100 flent 2 [] ER/Outpetient 3 [] DOA PHYSICIAN: ng Home 5 🗆 Residence the 0 27. MANNER OF DEATH 28s. DATE OF INJURY FU ERAL DIRECTOR: After this ce from 72 hours after death with the TANT: If Item 28 is marked, 28h. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Miltural 1 YES 2 NO BY 2 Accident OR ATTENDING 28s. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 3 🔲 Suicide 28f. LOCATION (Street and Number or Pural Route Number City or Team, State) 6 Could not be determined COMPLETED 4 [] Homicide 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. PITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNEO (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9 n 10 31. DATE FILED (Month, Day, Year) 1992 AUG

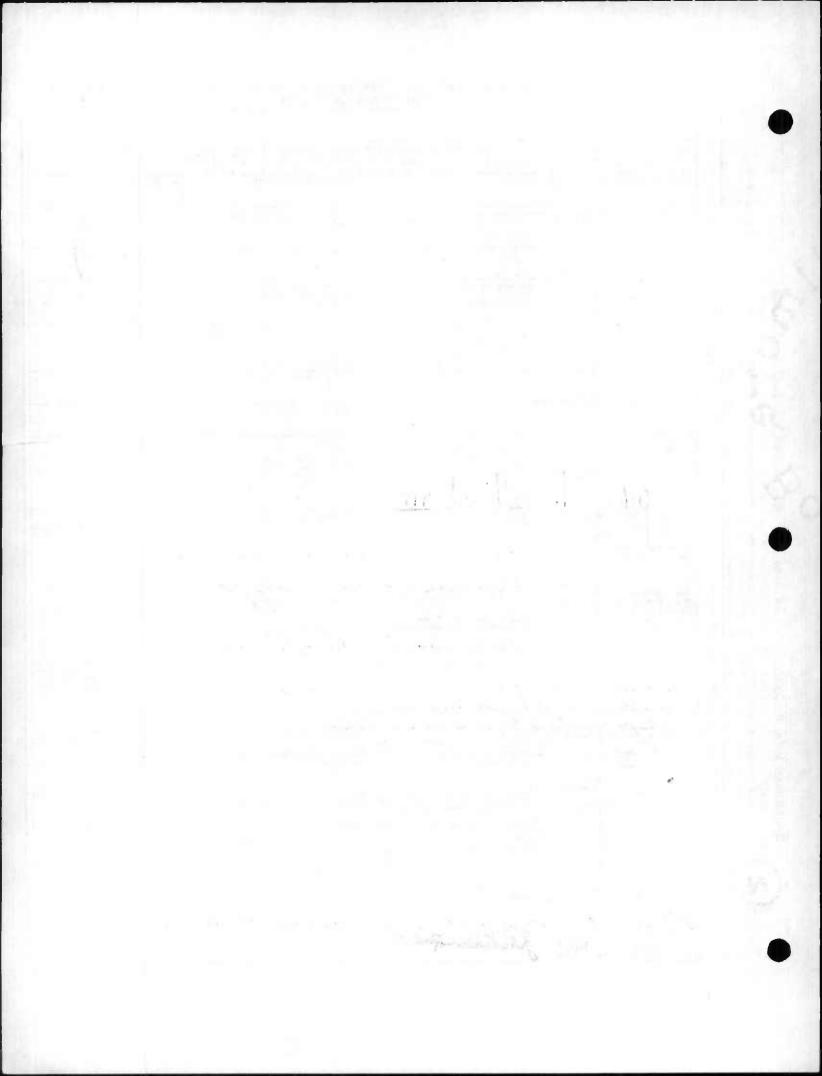
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9

REG. NO.

2. DATE OF DEATH



FOR

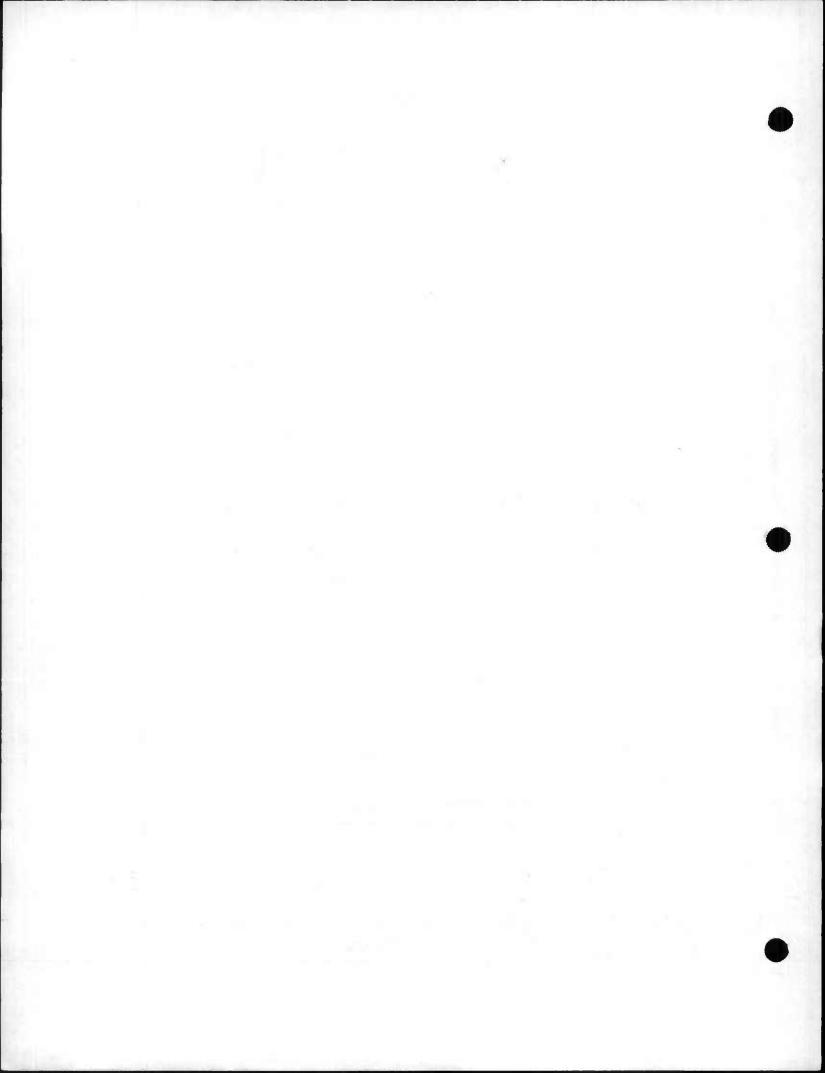
	1 - STATE REGISTRAR	CE		ICATE OF			REG. NO	_		
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			. TIME OF DEATH
	LILLIE	MEINST	ER				7 3		YEAR 9	9:45 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
		1100								SYLVANIA
œ	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF DEA	ТН
DIRECTOR	SALISBURY NURSING & REHAL	BILITATIO	N	SALISBU	RY,	MARY	LAND	WICO	MICO	
EC	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION				1	Od. INSIDE CITY
	MARYLAND WICOMICO		SA	LISBURY						LIMITS? X YES 2 □ NO
FUNERAL	200 CIVIC AVE.		101	2180			10g. CITI USA	ZEN OF WH	AT COUNTRY?	
5	11. MARITAL STATUS 12. WAS DECED	ENT EVER IN U.S. AR	MED	13. WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
BY	1 Never Married 2 Married IF YES, GIVE	1 YES 2 XX				Specify		ŀ	Spec//y: WHIT	
	15. DECEDENT'S EDUCATION	16a, DE	CEDEHT'S	USUAL OCCUPATION	ON		16b. KIND OF BUS	INESS/IHD		
COMPLETED	(Specify only highest grade completed) Elemaptacy/Secondary (0-12) Cotlege (1-4 or	5 +) #fe.	Do NOT u	work done during mo se retired.)	st of worki	ng	ATT HOME			
M	12	HOU	JEWI	. E.			AT HOME			
BE CO	17. FATHER'S NAME (First, Middle, Leist) HILLEL STUBNITZ				16. MOT	HER'S NAM [DA	AE (First, Middle, Meiden	Sumeme) BRANS	KY	
10 B	19a. IHFORMANT'S HAME (Type/Print) DR. LEON MEINSTER	198	. MAILING	ADDRESS (Street a	nd Number	or Rural R	oute Number, City or Town	n, State, Zip	Code)	
			1706	CARVER :	SQ.	SALI	SBURY, M	218	101	
	On METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State	cemetery, cre-	matory or o	OF DISPOSITION (Na the; place)					City or Town	
	4 Donation 5 Other (Specify)	- ARLING	GTON	(CHIZUK		/	17 -7 -	ALTIM	ORE,	MD
	0 00 9	erin		SOL L	EVINS	SON 8	BROS., II		MD	21215
	23. PART I. Enter the disesses, or complications to	net coused the de	ath. Do	not enter the mo	de of dy	ing, such	as cerdisc or reapi	ratory sm	eat,	Approximate
Ì	shock or heart fellure. List only one c	euse on eech line	0	-	la	1			,	Interval Batwesn Onset and Death
	disease or condition resulting in death)	Myc	Con	ustive	fer	W	Frihme			
1	DUE TO (OR AS & CONSEQUENCEOP)									
CERTIFICATION	Sequentially list conditions,	D (OR AS A CONSEC	UENCE 6	Pi:						
CAT	if sny, leading to immediata cause. Enter UNDERLYING									
Ĕ	that hittated events	O (OR AS A CONSEQ	UENCE O	F):						1
ERI	resulting in desth) LAST									
	PART II. Other significant conditions contributing	to deeth but not re	esulting	in the underlying	ceuse o	iven in I	Part I. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	1	ne					PERFOR		A	WAILABLE PRIOR TO OMPLETION OF CAUSE
	0						_ ' \ YES 2	0	- 1	F DEATH?
ž							_			0.00 10.00
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				ACE OF D	EATH (Che	ck only one)			
YSI	1 VES 2 NO 1 Inpetient 2	☐ ER/Outpetlant 3	□ DOA	OTHER:	• 5 □ Re	sidenca (□ Other (Specify)			
	27. MAHHER OF DEATH 28e. DATE (Month,	Day, Year)	28b. TIM	URY WO	RK?		28d. DESCRIBE HOW IF	JURY OCC	URED	
BY	2 Accident Investigation	OF INJURY At her	no form		YES 2 [НО	201 1 00171011 101			
COMPLETED	4 Homicide 8 Could not be buildin	g, etc. (Specify)	110, 10111,	etreet, lactory, orne			281. LOCATIOH (Street a City or Town, State)	nd Number	or Rural Hou	te Number,
P.E.	29e. CERTIFIER (Check only	of my knowledge, dea	th occur	ed at the lime, data	and place	and due 1	o the cause(a) and man	ner sa state	id.	
NO	one) 2 MEDICAL EXAMINER: On the basis of									nd manner as stated.
w	29b. SIGNATURE AND TUXLE OF CERTIFIER	7			29c. LICE	NSE HUM	BER	29d. DATE	SIGNED (M	fortfi, Day, Year)
00			20		104	01	90	17	121	192
5	30. NAME AND ADDRESS OF REITHOU WHO COMPLETED CA							1.7		
	Eddie Versanie mo	1104 HEA	LTHW	AY DRIVE	, SA	LISB	URY, MD.	2180	1	
	4 4000	RAR'S SIGHATURE		andell.			10.10			
	AUG 4 1992		001-1	- Indo	,					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permet be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BY

COMPLETED

BE 2

3 P	1. DECEDENT'S NAME (First, Middle, Last)	CHRISTIN	E B.	MITZ	EL		2	MONTH 8	PAY 1	YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 717-10-8906	5. SEX 1 M 2 F	6. AGE (In yrs. le	YRS.	IF UNDER 1 YEAR		24 HRS. 7	Onte OF BIRTH (Month, Day, Year)	714	a. BIRTHP	LACE (State or Foreign K W_VIRGIN)
		street end number) nd STREET			BALTIM				9c. COUN	TY OF DE	ATH
	RESIDENCE OF DECEDENT 100. STATE MARYLAND CAR	v ROLL			TY, TOWN OR LO						INSIDE CITY LIMITS? LIMITS?
	10e. STREET AND NUMBER	10111				101. ZIP CODE			10g. CITI		IAT COUNTRY?
1	156 EAST MAI	N STREET				2	1157			U.S.	Α.
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	AER 5		If yes,		n, Mexicen, I	ORIGIN? (Specify Ye Puerto Ricen, etc.)	s or No-	14. RACE - Black, Specify	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			work done during	CCUPATION 18b. KIND OF BUSINESS/INDUSTRY during most of working			MHTAR			
	unknown		1_нс	MSEM	TEF						
	17. FATHER'S NAME (First, Middle, Lest) LUTHER ROSSER 18. MOTHER'S NAME (First, MIDDLE BRO						E (First, Middle, Malder BROWN	n Surneme)			
	196. INFORMANT'S NAME (Nype/Print) LEVERE A. MITZEL 196. MAILING ADDRESS (Street and Number or Rural Route 156 EAST MAIN ST., WESTM						Code) 1157				
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Denetion 5 Other (Specify)	noval from State	20b. PLACI other i	e of dispo	SSOPS	cemetery, crem	atory or		BALTO.		n, State
	21. SIGNATURE OF FUNERAL SERVICE LI	_Seis	f. h		Α.		EITZ	JR. FUN			211
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final		se on each lir	na.	not enter the	mode of dyl	ng, auch a				Approximate Interval Between Onset and Deatl
	disease or condition resulting in death)	a. Con	OR AS A CONS	EQUENCE (east OF):	Lul	ul				618
	Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONS	EOUENCE (OF):						
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONS	EOUENCE (OF):						
	PART II. Other aignificant condition	ns contributing to	death but not	t resulting	In the under	ying cause g	given in Pa	DEDEC	N AUTOPSY DRMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1							_			1 WES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL						EATH (Checi				

PART II. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 VES NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural
2 Accident 5 Pending investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

29a. CERTIFIER (Check only-one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end memor as stated.

2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and menner se stated.

Selection of the or certifier	29c. LICENSE NUMBER	29d. DATE SIGNED
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	21211 Rich	en Dias

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

1992 while Davidson-Randall

(Month, Day, Year)

unknown

HOUSEWIFE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) CARLOS ANTONIO OLIVEIRA NUNES 2. DATE OF DEATH MONTH DAY YEAR 08 - 01 - 1992 9: 00 4. SOCIAL SECURITY NUMBER 216-44-4762 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. WONTHS DAY'S HOURS MIN. 11-21-1916 2. DATE OF DEATH MONTH DAY 9: 00 11-21-1916 POrtugal		
CARLOS ANTONIO OLIVEIRA NUNES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 6. AGE (in yrs. lest birthday) 6. BIRTHPLACE (State or FC Country) 6. BIRTHPLACE (State or FC Country) 6. Country)	н	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Nan) (Month, Day, Nan) (Month, Day, Nan)	a.M	
MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)		
1 210 44 4/02 XX /.)	25.5	
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH		
6814 Blenheim Road Baltimore Baltimore		
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY		
Maryland Baltimore Baltimore 1 □ ves 2 🕅	NO	
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?		
6814 Blenheim Road 21212 Portugal		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Ves or No. 14. RACE - American India	en.	
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 1 YES 2 NO Specify: Specify:	201	
3 Widowed 4 Divorced Whit	е	
15. OECEOENT'S EQUICATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working		
Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)		
12 years 2 years Importer Portuguese Imports	se Imports	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)		
Joao Nunes Jochina Nobre		
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
Christine Behm Nunes 6814 Blenheim Road, Apt. B. Baltimore, MD 21212		
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF OISPOSITION (Name of DATE 20c. LOCATION — City or Town, State		
XXBurisi 2 Cremation 3 Removal from State Commetter, Crematory or other place) A Donation 5 Other (Specify) Druid Ridge Cemetery 8/4 Pikesville, Maryla;		
21. SIGNATURE OF JUNETAL SERVICE PICENSEE 22. NAME AND ADDRESS OF FACILITY	ICL	
hours bouck Mitchell-Wiedefeld Home Inc.		
Thomas Joseph Bozek 6500 York Road, Baltimore, Maryland 2	212	
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approxim		
IMMEDIATE CAUSE (Final Onset and		
	Deetii	
resulting in death) a. Pan cree tic Cancer 10		
disease or condition resulting in death) a. Pan cree tic Cancer OUE TO (OR AS A CONSEQUENCE OF):	nas.	
OUE TO (OR AS A CONSEQUENCE OF):		
OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		
OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	raf.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR	NDINGS TO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FI	NDINGS TO	
OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):	NDINGS TO CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO CAUSE	
OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):	NDINGS TO CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO AJUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions Confusion of peach of pe	NDINGS TO AJUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO AJUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO AJUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO AJUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	NDINGS TO AJUSE	

A PATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

TO THE PERFORM. CHRISTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit permit be attended to use as the burial-transit permit

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

permit.

burial-transit

as the

use

10

pita	9	
hos	tach	S.
the /	e de	9
D D	d bi	90
tain	Shon	=
be re	ge 2	9
nay	, pa	, i
9	ector	Ë
Page	al dir	ner
ath.	nera	E
er de	the fi	L CK
s afti	6	dica
notin	ul b	E E
24	/ fille	the
/thin	ieteh	m,
ed w	ошо	e e
recut	pud c	atic
De en	ian	E E
ate	hysic	5
ertific	of Du	othe
th Co	endi	6
dea	e at	5
t the	4	
s tha	peu	any
uire	Sign	DWS
V rec	peer	Sh
e lav	has	33 Cep
F	cate	iten
CIAN	ertifi	6 n
HYS	his c	Ked a
NG P	ter t	Tam.
NO	R. A	- N
ATTE	000	28
80	DIRE	tem
TAL	PA!	7 =
4SO	UNE	ANI
포	HE	ORT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be nied within 72 hours after death with the State Lept. of relatin and wental hyberte prior to buria, deniedon, of removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 21349 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE
REGISTRAR EMMA M. 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR Neubert 402 P Emma 7. DATE OF BIRTH 1M9017, Day Year 1902 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. ~Maryland DAYS 1 M 2 XF 215-28-9533 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Baltimore DIRECTOR Randallstown Baltimore County General Hospital RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 XYES 2 NO Baltimore Maryland City FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 21205 602 N. Glover St. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11, MARITAL STATUS 14. RACE -- American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 **N**O 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: BY 3 Wildowed 4 Divorced White ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Dietician Lunch Room 16. MOTNER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First Middle Last) Mary E. Momberger Adolph Schurman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cockeysville, MD 21030 12416 Happy Hollow Rd., Lois M. Parks 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20a. METNOD OF DISPOSITION
1 & Buriel 2 Cremation 3 Rem 20c. LOCATION - City or Town, State Buriel 2 U Cremetron — (Specify) Baltimore, MD Moreland Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RCBERT C. ALTENBURG FUNERAL HOME, INC. encare clane 6C09 Harford Rd., Baltimore, 21214 23. PART I. Enter the diseases of complicatione that ceused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, ehock, or heart feture. List only one cause on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition HyperKalemia resulting in death) DOE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS/A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIDR TO COMPLETION DE CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO monny PHYSICIAN: multiple 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 Minpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE HOUSE 8

MD

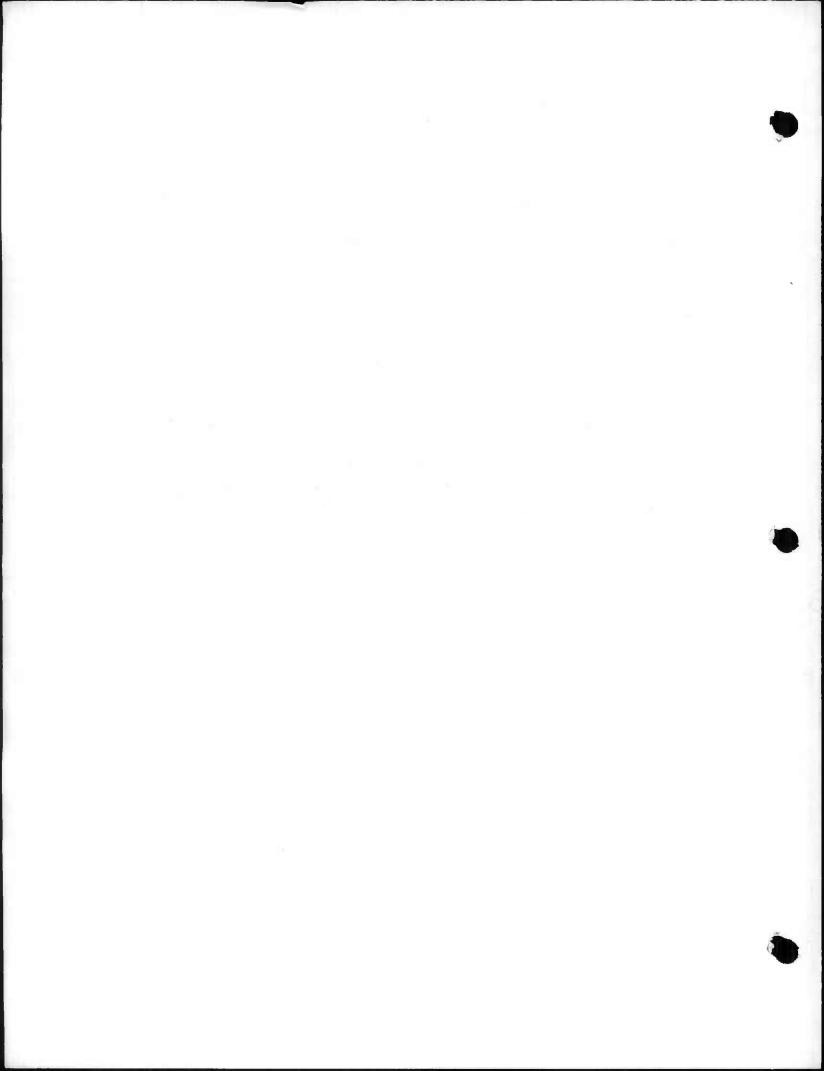
32 MEGISTRAR'S CIGNATURE DAY door - Manda 82

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) rig wiD



9

AUG 0 4 1992



burlal-transit permit. Pages 1, 2, 3 should

once.

notified at

e

must

the medical examiner

event,

traumatic

0

0

DIRECTOR: /

FLINERAL C within 72 h HOSPITAL

De filed

William Carl Ebeling, M.D.

31. DATE FILED (Month, Day, Year) AUG 0 4 1992

7401

32. REGISTRAR'S SIGNATURE was laurem from

funeral director, the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. theen signed by the 23 shows any has be Dept. c certificate h with t 28 is marked, After

Item19b 8-7-92 FilmG690 W.H. Per F/H FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 07 -30 -95AR Robert Urie Patterson, Jr. 6:00 a.m.m 4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) 12-11-23 IF UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 - F 68 VDC 446-12-2563 Washington, D.C 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH IRECTOR 11843 Sherbourne Road Timonium Baltimore County RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY ō Maryland Baltimore County Timonium 1 TES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10n, CITIZEN OF WHAT COUNTRY? 11843 Sherbourne Road 21093 U.S.A. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WWII 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2XX Married 1 YES ZXXNO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ yrs. Lawyer/ Stock Broker Finance/ Law 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Robert Urie Patterson, Sr. Eleanor BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sandra Monroe Patterson 11843 Sherbourne Rd. Timonium, MD. 21093 20e. METHOD OF DISPOSITION
1 K Burtal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Arlington National Cem. 08/92 4 Donation 5 Other (Specify) Arlington, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home John G. Reitz (M00804) 6500 York Rd. Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition CONGESTIVE HEALT FAILURE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): SYSTEMIC SCLEROSIS PROGRESSIVE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS RESTRICTIVE MILABLE PRIOR TO OMPLETION OF CAUSE LUNG 1 TYES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER:
4 □ Nursing Home 5 % Residence 6 □ Other (Specify) HOSPITAL: 1 YES 2-2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 W Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide be filed within 12. 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) D34827 92 -7 ule 3 2 USE OF DEATH (ITEM 27) (Type, Print)

Osler Dr. Towson, MD. 21204 Suite 202

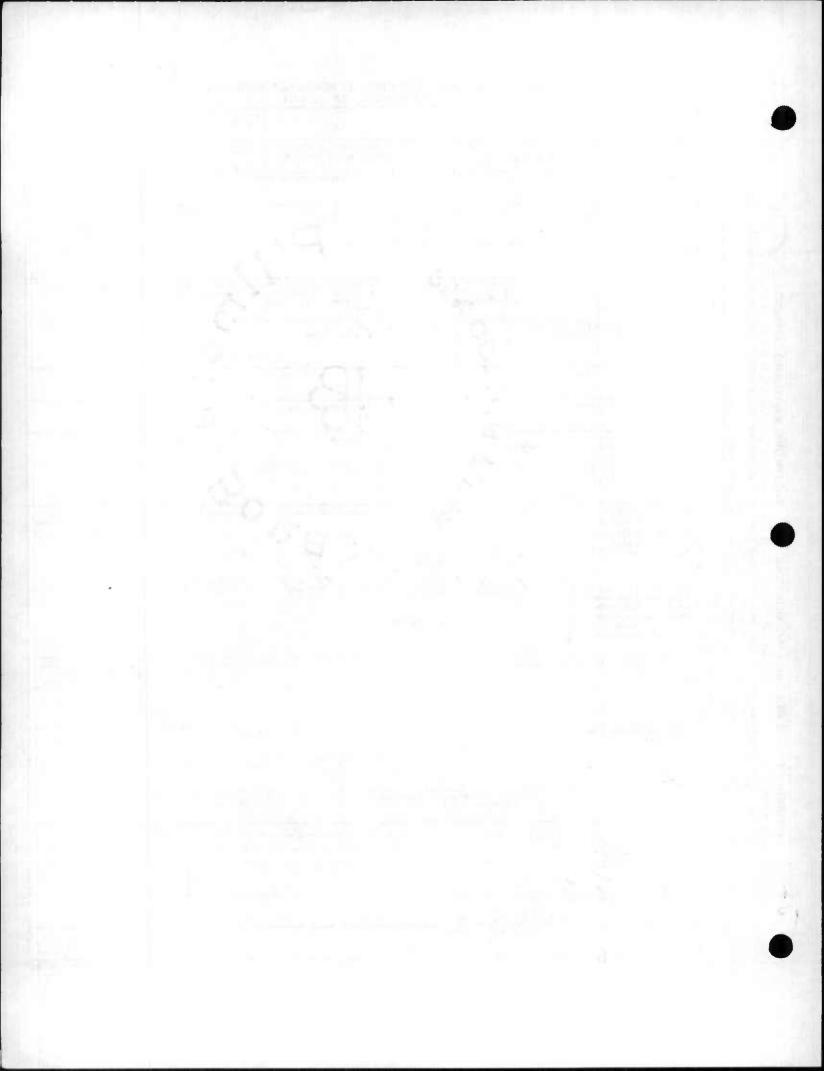
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYL		ICATE OF		REG. NO						
	CADW	BERT	PIEPE	ENBRING		2. DATE OF DEATH WONTH US	MY 9	3. TIME OF DEATH 2:32 P				
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTNPLACE (State or Foreign Country)				
	213-46-0692 9s. FACILITY NAME (If not institution, give stre	1 🖾 M 2 🗆 F	46 YRS.			Nov. 25,1	945 Ba	ltimore				
TOR	GREATER BALTIMORE I		TER TER	Tow	OR LOCATION OF E	DEATH	BALTI					
DIRECTOR	10a. STATE 10b. COUNTY	IMORE		hoenix	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
VERAL	10e. STREET AND NUMBER 2124 Carroll Mill			10	21131		10g. CITIZEN	OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 1 NO	If yes, sp	DENDENT OF HISPA Decify Cuben, Mexic 3 2 NO Spec	NIC ORIGIN? (Specify Yeen, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of v life. Do NOT us		ost of working	16b. KIND OF BU						
BE CON	17. FATHER'S NAME (First, Middle, Lest) August Frederick Piepenbring Julia Catherine Goetz											
6	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Patricia Dudek Pienenbring 212/ Carroll Mill Rd Phoenix Md 21131											
	Patricia Dudek Piepenbring 2124 Carroll Mill Rd., Phoenix, Md. 21131 20e. METHOD OF DISPOSITION PE Burlel 2 Cremetton 3 Removal from State 4 Donotton 5 Other (Specify) Parkwood Cemetery 8/5/92 Parkville, MD. 21234											
	21. SIGNATURE DIFFORMERAL REPVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd., Timonium, Md. 21093											
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death)	nplicationa thet caused at only one cause on e	d the death. Do nach line.	ot enter tha mo	ede of dying, su	ch as cardiac or reap	iratory arrest	Approximate interval Between Onset and Death				
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events rasulting in death) LAST	0	CONSEQUENCE OF	/	HLM	ronay	lla	ty				
DICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?											
. M	25. WAS CASE REFERRED TO MEDICAL							TES 2 NO				
₹ I	EXAMINER?	IOSPITAL:	entient 3 DOA	OTHER:	LACE OF DEATH (C	6 Other (Specify)						
SICIAN	27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. INJ		28d. DESCRIBE NOW	INJURY OCCUR	ED				
IY PHYSICIAN: MEDICAL	Natural 5 Pending					281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)						
à	Netural 5 Pending	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, offic	•			Tural Route Number,				
	Netural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFFIER (Check only 1 CERTIFFYING PNYSICIA	IN: To the best of my know	ledge, death occurre	d at the time, date	end place, and du	City or Town, Stete,	nner es stated.	turel Route Number,				

PLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

111 PENN STREET, BALTIMORE, MARYLAND 21201

Lulia Davidson-Randall

DHMH-18 Rev 1/89



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	1. DECEDENT'S NAME (First, Middle, Last)						2. DA	TE OF DEATH		3. TIME OF DEA			
	GRANVILLE OREN	PARIS, SR.						мтн Ly 25,	1992	12:45			
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. le		UNDER 1 Y		HRS. 7. DA	TE OF BIRTH		BIRTHPLACE (State or i			
	144-14-1316	1 M 2 D F	67	YRS.	ITHE O	AVII HOURS I	mere.			New Jers			
OC.	Se. FACILITY NAME (If not institution, give				CITY, TO	WN OR LOCATION	OF DEATH		9c. COUNT	Y OF DEATH			
5	Malcolm Grow US	AF Medical	Cente	r A	ndre	ews AFB,	MD		Princ	e Georges			
DIRECTOR	10e. STATE 10b. COUNT District of Co	TY		Wash				-		10d, INSIDE CIT LIMITS? 1X YES 2			
	10e. STREET AND NUMBER					10f. ZIP CODE			10g, CITIZE	N OF WHAT COUNTRY?			
FUNERAL	3098 Stanton	Road, S.	• E			2002	0			ed State			
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 V	YES 2	RMED NO	If ye	DECENDENT OF HE, specify Cuben, I	Mexican, Puer	GIN7 (Specify to Rican, atc.)	Yes or No — 1	RACE — American Inc Black, White, etc. Specify:			
	15. DECEDENT'S EDI	CATION	16e D	ECEDENT'S USU	AL OCCU	DATION		ISP KIND OF	BUSINESS/INDU:	Black			
בובה	(Specify only highest gradi Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work . Do NOT use rel	done durli	ng most of working		IOD. KIND OF	BUSINESS/INDU	SIRY			
	12th Grade	Conege (1-4 or 5+)	Re	tired	U.S	S.A.F.		Gov	ernmen	t			
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)													
מב	Jack Oren Paris Louise Phair												
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)												
Alice Paris 3098 Stanton Rd., S.E. Wash. D.													
	tX Buriel 2 ☐ Cremation 3 ☐ Rem	noval from State				nal Ceme		7 /2/	LOCATION - CH				
	21. SIGNATURE OF FUNERAL SERVICE	MINSEE OL	11111	igcon in		ME AND ADDRESS		1/39 F	arling	ton, Vir			
	1	H	+					al Ho	me				
-	Stewart Funeral Home 4001 Benning Rd., N.E. Wash. I 23. PART Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Ap												
ERTIFICATION	Respiratory Failure Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
EDICAL CE	d.												
Σ								1 LI YES	2 <u>X</u>] NO	OF DEATH?			
SICIAN	25. WAS CASE REFERRED TO MEDICAL					8. PLACE OF DEAT	TH (Check only	one)		<u> </u>			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient		HER:	Home 5 - Resid							
וויין זמ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJU (Month, Day, Ye		28b. TIME OF	284	: INJURY AT WORK?	28d, [W INJURY OCCU	RED			
3	3 Suicide 6 Could not be determined	26e. PLACE OF INJ building, etc. (IURY — At h (Specify)	ome, farm, stree	, factory,	offica	26f. L	OCATION (Stre Ity or Town, St	et end Number or ate)	Rural Route Number,			
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my k	inowledge, d	math occurred at Investigation, in	the time,	date end place, an	at the time, d	cause(e) and o	manner ee stated	ceuse(e) and menner ae			
0 00 0	296. SIGNATURE AND THE OF CERTIFIE	-/X/	14	2		29c. LICENS	E NUMBER			y 25, 199			
-		I, Captain	, USAI	F, MC	ria	lcolm Gr drews AF				enter			
	AUG 4 1992	32 MEGISTRANS, S	GNATURE	indelle									
										DHMH-			
	A									DH			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REG. NO.

12:45 a. BIRTHPLACE (State or Foreign Country) New Jersey

1X YES 2 □ NO

nited States 14. RACE — American Indian, Black, White, etc. Specify: Black S/INDUSTRY ment me) te, Zip Code) . D.C. N — City or Town, State ngton, Virginia . Wash. D.C. Approximata Interval Between Onast and Death y arrest, 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO OCCURED imber or Rural Route Number, e stated. to the ceuse(e) and menner as stated. July 25, 1992 1 Center 00 DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, F.O. BOX borrow,

The HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit, and the medical examiner must be notified at once.

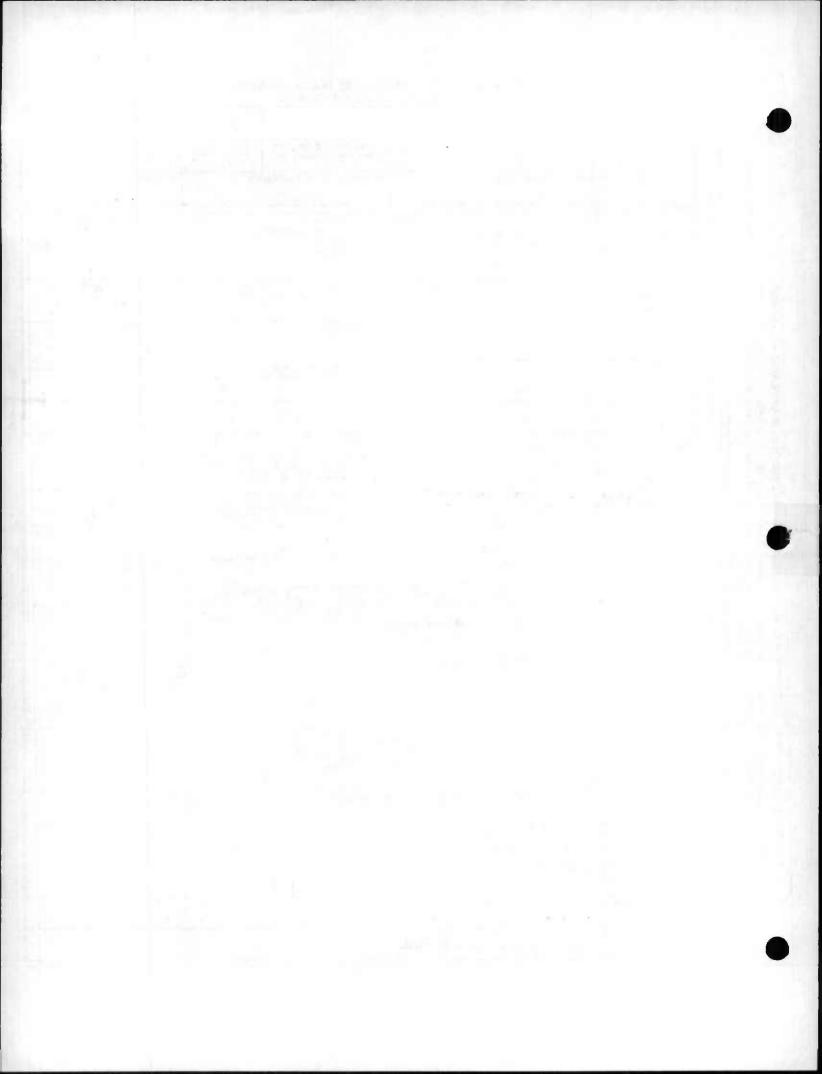
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFIC	CATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH							
	LORRAINE Mullen Page		07 30	92 08:09 PM M							
		IF UNDER 1 YEAR		>= 00.00 =							
		F UNDER 1 YEAR F UNDER 24 HRS.	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)							
	483-14-3960 1 M 2XXF 68 YRS.		AUG. 16,192	3 MISSOURI							
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D		NTY OF DEATH							
뜻	NORTH ARUNDEL HOSPITAL ASSOCIATION	GLEN BURNIE		A.A. COUNTY							
KI	RESIDENCE OF DECEDENT	ODDIV DORIVID		A.A. COUNTI							
Ĭ Ĭ	10a. STATE 10b. COUNTY 10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY							
등	MARYLAND ANNE ARUNDEL	GLEN BURNIE		LIMITS?							
3	10. STREET AND NUMBER	10f, ZIP CODE									
[ゑ [2106		U.S.A.							
BY FUNERAL DIRECTOR		2100	7	0.3.A.							
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,							
7	IF YES CIVE WAR OR DATES	If yes, specify Cuban, Mexico	M; Puerto Hican, etc.)	Black, White, etc.							
	3 Widowed 4 Divorced		<i>'</i>	Specify: WHITE							
입	15. DECEDENT'S EDUCATION 16a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSINESS/IND	USTRY							
H	(Specify only highest grade completed) (Give kind of wo. life. Do NOT use	rk done during most of working retired.)									
7	SECRE	ETARY	ANNE ARUN	NDEL COUNTY							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)										
			AME (First, Middle, Maiden Surname)								
BE	RALPH C. IRVIN	TH	EO MARGARET H	11111							
	19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO A	ODRESS (Street and Number or Rural	Route Number, City or Town, State, Zip	Code)							
5	MR. STEPHEN L. PAGE	SAME AS 10	A-F								
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF	DISDOSITION (Nome of	OATE 20c. LOCATION - C	N							
	1 Surial 2 Cremation 3 Removal from State cametery, crematory or other	er place)									
	4 Donation 6 Other (Specify) MEADOWRII	GE MEMORIAL		GE, MARYLAND							
	21. SIGNAL DIE OF PUNERAL SERVICE LICENSEE	MCCULLLY FUN	ERAL HOME OF	PASADENA							
	shave Javase			ADENA, MD21122							
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not										
	ahock, or heart fellure. List only one cause Dn each ilne. IMMEDIATE CAUSE (Final	<i>i</i> ? .	-	Interval Between Onset and Death							
- 1	2000										
CERTIFICATION	resulting in death) a										
F	If any, leading to immediate cause. Enter UNDERLYING										
일	CAUSE (Diseese or Injury C.										
E	that Initiated events resulting in death) LAST										
8	d.										
0	PART II. Other aignificent conditions contributing to death but not resulting in										
DICAL	. Other algument conditions contributing to death but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO							
8			1 _ YES 2 _ ND	COMPLETION OF CAUSE DF DEATH?							
ME				1 VES 2 NO							
₹	25. WAS CASE REFERRED TO MEDICAL	26. PLACE DF DEATH (Ch									
S	EXAMINER? HOSPITAL:	OTHER:									
PHYSICIAN:		☐ Nursing Home 5 ☐ Rasidence	8 Other (Specify)								
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 1NJUF	OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCC	URED							
B	1 Netural 5 Pending 2 Accident Investigation	M 1 YES 2 NO									
	3 Suicide 29a, PLACE OF INJURY At home, farm, stri	eet, factory, offica	261. LOCATION (Street and Number of	or Rural Route Number,							
	4 Homicide determined building, etc. (Specify)		City or Town, State)								
4	29a. CERTIFIER										
호	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred										
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,	In my opinion, death occured at the	time, data and place, and due to the	cause(a) and manner as stated.							
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	WRER 204 DATE	SIGNEO (Month, Day, Year)							
B	1		508 D H	1 31 /0 s							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	· V oc		1/3/12							
	CHARIES WILL M D /1600 CDATH UTCHAN V	rint)	DIDNITE MADVI AND	21061							
	CHARLES WU, M.D./1600 CRAIN HIGHWAY,	OM #OOO/GEEN B	OURNIE, MAKILANL	/ 21001							
	31. DATE FILED (Month, Day, Year) AUG 0 1 1992 Janua Davidson-Aunder			0.1							
	AUG 04 1992 John Davidson-Mandelle										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

bunial-transit permit. Pages 1, 2, 3 should	
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, crenation, or removal.	r must be notified at once.
ician and completely filled in by the funeral di rior to bunal, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cate has been signed by the attending physicate Dept. of Health and Mental Hygiene p	item 23 shows any injury, or other
THE THE PART OF STREET HIS CONTINUES After this CONTINUES.	PORTANT: If item 28 is marked, or

NEIL E. P.

31. DATE FILED (Month, Day,

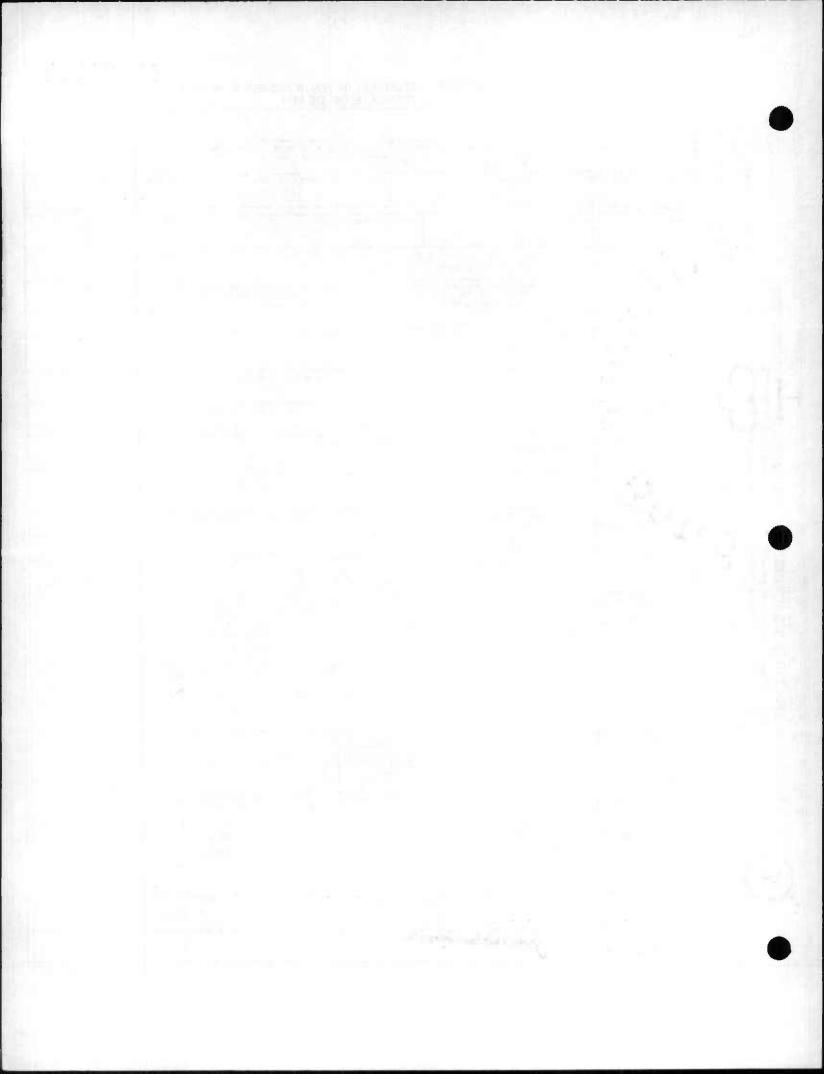
AUG 4

1992

	FOR 1 - STATE REGISTRAR	STATE OF MAR			OF HEALTH AND OF DEATH	MENTA	L HYGIENE REG. NO.	92	21354			
1		ANE		IGSBE		08	OF DEATH O I	92	3. TIME OF DEATH 04:35 AM M			
		1 🗆 M 2 📆	GE (In yrs. lest birthday) 64 YRS.	IF UNDER 1	DAYS HOURS MIN.	02-2	of BIRTH 1, Day, Year) 29-1928	Ir	IRTHPLACE (State or Foreign outlin) adiana			
CTOR	NORTH ARUNDEL HOS		CIATION		EN BURNIE	DEATH	9c.	A . A	A. COUNTY			
FUNERAL DIRECTOR		Arundel	10c, CIT	Y, TOWN OF	Sever	na Pai		H	10d. INSIDE CITY LIMITS? 1 YES 2 100			
ERAL	100. STREET AND NUMBER 47 Lochlever	Drive			101. ZIP CODE 211	46	10g	. CITIZEN (OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 V V V V V V V V V V V V V V V V V V	12. WAS DECEDENT EVE FORCES? 1 YOUR IF YES, GIVE WAR OF	ES 2 NO	14	MS DECENDENT OF HISP yes, specify Cuban, Mexi YES 2 NO Spec	ANIC ORIGIN	? (Specify Yes or Noticen, etc.)	0- 14. F	RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Iffe. Do NOT us	work done de se retired.)	CUPATION uring most of working CVices Work		kind of Busines					
COM	17. FATHER'S NAME (First, Middle, Last)		000222	001			fiddle, Maiden Suma		путана			
BE	Laurin Francis	Andrews		June Me								
5	19a. INFORMANT'S NAME (Type/Print) Charles A. Rigsbee 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Box 3419, Lisle, Illinios, 60532											
	20a. METHOD OF DISPOSITION 1 Duriel 2 X Cremetton 3 Remov		20h PLACE AND DATE C)E DIEBOER	TON (Name of	DATE	20- LOCATIO	M OW.	Town Cont			
	1 Burlel 2 Cremetton 3 Removal from State 4 Donetton 6 Other (Specify) Metro Crematory, Inc. Baltimore, Maryland 21. SIGNATURE OF JUNERAL SERVICE ICENSEE 22. NAME AND ADDRESS OF FACILITY											
	George E. MacNabb Cremation Society of Maryland, Inc 299 Frederick Rd., Balto., MD 2122											
	23. PART I. Enter the disesses, or co shock, or heart fellure. Li	emplications that caus	sed the desth. Do n	ot enter t	he mode of dying, su	ICK K	d. Ba	y arrest,	Approximate			
	iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Meta	a static	BIR	ast Can	ano	YNG		Interval Between Onset and Daath			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to deet	h but not resulting i	n the und	erlying ceuse given i	n Part I.	24a, WAS AN AUTO PERFORMED? 1 YES N		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 W NO			
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	Check only one)					
YSIC	1 TYES 25 NO	HOSPITAL:		OTHER:	ng Home 5 🗆 Residence	8 🗆 Other	(Specify)					
ВУ РН	27. MANNER OF DEATH Neturat 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Yes	ir) INJU	M	8c. INJURY AT WORK? 1 YES 2 NO	26d. DE\$	CRIBE HOW INJURY	OCCURE				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF tNJU building, etc. (S	JRY — At home, farm, s Specify)	treet, factor	y, office		ATION (Street and Nu or Town, State)	mber or Ru	ral Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:				e, data and place, and du				ee(a) and menner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 200. NAME AND ADDRESS OF PERSON WHO	Padge	a mo		29c, LICENSE NU	296	29d.	S/	NED (Month, Day, Year)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)

NEIL E. PADGETT, M.D./7706 QUARTERFIELD ROAD/GLEN BURNIE, MARYLAND 21061



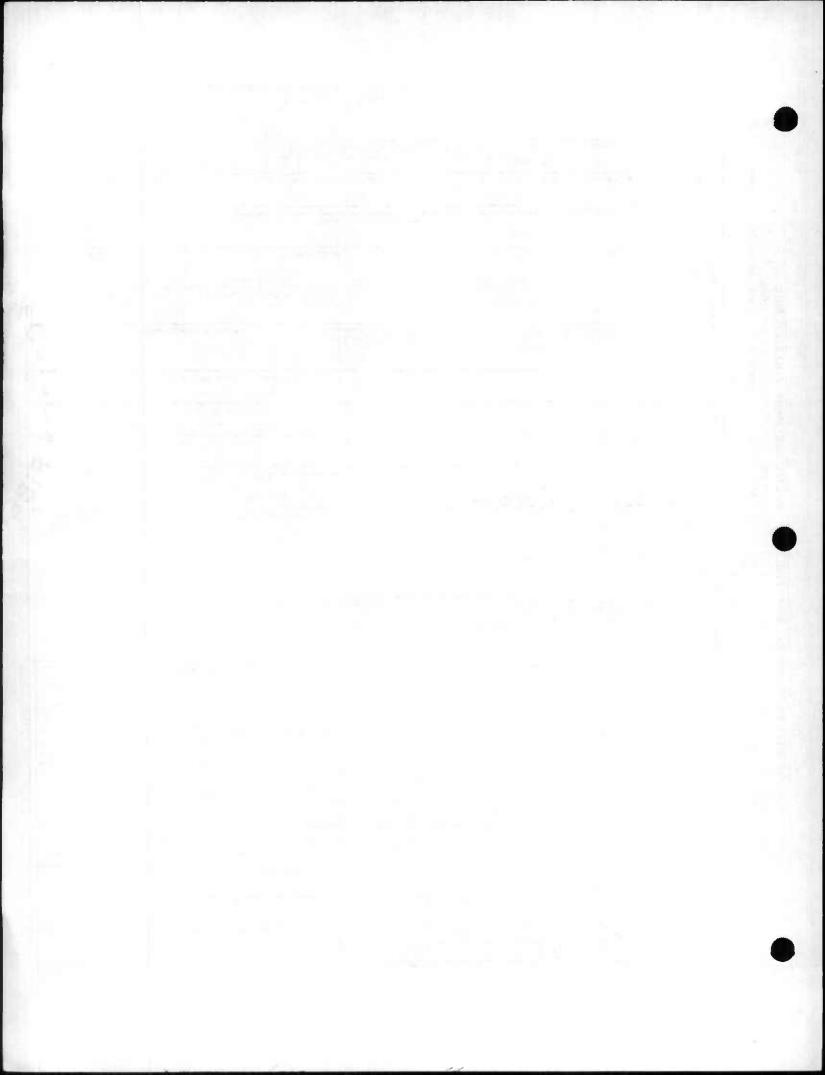
Moorkati 31. DATE FILED (MO AUG 4

1992

THE HOPERS AN APPRENDIAL PROPERTY. In the second se	10 THE HOSPITAL ON ALLENDING PRINCIPLY. THE ISW PEQUIPES THAT THE GOATH CERTIFICATE DE EXCLUSION WHITH Z4 HOURS ATRECTED FOR THAT DE PRIATING BY THE HOSPITAL OF ATTENDING PRYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funda-transit permit. Pages 1. 2. 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---	--	--	--

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / [DEPAR	TMENT OF H	HEALTH .	AND M	MENTAL HYGIEN	ΙE	2 2			
	1. DECEDENT'S NAME (First, Middle, Lest)		- CL	MIII.	ICATE OF	DEAL	<u>n</u>	REG. NO).	-			
								2. DATE OF DEATH DOWNTH D	AY	YEAR	3. TIME OF DEATH		
	Eleanor Wolf								1992		8:50 pm m		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest to	birthday)	IF UNDER 1 YEAR	IF UNDER :		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign		
	220 01 2091	1 🗌 M 2 😿 F	74	YRS.	MONTHS DAYS	HOURS	MIN.	9-6-1917			ryland		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN (OR LOCATIO	N OF DEA		I sc. COU	NTY OF DE			
DIRECTOR	Frnaklin Square	Hospital			Esse						re county		
S	10a, STATE 10b, COUNT	ry		10c CIT	Y. TOWN DR LOCAT	TION							
DIR		imore co		100, 011	Perry H						10d. INSIDE CITY LIMITS? 1 YES 2 ND		
4	10s. STREET AND NUMBER				101	. ZIP CODE			10g. CITI	ZEN OF WH	IAT COUNTRY?		
FUNERAL	9115 Simms Aven	ille				2	1234	,					
Z	11. MARITAL STATUS									US			
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARME 1 YES 2 NO WAR OR DATES		If yes, sp	ENDENT OF ecity Cuban 2 \(\text{NO}\)	, Mexican,	C ORIGIN? (Specify Yer , Puerto Rican, etc.)	s or No	14. RACE - Black, Specify	- American Indian, White, atc. White		
ED I		1	no						1		MIITCE		
COMPLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUST												
X	12								mema)	er			
8	17. FATHER'S NAME (First, Middle, Lest)					18. MOTH	ER'S NAM	E (First, Middle, Maiden	Sumame)				
BE (Wilbur Wolf						Elea	nor Frede	rick				
	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING	ADDRESS (Street a	and Number of	or Runal Ro	oute Number City or Tow	n. Stata Zin	Code)			
5	Fleanor Mannor												
	2111 Simula Avenue Felly Hall, MD 21234												
	1 Burtal 2 Cremation 3 Removal from State 200. PLACE AND DATE 200. LOCATION - City or Town, State												
	4 Donation S.—Other (Specify)												
	21. SIGNATURE OF FUNDIAL SERVICE LICENSEE ROnald Wade, Dir STATE ANATOMY BOARD												
,	10	Kolla								MY BO	OARD		
/	cameral !!!	Ville	8/4/9										
	23 PART I. Enter the disease or				655 W.	Blat	timoi	re St, Bal	Lto.,	MD 21			
		complications tha	nt caused the dest		655 W.	Blat	timO1	re St, Bal	Lto.,	MD 21			
	snock, or heart failure.	Complications that List only one cau	nt caused the dest		655 W.	. Blat	timo:	re St, Bal	Lto., iratory arr	MD 21	Approximats Interval Between		
	immediate cause (Final	. List Dnly Dne cau	nt caused the dest use on each line.	th. Do r	not enter the mo	de of dyin	ng, such	ss cardisc or respi	iratory arr	est,	201 Approximats		
	snock, or heart failure.	. List Dnly Dne cau	nt caused the dest use on each line.	th. Do r	not enter the mo	de of dyin	ng, such	ss cardisc or respi	iratory arr	est,	Approximats Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	a. Cerebro	nt caused the dest use on each line.	r A	ocident-	de of dyin	ng, such	re St, Bal se cardisc or respi into righ	iratory arr	est,	Approximats Interval Between		
z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Cerebro Due to	or transport the destruction of the consequence of	r A	not enter the mo CCidente	de of dyin	ng, such	ss cardisc or respi	iratory arr	est,	Approximata Interval Between		
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Cerebro Due to	or transport the destruction of the consequence of	r A	not enter the mo CCidente	de of dyin	ng, such	ss cardisc or respi	iratory arr	est,	Approximata Interval Between		
ATION	immediate condition resulting in death) Sequentially flat conditions, if any, leading to immediate	Cerebro Due to	nt caused the dest use on each line.	r A	not enter the mo CCidente	de of dyin	ng, such	ss cardisc or respi	iratory arr	est,	Approximata Interval Between		
ICATION	senock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s. Cerebro DUE TO DUE TO	or caused the destruse on each line. O Vasculation (DR AS A CONSEDU	r A	ocident- p: Area	de of dyin	ng, such	ss cardisc or respi	iratory arr	est,	Approximats Interval Between		
LIFICATION	snock, or near tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. Cerebro DUE TO DUE TO	or transport the destruction of the consequence of	r A	ocident- p: Area	de of dyin	ng, such	ss cardisc or respi	iratory arr	est,	Approximats Interval Between		
ERTIFICATION	senock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s. Cerebro DUE TO DUE TO	or caused the destruse on each line. O Vasculation (DR AS A CONSEDU	r A	ocident- p: Area	de of dyin	ng, such	ss cardisc or respi	iratory arr	est,	Approximats Interval Between		
CERTIFICATION	senock, or near tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	e. Cerebro Due to b. Due to c. Due to d.	or caused the destruse on each line. O VASCUTA OF OR AS A CONSEDUR OF OR AS A CONSEDUR OF OR AS A CONSEQUE	T AC JENCE OF	not enter the mo CCIdent- P: Pn Area	Bleed	ing	into righ	iratory arr	est,	Approximats Interval Between		
_	snock, or near tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. Cerebro Due to b. Due to c. Due to d.	or caused the destruse on each line. O VASCUTA OF OR AS A CONSEDUR OF OR AS A CONSEDUR OF OR AS A CONSEQUE	T AC JENCE OF	not enter the mo CCIdent- P: Pn Area	Bleed	ing	into righ	t Bas	246. V	Approximats Interval Between Onset and Dasth		
_	senock, or near tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	e. Cerebro Due to b. Due to c. Due to d.	or caused the destruse on each line. O VASCUTA OF OR AS A CONSEDUR OF OR AS A CONSEDUR OF OR AS A CONSEQUE	T AC JENCE OF	not enter the mo CCIdent- P: Pn Area	Bleed	ing	into righ	t Bas	24b. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
_	senock, or near tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	e. Cerebro Due to b. Due to c. Due to d.	or caused the destruse on each line. O VASCUTA OF OR AS A CONSEDUR OF OR AS A CONSEDUR OF OR AS A CONSEQUE	T AC JENCE OF	not enter the mo CCIdent- P: Pn Area	Bleed	ing	into righ	t Bas	24b. V	Approximats Interval Between Onset and Dasth NERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
_	senock, or near tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	e. Cerebro Due to b. Due to c. Due to d.	or caused the destruse on each line. O VASCUTA OF OR AS A CONSEDUR OF OR AS A CONSEDUR OF OR AS A CONSEQUE	T AC JENCE OF	not enter the mo CCIdent- P: Pn Area	Bleed	ing	into righ	t Bas	246. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
_	senock, or near tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	e. Cerebro Due to b. Due to c. Due to d.	or caused the destruse on each line. O VASCUTA OF OR AS A CONSEDUR OF OR AS A CONSEDUR OF OR AS A CONSEQUE	T AC JENCE OF	not enter the mo CCIdent- P: Pn Area	Bleed	ing	into righ	t Bas	246. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?		
_	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	e. Cerebro Due to b. Due to c. Due to d.	or caused the destruse on each line. O VASCUTA OF OR AS A CONSEDUR OF OR AS A CONSEDUR OF OR AS A CONSEQUE	T AC JENCE OF	not enter the mo	Bleed	ing	into righ	t Bas	246. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	s. Cerebro Due to b. Due to c. Due to d	at caused the destuse on each line. O VASCUTA O DR AS A CONSEDU	Y AG	not enter the mo	Bleed	ing ven in P	into right into right art I. 24a. WAS AN PERFOR 1 VES 2	t Bas	246. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
_	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	s. Cerebro DUE TO b. DUE TO c. DUE TO d	at caused the destuse on each line. O VASCUTA O OR AS A CONSEDUI O OR AS A CONSEDUI O OR AS A CONSEDUI O OR AS A CONSEDUI O DE AS A CONSEDUI O DE AS A CONSEDUI	Y AG	DOTHER:	g cause gi	ing ven in Pr ATH (Chec	into right into right	L Bas	24b. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	s. Cerebro Due to b. Due to c. Due to d	t caused the dest use on each line. O VASCUTA O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI	P AGENCE OF	not enter the mo	g cause gl	ing ven in Pr ATH (Chec	into right into right art I. 24a. WAS AN PERFOR 1 VES 2	L Bas	24b. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	s. Cerebro Due to b. Due to c. Due to d	t caused the dest use on each line. O VASCUTA O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI O (DR AS A CONSEDUI	P AGENCE OF	Din Area The in the underlying The in the underlying The in the underlying The in the underlying The in the underlying The in the underlying The in the underlying The in the underlying	g cause gi	ing ven in Pa ATH (Check idence 6	into right into right	L Bas	24b. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	B. Cerebro Due to b. Due to c. Due to d	at caused the destuse on each line. O VASCUTA O (DR AS A CONSEDUI	Y A(JENCE OF THE PROPERTY OF	DOTHER: 4 Nursing Hom M 1 1	Cause gl	ing ven in Paris (Check the Check t	into right into right	L Bas	24b. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	B. Cerebro Due to b. Due to c. Due to d	It caused the destuse on each line. O Vascula O (DR AS A CONSEDUI	Y A(JENCE OF THE PROPERTY OF	DOTHER: 4 Nursing Hom M 1 1	Cause gl	ing ven in Paris (Check the Check t	into right into right Pari I. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I	AUTOPSY amed?	24b. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	B. Cerebro Due to b. Due to c. Due to d	at caused the destuse on each line. O VASCUTA O (DR AS A CONSEDUI	Y A(JENCE OF THE PROPERTY OF	DOTHER: 4 Nursing Hom M 1 1	Cause gl	ing ven in Paris (Check the Check t	into right into right	AUTOPSY amed?	24b. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined	B. Cerebro Due to b. Due to c. Due to d. Due t	at caused the destuse on each line. O VASCUTA O (DR AS A CONSEDUI	PACE OF SENC	28. PL OTHER: 4 Nursing Hom BOF M M In 1 1 1 1 Nursing Hom W M M Repet, factory, office	g cause gi	ing ven in P	into rigin into rigin into rigin into rigin ari i. 24a. WAS AN PERFOR 1 VES 2 Ck only one) Other (Specify) 28d. DESCRIBE HOW is City or Town, State)	AUTOPSY MMED?	24b. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other significant conditions in the condition of th	BLIST DRIFT OF CALL S. CETEDTO DUE TO B. DUE TO C. DUE TO d	at caused the destuse on each line. O VASCUTA O DR AS A CONSEDUI O (OR AS A CONSEDUI	PACE OF THE PROPERTY OF THE PR	26. PL OTHER: 4 Nursing Hom E OF WY M 1 1 1 1 1 Watreet, fectory, office	g cause gi	ing ven in Po ATH (Check Idence 6	into rigin into rigin into rigin into rigin into rigin into rigin into rigin 24a. WAS AN PERFOR 1 VES 2 Other (Specify) 28d. DE\$CRIBE HOW & City or Town, State)	AUTOPSY amed? NO	24b. V	Approximats Interval Between Onset and Dasth NERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other significant conditions and immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions are significant conditions. In the conditions are significant conditions. In the case of the conditions are significant conditions. In the case of t	BCIAN: To the best of a	at caused the destuse on each line. O VASCUTA O DR AS A CONSEDUI O (OR AS A CONSEDUI	PACE OF THE PROPERTY OF THE PR	26. PL OTHER: 4 Nursing Hom E OF WY M 1 1 1 1 1 Watreet, fectory, office	g cause gi	ing ven in P ATH (Chec	into right into right into right art I. 24e. WAS AN PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW a City or Town, State) o the cause(a) and mar me, data and place, an	AUTOPSY MED?	24b. V	Approximats Interval Between Onset and Dasth NERE AUTOPSY FINDINGS MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	B. Cerebro Due to b. Due to b. Due to c. Due to d. Due t	at caused the destuse on each line. O VASCUIA O (DR AS A CONSEDUI	PINCE OF SEN	ont enter the mo	g cause gi	ing ven in P ATH (Chec	into right into right into right art I. 24e. WAS AN PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW a City or Town, State) o the cause(a) and mar me, data and place, an	AUTOPSY MED? In NO NJURY Occurred Number as stated due to the	24b. V 24b. V C C TURED or Rural Roc et cause(a) a	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO unter Number, and manner as stated. Month, Day, Year)		
BY PHYSICIAN: MEDICAL	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other significant conditions and immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions are significant conditions. In the conditions are significant conditions. In the case of the conditions are significant conditions. In the case of t	B. Cerebro Due to b. Due to b. Due to c. Due to d. Due t	at caused the destuse on each line. O VASCUTA O DR AS A CONSEDUI O (OR AS A CONSEDUI	PINCE OF SEN	ont enter the mo	g cause gi	ing ven in P ATH (Chec	into right into right into right art I. 24e. WAS AN PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW a City or Town, State) o the cause(a) and mar me, data and place, an	AUTOPSY MED? In NO NJURY Occurred Number as stated due to the	24b. V	Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO unter Number, and manner as stated. Month, Day, Year)		

9000 Franklin Square Drive Balto MD 21237



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IN DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or remonal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

It	em1,Film691,9/28/9	92,1t			0	2 21	256					
	FOR STATE REGISTRAR	STATE OF MARYLAND /		IT OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	6. 6. 1	330					
	1. DECEDENT'S NAME (First, Middle, Last)	Antiel Re-	1		2. DATE OF DEATH	2 92 3	TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 194-44-1/23	5. SEX 6. AGE (In yrs. las	st birthday) # UMD	ER 1 YEAR OF UNDER 24 HPIS.	7. DATE OF BIRTH (Month, Day, Year)	E. BUTTHPL	ACE (State or Foreign					
œ	9a. FACILITY NAME (If not institution, give s	treet and number)	9b. CIT	TY, TOWN OR LOCATION OF	DEATH JI	COUNTY OF DEA	TH POST					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Scoll Ve	10c. CITY, TOWN	D 4/XC	1. (17)		Od. INSIDE CITY					
	mi		E	39 Himor	e	1	LIMITS?					
FUNERAL	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF											
BY FUN	11. MARÍTAL STATUS 1 Never Married 2 Maritied 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		I YES 2 T NO Specific Control of HISP.			- American Indian, White, etc.					
TED	15. DECEDENT'S EDU (Specify only highest grade	completed) (G	ECEDENT'S USUAL Bive kind of work done to Do NOT use retired.	e during most of working	16b. KIND OF BUSINES	S/INDUSTRY	Drack					
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		mployed								
BE CO												
10	19a. INFORMANT'S NAME (Type/Print)	"O N	b. MAILING ADDRE	SS (Street and Number or Rug	House Number, City or Town, Sta	Poly	W) 21218					
	20a. METHOD OF DISPOSITION 1 During 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. PLACE	AND DATE OF DISPO		DATE 20c. LOCATIO	ON - City or Town						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	esyevn 22	I. NAME AND ADDRESS OF I	ACILITY 15ex	Fraille	2 FH					
	23. PART I. Enter the diseases, or o	um les	anth. Do not not	Balton	Brood Wa	413						
	IMMEDIATE CAUSE (Finel	List only one cause on each line	b.			y arreat,	Approximata Interval Between Onset and Death					
	disease or condition resulting in death)	DUE TO (OR AS A CONSEC			ZYRS							
NOI	Sequentially list conditions, if any, laading to immediate	DUE TO (OR AS A CONSEC	QUENCE OF):	AVIUM C	OMPLEX IN	s FERRON	1 YR					
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. RETTO VI		INFEC-	non							
ERT	resulting in death) LAST	d			,							
CAL	PART II. Other significent condition	s contributing to deeth but not r		inderlying ceuse given i	Part I. 24a. WAS AN AUTO PERFORMED	? AV	ERE AUTOPSY FINDINGS ALABLE PRIOR TO OMPLETION OF CAUSE					
: MEDICAL		VIC VICION	3(4) (1)		1 _ YES 2 _ N	IO DE	F DEATH?					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	28. PLACE OF DEATH (C	heck only one)							
ЭНYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatiant 2 ER/Outpetiant 3 28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	6 ☐ Other (Specify) 28d. DE\$CR(BE HOW INJURY	Y OCCURED						
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could and be	28a. PLACE OF INJURY — At ho	М	1 YES 2 NO	281. LOCATION (Street and No.	umber or Rural Boul	hn Mumher					
ETED.	4 Homicide determined	building, arc. (Specify)			City or Town, State)							
COMPLET		CIAN: To the best of my knowledge, de R: On the basis of examination end/or i					nd manner se stated.					
BE	29b, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER 29d.	. DATE SIGNED (M						
2	30, NAME AND ADDRESS OF PERSON WH			0 2	116	11281	72					

DEATH (ITEM 27) (Type, Print) 1830

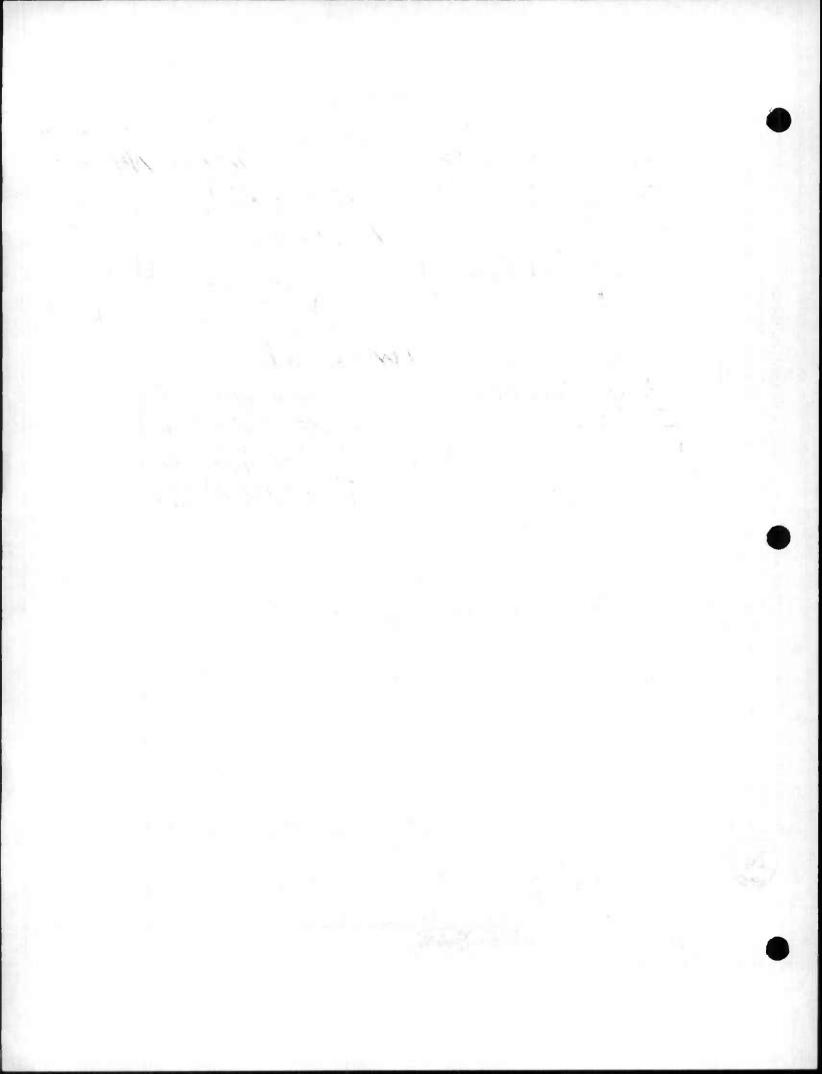
Junia Day don Handell

1992

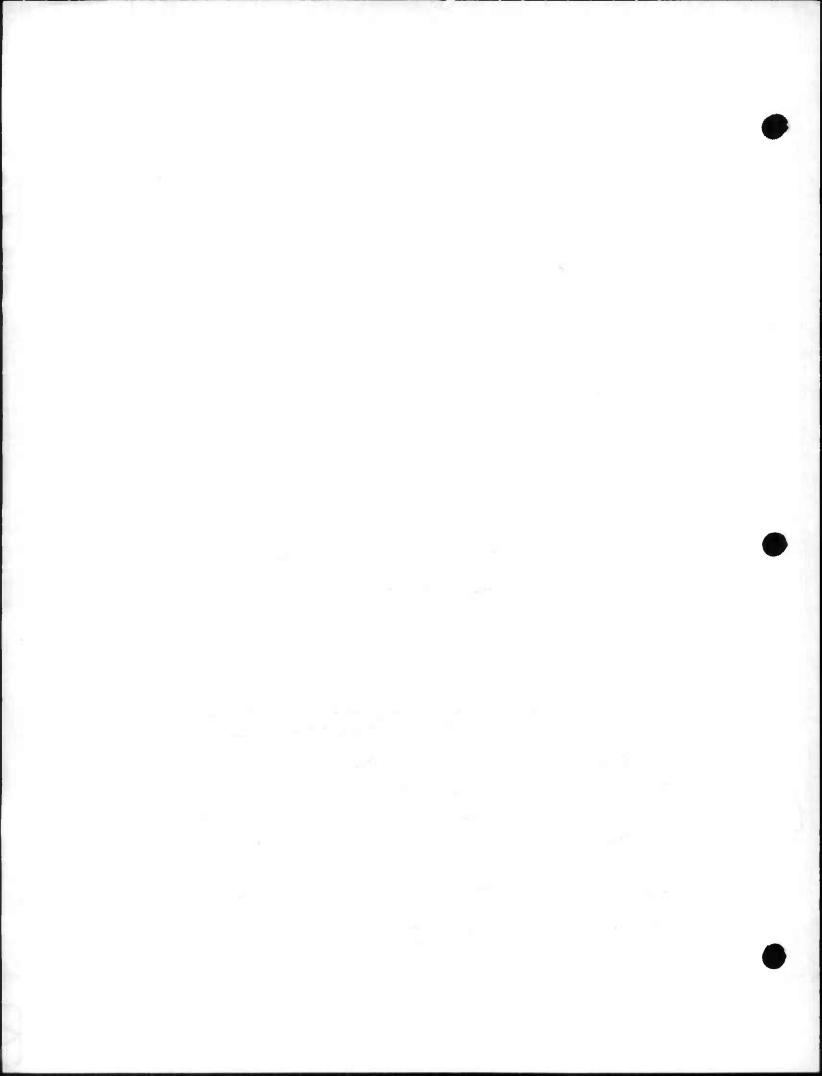
E

MONUMENT

BACT



		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND M	IENTAL HYGIENI REG. NO.	E	* .
		DECEDENT'S NAME (First, Middle, Last) LEW	RICE				2. DATE OF DEATH MONTH JULY 31,	1992 YEAR	3. TIME OF DEATH 2 AM M
		4. SOCIAL SECURITY NUMBER 218-28-1856		'In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 19, 1	8. Bif	RTHPLACE (State or Foreign untry) RGINIA
3 should	OR	9a. FACILITY NAME (If not institution, give str MILFORD MANOR NUI			96. CITY, TOWN C BALTIM	OR LOCATION OF DEA		9c. COUNTY OF	F DEATH
	DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			y, town on locat LTIMORE	TION			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
n. ansit	JERAL	3501 ST. PAUL ST.	г.		101	21218		10g, CITIZEN O USA	F WHAT COUNTRY?
215-0020 attending physician. se as the burlal-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DAWN TO THE TOTAL	2 NO	If yes, sp	ENDENT OF HISPANI octly Cuban, Mexican. 2 X NO Specify:		BI	ACE — American Indian, leck, White, etc.
21 20 20 20 20	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of v	usual occupation work done during more retired.) STRATOR	DN st of working	CITY H	IOSPITAL	
YLA by the be det	BE CON	17. FATHER'S NAME (First, Middle, Lest) JOSEPH T. RICI	Ε			18. MOTHER'S NAM LENA	E (First, Middle, Maiden, GALL	Simemo) JUN	
(I) as	TO B	MRS. EDITH R. O		196. MAILING 130			oute Number, City or Town		
ALTIMORE, I seath. Page 6 may be funeral director, page xaminer must be re		206. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	B	PLACE AND DATE OF STREET O	ÄEL (MIS	SHKON IS	RAEL)	BALTC	r Town, Stata
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LICE	e Kevi	nsa	SOL I		& BROS., I YOWN RD.		MD 21215
in 24 hours aft ely filled in by nation, or remo		23. PART I. Enter the diseases, or conshock, or heart feilure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on e	ech line.		de of dying, such	as cardiac or respir	ratory arrest,	Approximata interval Between Onset and Death
687 ecuted and com burial.	NOI	Sequentially list conditions,	Ro	CONSEQUENCE OF	ساني		<	7	
E P P P	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	n:				
		PART II. Other significant conditions	contributing to death by	ut not maulting i	in the underlying	T cause shape in D	Part I. 24s. WAS AN	augmney L.	
OR that	MEDICAL	Parker	2	Dee	and underlying	cause given in P	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL REC e law requires has been sign bept. of Heal			ما ما	low	المالا	ton	,		1 TES 2 NO
F VITAL SICIAN: The law certificate has the State Dept , or Item 23	PHYSICIAN:		HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 DOA	QTHER:	ACE OF DEATH (ACE)			
OF PHYSIC this cer with th	ВУ РН	27. Manual of DEATH 1 Hatural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TiM	URY WO	URY AT RK?	28d. DEŞCRIBE HOW IN	JURY OCCURED	
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 is mai	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, fectory, office		261. LOCATION (Street at City or Town, State)	nd Number or Run	al Route Number,
로 로 로 드	COMPL		EAN: To the best of my knowle: On the besis of examination						ie(a) and manner as stated.
TO THE HOSPI TO THE FUNE be filed within	TO BE	296. SIGNATURE AND TITLE OF GERTIFIER	BER		not	29 LICENSE NUME	(680)	29d, DATE SIGN	IEG (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	-Atts	Prihit)	٠.	2/2/	15	



BALTIMORE, MARYLAND 21215-0020

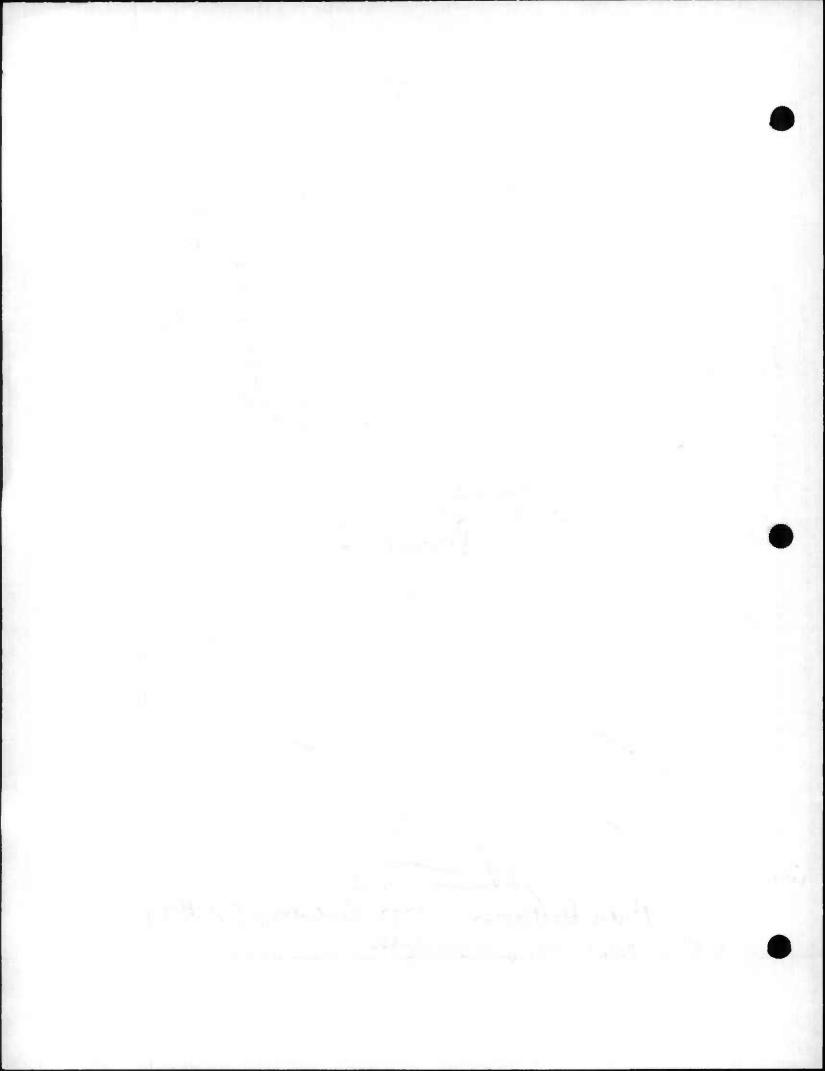
BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
o'c	ithin 24 hour	letely filled in emation, or	nt, the me
DIVISION OF VITAL RECORDS, F.O. BOX 88/80,	be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	aumatic eve
20.0	ith certificate	tending physical Hygiene pri	or other tr
נכחהם,	that the dea	ed by the att	any injury.
LAEC	law requires	as been sign lept. of Heaf	23 shows
X	SICIAN: The	certificate his	, or item
	VDING PHYS	: After this death with	is marked
2	L OR ATTER	L DIRECTOR	Item 28
	HE HOSPITA	HE FUNERAL	ORTANT: II
79	10	10 mg	IMP

1. DECEDENT'S NAME (First	Middle, Last)	2	P	CERTIF	JOATE	. 01	DEA			REG. NO OF OEATH		YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER	e I).	1	oin					-		1992		11-30 A
4. SOCIAL SECURITY NUMB	PEH	5. SEX	6. AGE (In yrs	lest birthday) 3 YRS.	IF UNDER	DAYS	HOURS	MIN.		of BIRTH 6/1909		8. BIRTHP	LACE (State or Foreign RYLAND
9e. FACILITY NAME (If not in					9b. CITY	TOWN (OR LOCAT	ON OF DE	EATH		9c. COUN	TY OF DE	ATH
3404 W. ST		ORE AVE					BA	LTIM	ORE				
RESIDENCE OF DEC	10b. COUNT	·		10c Cf	ry, town c	P I OCAT	ION	_					
MARYLAND				100.01			IMOR	E					LIMITS?
10a, STREET AND NUMBER							ZIP COD				40- 01717		AT COUNTRY?
3404 W.	STRAT	HMORE AVE	₹;			""	. 2IF COD	212	15		10g. G112	US	
11. MARITAL STATUS		12. WAS DECEDEN	<u> </u>	ADMED	T 49.1	## C DEC	ENDENT (
1 Never Married 2	Married	FORCES? 1	YES 2	NO	1	f yes, sp	ecity Cubi	ın, Mexice	n, Puerto	Y? (Specify Yee Rican, etc.)	or No-	Black,	- Americen Indien, White, atc.
3Widowed 4 _ Divo	rced	IF YES, GIVE V	MAR OR DATES		1	☐ YES	2 1 NO	Specify	y:			Specify	WHITE
15. OEC	EDENT'S EDU	CATION	16a.	OECEDENT'S	USUAL O	CUPATIO	ON		164	. KIND OF BUS	I NESS/INDI	ISTRY	
(Specify only highest grade completed)			(Give kind of life. Do NOT u	work done o	turing mo	st of worki	ng	"	K KIND OF BOX	JINE 337111D1	201111		
Elementary/Secondary (0-12) College (1-4 or 5+)			"		MERC	HAN	Г				RET	AIL	
17. FATHER'S NAME (First, Middle, Last)							18 MOT	HED'S NA	ME /Elest	Middle, Meiden			
SAMUEL		POSNER					16. 1101		ENNI		Surname)	SI	JGAR
19e. INFORMANT'S NAME (7	(ne/Print)			10h MARIAN	ADORESE	(Charact a	and Moranha						JORIN
196. INFORMANT'S NAME (Type/Print) MRS. GILDA MIRKIN 196. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 6 BARNSTABLE CT. OWINGS MILLS, MD 21117											17		
200. METHOD OF DISPOSITION 200 DISPOSITION CONTROL OF DISPOSITION (Magazine)													
1 Multiplia 2 Cremate	F 3 Hegs	ovel from State		REW" F				8/2	1				
4 Donation 5 Donar 21. SIGNATURE OF PUNERA		SHILLS	IIISE	KEW E							BALTI	WORE,	, IND
SOL LEVINSON & BROS., INC.													
6010 REISTERSTOWN RD. BALTO., MD 21215													
26 PART i. Enter the diseasea, or complications that ceused the death. I shock for heart fellure. List only one ceuse on each line.													Approximate
ahock/orh	nart failure.	List only one ceu	use on each I	ina.	1	1				•	•		Interval Batween Onset and Daath
disease or condition			las	Act.	4	a	1						Oliset and Daati
resulting in death)		DUE TO	OR AS A CON	SECULENCE O	D.		_						
DUE TO (OR AS A CONSEQUENCE OF):													
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											-		
if any, leading to immediate. Enter UNDERLYi			(0.1.1.0.1.00.1.		• ,.								j
CAUSE (Disease or inju		OUE TO	(OR AS A CON	SEQUENCE O	EI:								-
resulting in death) LAS	r .				. /*								
		d											1
PART II. Other significe	nt condition	a contributing to	death but no	t reaulting	in the un	derlying	cause i	given in	Part i.	24a. WAS AN			VERE AUTOPSY FINDINGS
										PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE
										1 1 123 2			OF DEATH?
									-			,	YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					00 PM							
EXAMINER?		HOSPITAL:			OTHER	:			eck only on				
1 TYES 2 NO		1 Inpatient 2						eldence	6 Othe				
	Pending	26e. DATE OF (Month, D	lay, Year)	28b. TIN	JURY		RK?		28d. DES	CRIBE HOW I	JURY OCCI	JRED	
	nvestigation				М		ES 2	NO					
	Could not be	26e. PLACE O building,	F INJURY — At etc. (Specify)	home, term,	street, fecto	ry, office	•		28t. LOC City	ATION (Street e	nd Number o	r Rural Roo	ite Number,
- I nometae	letermined												
29e. CERTIFIER 1 CERT	FYINO PHYSI	CIAN: To the best of	my knowledge,	death occurr	ed at the ti	ma, date	end place	, and due	to the cau	rse(e) end man	ner as state	d.	
													and manner ee stated.
2 MEDICAL EXAMINER: On the basic of examination and													
296. SIGNATURE AND TITLE	OF CENTIFIER	111					200 1104	MEE MIN	IDED	1	204 245	DIONES :	forth Day W. C
29b. SIGNATURE AND TITLE	OF CERTIFIER	Mid	_		Mal	$\overline{}$	29c. LICI	NSE NUM	MBER		29d. DATE	SIGNED (A	Aonth, Day, Year)

LETED CAUSE OF DEATH (ITEM 27) (Type,

1992 Julia Lavidson-Randell

Rusterstown RA #365



	60	36	ĕ	ä
	wish TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	FUNERAL DIRECTOR: After this certificate has been signed by the attending physic	within 72 hours after death with the State Dept. of Health and Mental Hygiene pri-	raut. If Ham 28 is marked or Ham 23 shows any injury, or other to
	E.	0)ien	ŧ
	8	ndin	ž	1
	ath	tte	E	-
	9	69	len	2
	the	=	2	T
	te	3	an an	M
	the s	Pe	巨	2
	ě	Sign	Hea	3
	9	E-	Jo.	à
	×	8	2	9
	10	has	8	6
	Ĕ	8	ate	8
	ż	fica	St	=
	중	erti	the	2
	3	S	=	T
1	표	喜	*	ě
	9	ter	ath	E
)	9	K	de de	9
	TE	P.	fter	ot
	A	EG	io.	2
	8	8	OUL	9
ı	7	7	2 5	1 4
	是	A	7	2
1	8	Š	H	3
	2	(III	- 80	12

STATE OF MA	RYLAND / DEPARTMENT		MENTAL	HYGIENE	
	CERTIFICATE	OF DEATH		REG. NO.	
4 -			2 DATE O	E DEATH	Т

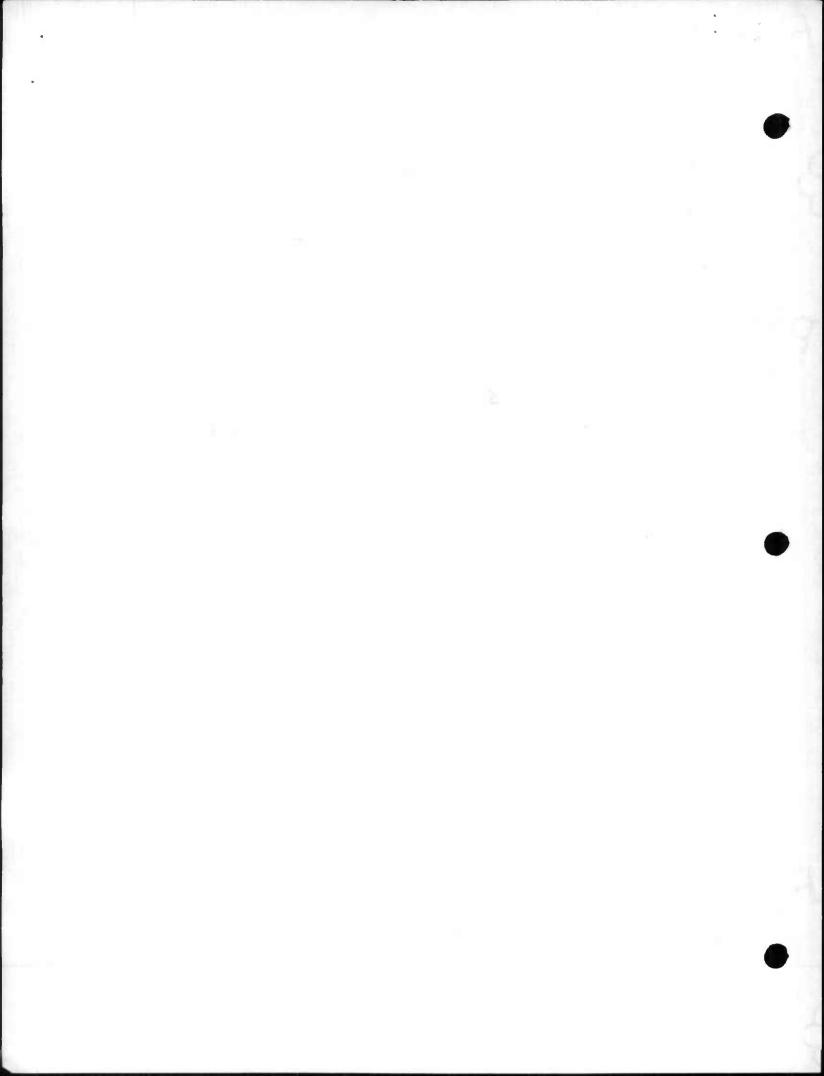
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) SARA 5	Tys			2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH_	
			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 67 07 1	912	BIRTHPLACE (State or Foreign Country) England	
OR	98. FACILITY NAME (If not institution, give street and number) NESWICK	9	0 -11	MOCE,		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		TOWN OR LOCAT				10d. INSIDE CITY	
	Maryland 10e. STREET AND NUMBER	Balt	timore	ZIP CODE		T 40- CITIZEN	1 YES 2 NO	
FUNERAL	700 West 40th. Street		101.	21211		U.S		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2XXNO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year It yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:			a or No- 14. RACE — American Indian, Black, Whita, atc. Specify: White		
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor	BUAL OCCUPATION done during most	N at of working	16b. KIND OF BU	SINESS/INDUST	TRY	
COMPLETED	Elamantary/Secondary (0-12) College (1-4 or 5+)	Microfi.			Libr	rary		
COM	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malder	Surname)		
BE	reter quinn Alice Mogurk							
P 19a. INFORMANT'S NAME (Type/Print) Frederick Koontz 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7 St. Paul Street Baltimore, Maryland							d 21202	
	20b. METHOD OF DISPOSITION 1\(\Lambda\) Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) MO	other piece) reland Me	non (Name of cen emorial	Park		cation - chy	or Town, State	
21 SIGNATURE OF FUNERAL SERVICE LIGHTEET 22 NAME AND ADDRESS OF FACILITY (C.O.							York Rd. Balto. MD	
	George J. Ferrarse Mitchell-Wiedefeld Home 21212							
	23. PART I. Enter the diseasea, or complicatione that coused ahock, or haert fellure. List only one cause on et	aa cardlac or reap	iretory arrest	t, Approximate interval Between Onset and Death				
	immediate Cause (Finel disease or condition recuiting in death) DUE TO (OR AS A	MA CONSEQUENCE OF):					0.000, 2.00	
NOI	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
AL CE	PART II. Other algnificant conditions contributing to death be	Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS				
MEDIC	Dementing ellness consist but the 1 yes 2 DNO COP GEATH?							
	annestic syndrame.				-		1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Che	ock only one)			
HYSI	1 ☐ YES 2 ☑ NO	atient 3 DDA 4	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUF	AED	
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident (Month, Day, Year)	INJU	M 1 🗆	YES 2 NO				
8	3 Suicide 6 Could not be 4 Homicide detarmined 28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, at	reet, factory, offic	•	28f. LOCATION (Street City or Yown, State		Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.							
TO BE	296 SIGNATURE AND TITLE OF CERTIFIER The Jealle Mas greger	rid		29c. LICENSE NUN			SIGNED (Morith, Day, Year) -36-92	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) 7-PRABELLE TACGREGOR, KESWICK, 700W-40KST-BALTIMORE, 572211							
	AUG 04 1992 Julia Trindson	ATTIOE						

		목
		2
		60
		3
		2
		4
		es
		8
		F
		5
		0
		S
	5	Se .
	5	7
\approx	8	F
0	5	3
3ALTIMORE, MARYLAND 21215-0020	ir death. Page 6 may be retained by the hospital or attending physicial	he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
S	8	S
<u></u>	£	40
2	-	S
à	0	ŏ
0	E	E3
=	S	2
Z	2	30
⋖	2	det
۲	>	9
2	P	P
Π,	9	3
⋖	लं	5
5	5	IC.
_	9	
ш	-	90
0	6	-
\overline{a}	10	ğ
\geq	9	20
2	9	6
	۵.	70
5	=	9
7	69	Ž
~	-	9

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED I	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e luiteral director, page 3 should be detached for use as to	TO THE FUNETALL DIRECTOR, After this definitione ries over signed by the arendoring physician and completely line for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendit

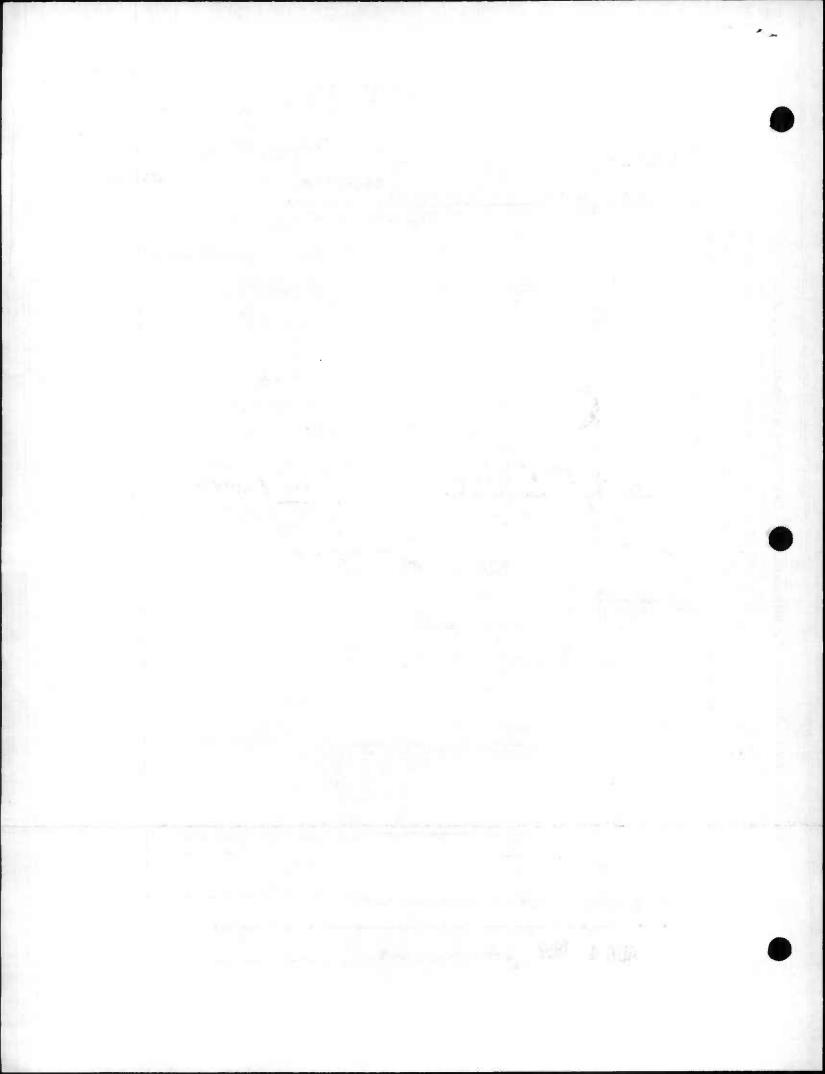
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, La.	st)	32	0. 02,	2. DATE OF DEATH	-	3. TIME OF DEATH
	DECAMANDA PROPERTY OF ANYMORE	Rosalie	Schuf	flor	MONTH DAY August 2,	1002 YEAR	2 00
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HMS.	7. DATE OF BIRTH		3:00 a M
			and and	OTHE DAYS HOURS MIN.	(Month, Day, Year)	Count	IPLACE (State or Foreign
	214-26-6895 Sa. FACILITY NAME (If not institution, gh				12-27-28		Maryland
~				LCITY, TOWN OR LOCATION OF DI		9c. COUNTY OF D	
2	3801 Schnaper	Drive Apt. 20)2	Randallst	own	Balt:	imore
D I							10d, INSIDE CITY
뛰	Maryland	Baltimore		Randallstown			LIMITS?
-	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF V	1 YES ZONO
FUNERAL DIRECTOR	2001 Cohmo	nom Dudens And	202	,112,000,000,000	,		
Ž I	11. MARITAL STATUS	per Drive Apt		2113	_		S.A
	1 Never Married 2 X Married	FORCES? 1 YES	2 X NO	If yes, specify Cuban, Mexica	n, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.
'n	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 YES 2 (25 NO Specifi	r:	Spec	White
	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S US	UAL OCCUPATION	166, KIND OF BUSI	NESS/INDUSTRY	WILLEC
	(Specify only highest gn Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during most of working tired.)	MILLERES MILES	New Compact L	
7	High School			Housewife			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		-		ME (First, Middle, Maiden St	umame)	
_	J. Edward Le	eather. Te			ry Margaret		
N L	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural I			21133
2	Mr. George 5 S	chuffler	3801 9	chnaper Drive	Apt. 202	Randall.	
	20a. METHOD OF DISPOSITION	200	. PLACE AND DATE OF C			ATION — City or To	
	1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State CAM	etery crematory or other		1	-	
J	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	illoll cle	22. NAME AND ADDRESS OF FA	CILITY		
) law.	-00	1 - 1 - 1	Loring Byers			
-	amos		over	8728 Liberty			, MD 21133
- 1	23. PART I. Enter the diseases, of shock, or heart failur	re. List only one ceuse on e	ach line.	enter the mode of dying, suc	h as cardiac or respira	itory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	01	1	1/			Onset and Death
ļ	resulting in death)	a	my C	Ushlen			
		DUE TO OR AS A	CONSEQUENCE OF):	1 4	1 1		3/02
5	Sequentially list conditions,	b. DHE TO (OR AS A	CONSEQUENCE OF):	yreitul V	Mark.		1 9 0
HIFICALION	if any, leading to immediate cause. Enter UNDERLYING	502 10 (0.753	4 A A) a a a . t - L	n. 1.		13/0
2	CAUSE (Diseese or Injury that initiated events	c. DUE TO (DR AS A	CONSEQUENCE OF):	agring of	nine		3/92
₹	resulting in death) LAST	10					1
		_ d					1
1	PART II. Other significent conditi	ions contributing to deeth b	ut not resulting in t	he underlying ceuse given in	Part I. 24s. WAS AN AI		WERE AUTOPSY FINDINGS
MEDIC					1 🗆 YES 2 [COMPLETION OF CAUSE OF DEATH?
N.							1 YES 2 NO
TSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	eck only one)		
2	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER: Nursing Home 5 Residence	6 Other (Specify)		
	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK?	28d. DESCRIBE HOW IN.	JURY OCCURED	
6	1 Natural 5 Pending 2 Accident Investigatio			M 1 YES 2 NO			
	3 Suicide 8 Could not i		— Al home, farm, stre-	et, factory, office	28f. LOCATION (Street and City or Town, State)	d Number or Rural I	Route Number,
OMPLEIED	4 Homicide determined				any or rount, ordiny		
	29s. CERTIFIER (Check only 1 CERTIFYING PH	YSICIAN: To the best of my know	ledge, death occurred a	t the time, date and place, and due	to the cause(s) and mann	er as stated.	
2				n my opinion, death occured at the) and manner as stated.
۱ (296. SIGNATURE AND TITLE OF CERTIF			29c. LICENSE MUN		29d. DATE SIGNED	1
	1/1/	1771		177/	Lake	b X	77/
2 ∦	30. NAME AND ADDRESS OF PERSON I	WHD COMPLETED CAUSE OF DE	ATH (ITEM 27) /Type Pri	70	7 149	9/	21911
	Dr. Howard Ga		Ld Court R		orm MD 21	132	
				oau validalist	OWII, FID 21	133	
	AUG 0 4 1992	32. REGISTRAR'S SIGN	ndese				



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 11a 12:15 A. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1. BIRTNPLACE (State or Foreign May 10, 109 97 4 194-56-6681 Poland 78 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 903 Brentwood Lane DIRECTOR Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 2 YES 2 NO Maryland Montgomery Silver Spring FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1111 University Blvd., West Apt. 402 20902 U. S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) BY 1 TES X NO White XX Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12)
6th Grade Housewife Own Home must be notified at once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Aryeh Lev Zakheim Gisha Krazner 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gail M. Schwartz 903 Brentwood Lane, Silver Spring, Maryland 20902 20s. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Burial 2 Cremation 3/17 R Bakodesh Society 8/2/92 Brooklyn. examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME ANO ADDRESS OF FACILITY Donald STEIN HEBREW MEMORIAL FUNERAL HOME. 232 CARROLL STREET N.W. WASHINGTON medical 23. PART I. Enter the diseases, or complications that caused the diffh. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one cause on each lir Interval Between Onset and Death # ancer ancreas disease or condition resulting in desth) mo event, DUE TO (OR AS A CONSEQUENCE OF) 23 shows any injury, or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE TYYES 2 | NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item OTHER:
4 □ Nursing Nome 5 Residence 8 □ Other (Specify) I YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 26a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28c, INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. DEŞCRIBE NOW INJURY OCCURED marked, Natural
Accident 5 Pending BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 69 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 28 4 Nomicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND JITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNEO (Month, Day, Year) 21910 >/err 2/92 2 PETER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sherer MD 294-Ferrara Dr. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Wia Davidson-Randalle 1992

TO THE HOSPITAL OR ATTENDING PRYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring the buring the filled within 72 hours after death with the State Deat, of Health and Mental Hodiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIFI	TMENT OF H	EALTH AND I	MENTAL HYGIE		21362
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	PEARL 4. SOCIAL SECURITY NUMBER	T		STREE		July 2	6, 1992	11:00 A M
	185-26-0727	1 M 2 F	AGE (In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. Bif Cod	RTHPLACE (State or Foreign unitry)
æ	90. FACILITY NAME (If not institution, give				OR LOCATION OF DE	EATH	9c. COUNTY OF	
6	Memorial Hospit	cal		Cumber	cland,		Alle	egany
DIRECTOR	10a. STATE 10b. COUNT	v Bedkord	1	town on locate 6 Box 284		Pa. 15522		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
13	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNER	RD #6 Box 284				15522		USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IN IF YES, GIVE WAR	YES 2 NO	If yes, spi	ENDENT OF HISPAN ecify Cuben, Mexical 2XX NO Specify	IIC ORIGIN? (Specify Y n, Puerto Rican, atc.) /:	Bi	ACE — American Indien, eck, White, etc. pecify: White
E	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF B	JSINESS/INDUSTRY	,
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	ork done during mo e retired.)	st of working			
MP	12		Cook			Restaw		
	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maide	n Sumame)	
BE	NOTIMAN F. Miller St.		19b. MAILING	ADDRESS (Street a		E. Howsare Pours Number, City or To	State 7to Code	
2	David Miller				Pa. 15522		wn, Stelle, Zip Code)	
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	20b. PLACE AND DATE O cematery, crematory or off FELLOWSHUP	F DISPOSITION (Na	me of		#4 Rodlaw	Town, State d, Pa. 15522
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	reconstrup		ID ADDRESS OF FAC	bile Funeral		
	> Tendty a	Derpel	lo	214S.	y A. Berke Juliana St	oce funeral ., Bedford,	Pa. 15522	c.
CERTIFICATION	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF	Spr	. Coline			Interval Between Onset and Death
E E		· MAY	M WULL					
4: MEDICAL	PART II. Other algolficant condition	a contributing to dea	th but not resulting in	the underlying	cause given in		RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOREST			ACE OF DEATH (Che	ck only one)		
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 I ER		OTHER: 4 - Nursing Home	5 🗆 Residence	8 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJI (Month, Day, Y	ear) INJU	M 1 Y	RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
ETED	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	JURY — A1 home, farm, st (Specify)	reet, fectory, office		281. LOCATION (Street City or Town, State	and Number or Rura)	Il Route Number,
COMPLE			knowledge, death occurred					e(e) end menner ee stated.
w	296. SIGNATURE AND TITLE OF CERTIFIE	· Xmm	M6)		29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE O	F DEATH (ITEM 27) (To	Print)	D 23371		1/2	7/92
	Dr. O. Zaman, Jo		nts Medical		ng, Cumbe	erland. M	21502	,
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					
L N	AUG 4 19	92 Julia !	avidson Rande	62.				DHMH-16 Rev 1/89



1	-	STATE REGISTRAR

	1 - STATE REGISTRAR	STATE OF M			ICATE				MENTAL HYGIEN REG. NO	E		
- 8	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
		CHES	TER G. S	SORCZ	VNISK	7		- 1	AUGUST 1.	1992	YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	-	IF UNDER	24 HRS.	7. DATE OF BIRTH 8. BI			PLACE (State or Foreign
	219-22-8958	1√ M 2 □ F 64			MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 3-1-1928		Countr	YLAND
	Sa. FACILITY NAME (If not institution, give s	1 11 1	04		96. CITY.	TOWN O	R LOCATIO	N OF DE		9c. COU	INTY OF D	
Œ	EDINOTE CONTE VEL	UTOTOLI	OTUTED									_,,,,
E	FRANCIS SCOTT KEY	MEDICAL	CENTER			DAL	TIMO	KE U	119			
DIRECTOR	10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN O	R LOCATI	ION					10d. INSIDE CITY LIMITS?
	MARYLAND BALTIMORE				DUNDALK							1 TES XX NO
A	10e. STREET AND NUMBER						ZIP CODE			10g. CIT	IZEN OF V	YHAT COUNTRY?
5	1762 STOKESLEY RO	AD						212	22		11	.s.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN						F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N	•0			2√IX NO		n, Puerto Rican, etc.)		Speci	ly:
		<u> </u>	WW II									WHITE
里	15. DECEDENT'S EDU (Specify only highest grade		(G	ive kind of	Work done d			9	16b. KINO OF BUS	SINESS/IN	DUSTRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5	-)	. Do NOT u								
COMPLETED	10TH GRADE	N/A			MAIN	TENA			CLARK A		NE S	НОР
	17. FATHER'S NAME (First, Middle, Last)						16. MOTH		NE (First, Middle, Maiden	,		
8	TAMES SOBCZYNSKI		- I						RY KUZNIAF			
٩	Concrete River of Carlot Agents								loute Number, City or Tow			
	ROSALTE SOBCZYNSK				STOK			AD_				
- 1	20a. METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Rem	oval from State	205. PLACE A cemetery, cre	matory or o	ther place)						City or To	
	4 Donation 5 Other (Specify)	refere \	IST. ST	ANTS						LTIM	ORE,	MARYLAND
	- V W /)	7					D ADDRES		ERAL HOME	OF I	LINIDA	IK TNC
- 1	* AL								ENUE DUNI			21222
	Z3. PART I. Enter the diseases, or a shock, or heart fellure.	complications the	t caused the de	ath. Do	not enter	the mod	de of dyli	ng, suct	as cardiac or respi	iratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Final	CA.	A D		a. N	1						Onset and Death
	disease or condition resulting in death)		My	ar	100	7						mm
		OUE TO	OH AS A CONSEC	QUENCE O	F):							14.40.
S	Sequentially list conditions,	" Huy	seven	su	11							ITGIS.
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	1127	(OR AS A CONSEC	DUENCE O	PE ,	-						44,100
걸	CAUSE (Disease or injury	· /T//	price	zyu	ma	O			1			1,20
Ē	that initiated events resulting in death) LAST	(1/1	111	with	wh	41.0	RU	lm	ve di	200	0	1114 119
CERTIFICATION		a_ CM	my a	Py v	Tool /	NE	0	V/* (4 000			1009
CAL	PART II. Other significent condition	s contributing to	death but not r	esuiting	in the un	derlying	ceuse g	iven in l	Part i. 24s. WAS AN		24b	WERE AUTOPSY FINDINGS
ठ्ठ									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED												OF DEATH? 1 YES 2 ND
7							_		_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Che	ck only one)			
Sic	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nurs		5 Chan	sidence	6 Other (Specify)			
E	27. MANNER OF DEATH	28a. DATE DF (Month, D		28b. TIN	E OF	28c. INJU	JRY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_ ""	М		ES 2	ND				
60	3 Suicide 6 Could not be	28a. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm,	street, facto	ory, office			28f. LOCATION (Street a City or Town, State)	and Numbe	r or Rural F	loute Number,
	4 Homicide determined											
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurr	ed at the ti	me, dete	and place,	and due	to the cause(a) and mai	nner as sta	rted.	
Σ	2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or i	Investigatio	on, In my o	pinion, de	with occur	ed at the	time, date and place, an	d due to t	he cause(a) and manner as stated.
0 1		_										
	290 SHUNATURE AND TITLE OF CHITIFIE						29c. LICE	NSE NUM	BER	29d. DA1	TE SIGNED	(Month, Day, Year)
B	SUMATURE AND TITLE OF CONTIFIES					-	29c. LICE	NSE NUM	HER 48	29d. DA	SIGNED	(Month, Day, Year)
ш	30. NAME AND ADDRESS OF PERSON WH	in 1D		M 27) (Type	, Print)		29c. LICE	S G	BER 48	29d. DAT	Signed Signed	(Month, Day, Year)
B	Dome 1) (O)	in 1D		M 27) (Typo	i, Print)	Q7	10 LICE	NSE NUM	Hg Bross	29d. DAT	SIGNED 3/3	(Mgnth, Day, Year)
B	Dome 1) (O)	O COMPLETED CAUSE		M 27) (Type	, Print)	gr	DI A	NSE NUM	By Byro	29d. DA7	Signature Signat	(Month, Day, Year)

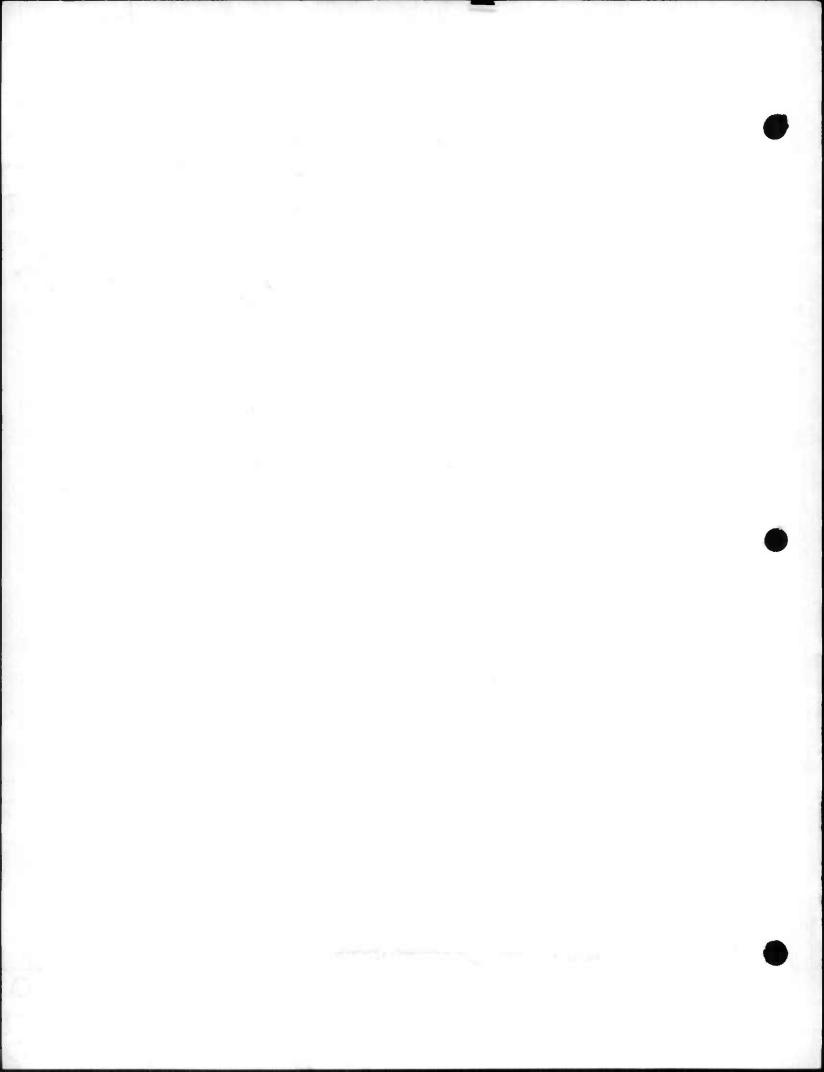
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



9	cto	5
THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in	dire	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mus
4	era	듄
deat	Ę.	Ž
fter	the	ie:
55	50	pa
P.	pe d	6
24	y fill	š
ig.	ema	A,
3	J. C.	2
Clf	d co	2
8	n ar	Ē
9	Sicia	E
ficat	P S	9
Certi	200	8
att	the H	0
90	Nem Z	5
4	Dy d	E
tha	De de	E
nlres	Sign	3
req	o to	5
MP.	as b	23
The	ate h	E
Š.	St	=
SICI	Cert	0,
F	this with	ke
9	ter ath	E
9	A P	- 00
E	8	28
JR A	SUS SUS	E
AL (1 N N N N N N N N N N N N N N N N N N N	f h
-	W 5	5
9	THE FLU PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in the Table of the state Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	TAP
Z	뽕	Ö

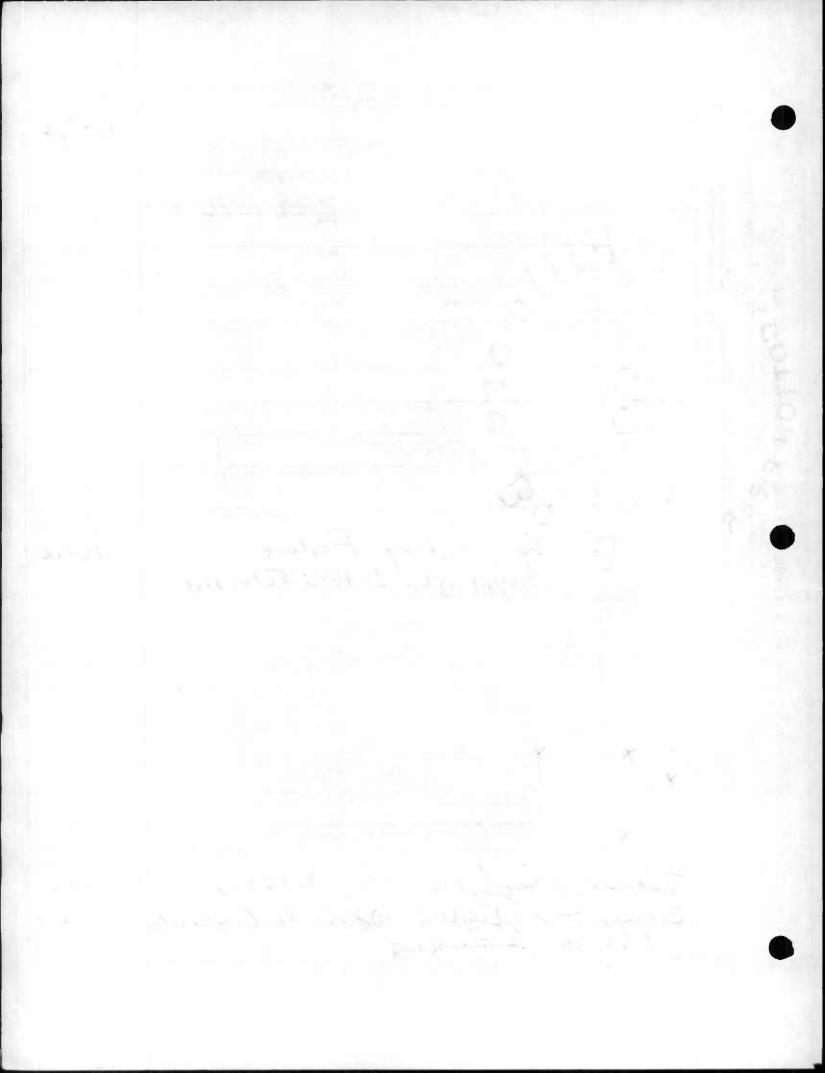
9a. FACILITY NAME (if not institution, give stre THE JOHNS HO RESIDENCE OF DECEDENT 10a. STATE Md. 10c. STREET AND NUMBER 4203 Penhurst	S. SEX 1 M 2 F oet and number) PKINS HOS AVE 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	IFT AGE (In yr. 84 PITA PITA	L 10c. CITY, Bal-	PE. CITY, BA	TOWN OLLITA	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	REG. NO. 2. DATE OF DEATH MONTH 08 01 7. DATE OF BHATH (Month, Day, Seen) 10 ATH	907	BIRTHPLI SUNTY TY OF DEAT I TMUR	E
4. SOCIAL SECURITY NUMBER 217 32 8079 9a. FACILITY NAME (if not institution, give street THE JOHNS HO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. 10e. STREET AND NUMBER 4203 Penhurst 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade of	S. SEX 1 M 2 F oet and number) PKINS HOS AVE 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	AGE (In yr. 84 PITA PITA PUE	L 10c. CITY, Bal-	Pb. CITY, BA	TOWN OLITA	R LOCATION OF DE	7. DATE OF BIRTH	907	Suntry Suntry Suntry OF DEAT I TMOR	CE (State or Foreign H E
THE JOHNS HO RESIDENCE OF DECEDENT 10a. STATE Md. 10a. STREET AND NUMBER 4203 Penhurst 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade of	AVE	NUC	I 10c. CITY, Bal	BA TOWN OF	LITE	MORE CIT	ATH Y	BAL	10	
10a. STATE Md . 10b. COUNTY Md . 10c. STREET AND NUMBER 4203 Penhurst . 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade of	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	VER IN U.S	Bal		ore	ION				
4203 Penhurst . 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade of	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	VER IN U.S	S_ARMED		104				1. INSIDE CITY LIMITS? YES 2 \(\) NO	
1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade of	FORCES? 1 [] IF YES, GIVE WAR	YES 2	S_ARMED		100	ZIP CODE 21215			COUNTRY?	
(Specify only highest grade of	TION		NO	- 10	yes, spe		ANIC ORIGIN? (Specify Yes or No— 14. RAC an, Puerto Rican, stc.)			American Indian, hita, atc.
Elementary/Secondary (0-12)		164	(Give kind of wor life. Do NOT use	rk done de	CUPATIO	N at of working	16b, KIND OF BUS	SINESS/INDU	ISTRY	
17. FATHER'S NAME (First, Middle, Last)	4		Tea	che:	r	10 MOTHER'S NAI	Educat			
Q±			19. MOTHER'S NAM							
19a. INFORMANT'S NAME (Type/Print) Juanita Fulton	ANT'S NAME (Type/Print)			19b. MAILINO ADDRESS (Street and Number or Aural F 3312 Elgin Avenue						
20c METHOD OF DISPOSITION 1 S puriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rel from State	20b. PL/ carnetes AT	CEAND DATE OF COUNTY OF COUNTY	DISPOSIT er place)	TION (Nar	me of		cation - c	A CONTRACTOR OF THE PARTY OF TH	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE M	od	on	Ja	ame		rton & S s St. Ba		ЬМ	. 21217
23. PART I. Enter the diseases, or co shock, or heert felture. Li limiteDIATE CAUSE (Finel disease or condition resulting in death)	CAND	on each	FU			te of dying, suct	es cerdiec or respi	ratory arre	et,	Approximate Interval Betwee Onset end Deat
Sequentially fist conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CO	NSEQUENCE OF): NSEQUENCE OF):							
PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Pa						Part I. 24s. WAS AN PERFOR 1 TYES 2	MED?	AM	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
DIANGTES MELLITUS										
EXAMINER?	HOSPIFAL:	L/Outpaties		OTHER:	:	8 Residence				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, 1		28b. TIME (OF :	28c. INJU WOF	JRY AT	28d. DESCRIBE HOW IN	NJURY OCCU	JRED	
3 Suicide 8 Could not be detarmined	28s. PLACE OF In building, stc.	JURY — / (Specify)	Al home, farm, stre	eet, factor	ery, office		281. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route	Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI										d manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	-	40)			29c. LICENSE NUM	BER	29d. DATE	/	nth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO AN DOCEM (Month, Day, Year)	COMPLETED CAUSE OF	60	0 20 0		<u>_</u>	= 5T	TOWE	9110) E	ACT, M

vital or attending physician.
d for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
OR AT	DIRECT	NOURS a	tem 2	
PITAL	FRAL	121	T. If I	l
HOSE	FUNE	withir	TAN	
TO THE	TO THE	be filed	IMPOF	

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIENE REG. NO.	ے ر	21303	
1. DECEDENT'S NAME (First, Middle, Las	SHOWARD LIS.	Tall			2. DATE MONT	OF DEATH	192	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 2/2-/2-3490	1×1 2 0 F 83	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h., Day, Year)		BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH PRESIDENCE OF DECEMENT 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH									
	rchester		nbridge	ION				10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
100. STREET AND NUMBER 520 Glenburn A	venue	101.	21613	3	1	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		ENDENT OF HISPA city Cuban, Mexic 2 NO Spec	an, Puerto		No- 14	. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during most	at of working	16b	. KIND OF BUSIN	ESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Last)			water		AME (First, I	Middle, Maiden Sur	mame)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ODRESS (Street er	nd Number or Rural	Route Numi	ber, City or Town, S	State, Zip Co	ide)	
20e. METHOD OF DISPOSITION 1 Burisi 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE I	in state	PLACE AND DATE OF E etery, crematory or other de, Dir	22. NAME AN	D ADDRESS OF F		STATE	ANATO	y or Town, State DMY BOARD	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DIE TO (OR AS A	CONSEQUENCE OF):		eilur Lerpsis		rosis		1 Week	
resulting in death) LAST	d								
PART II. Other significant condition	ons contributing to death be	ut not resulting in t	the underlying	cause given in	Part I.	24a, WAS AN AUT PERFORME 1 YES 2	D?	24b. WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF GEATH (C	heck only on	e)			
1 Tes 2 Teno 27. MANNER OF OEATH	1 Inpatient 2 ER/Output 28e. DATE OF INJURY	28b. TIME O	F 28c. INJL	5 Residence	1	(Specify)	IRY OCCUR	RED	
1 Natural 5 Pending 2 Accident Investigation		INJUR	M 1 🗆 Y	ES 2 NO					
3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE DF INJURY building, etc. (Speci	— At nome, term, stre	et, factory, office		281. LOC.	ATION (Street end or Yown, State)	Number or i	Rural Route Number,	
	SICIAN: To the best of my knowledge. On the basis of examination							ouse(s) and manner on stated.	
295 SIGNAPHIN AND TITLE OF CENTUR	harland	in 19	D	29c. LICENSE NU	MBER P20	9 2	d. DATE SI	IGNED (Month, Day, Year)	
Edmund J. Mac	auchlin M.D.	TH (ITEM 27) (I'PO A)	Troya S	treet	Cash	bridge,	MD 2	1613	
AUG 4 1992	32 ALGISTHAN'S SIGNA	TUNE VANAGES				371	de	714 4.473	



TO BE COMPLETED BY FUNERAL DIRECTOR

50,	delhim
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OO STEENING DANCINAM. The last consises that the death confidence he manufact sideling
X	4
ă	-
o	an wife
ις. σ	danth
ŏ	40
E .	4
ŏ	900
3E	1000
_	200
Z	1
5	100
DF.	Mein
Z	0
ō	Othic
	ATTEN
	00
	1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

THE HOSPITAL OR ATTENDING PHYSICIANY: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Mary I	100	786	

92 21366 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF MARY		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG, NO.	12 21366
1. DECEDENT'S NAME (First, Middle,	hornton			2. DATE OF DEATH DAY	9. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
550 44 0340			Y, TOWN OR LOCATION OF D	JUNE 4, 1934	SEATTLE, WASH.
ST. AGNES HO	SPITAL		LTIMORE	Sec. C	SONT OF BEATH
MARYLAND 10b. C	OUNTY	10c. CITY, TOWN	OR LOCATION LTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{\tinte\text{\tint{\text{\text{\text{\text{\tin\text{\texi}\text{\text{\texit{\tex{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\tet{\texit{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\t
100. STREET AND NUMBER 154 IRVIN	STREET		10f. ZIP CODE 21229	10g.	U.S. OF A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 PANO	WAS DECENOENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12)	t grade completed) College (1-4 or 5+)	life. Do NOT use retired.	during most of working	16b. KINO OF BUSINESS	INOUSTRY
12th 17. FATHER'S NAME (First, Middle, La	1 YEAR	DISABLE		AME (First, Middle, Meiden Surnam	
UNKNOWN	ay		The state of the s	NOWN	•)
19a. INFORMANT'S NAME (Type/Print MR. MARVIN		19b. MAILING ADDRES		Houte Number, City or Town, State,	
20a. METHOD OF DISPOSITION 1	Ramoval from Stata C6	D. PLACE AND DATE OF OISPO METRO CREMA	SITION (Name of AUG. 4		- City or Town, Stata VILLE, MARYLAND
21. BIGNATURE OF PUREDAL BERN		22 L	NAME AND ADDRESS OF FA	N FUNERAL HOME	21215-6393 ALTIMORE, MARYLAND
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	C	a consequence of: A consequence of: A consequence of:	istress d	ue metasti Lung Co	ahic Onset and Desth Ary 10 du in hosp.
PART II. Other significant con	ditions contributing to deeth	out not resulting in the u	nderlying cause given in	Part I. 24a. WAS AN AUTOPPERFORMED? 1 YES 2 No	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDIC EXAMINER?			26. PLACE OF DEATH (C)	neck only one)	
1 TYES 2 NO	HOSPITAL:	patient 3 DOA 4 Nu	R: rsing Home 5 - Residence	6 Other (Specify)	
27. MANNER OF DEATH 1 Natural 8 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED
2 Accident Investig 3 Suicide 6 Could n 4 Homicide determine	ot be 28a. PLACE OF INJUR	/ — At home, farm, street, far	1 YES 2 NO	281. LOCATION (Street and Num. City or Town, State)	ober or Rural Route Number,
	PHYStCIAN: To the best of my know				stated, o the cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CER	wetleder in		296. LICENSE NU AS 2438	528 815	8 2 92
30. NAME AND ADDRESS OF PERSO			ss Hosp. 90	BALTIMORE	E MO-
ALIG 0 4 1992	32. REGISTRAR'S SIGN	ndell			

The real of the second

STATE OF THE PROPERTY OF THE PA

TOWER T COMPAN INSCREAM HAVE SHIT-WAS ASSETTED THE AVE. CAREET TO SHEET

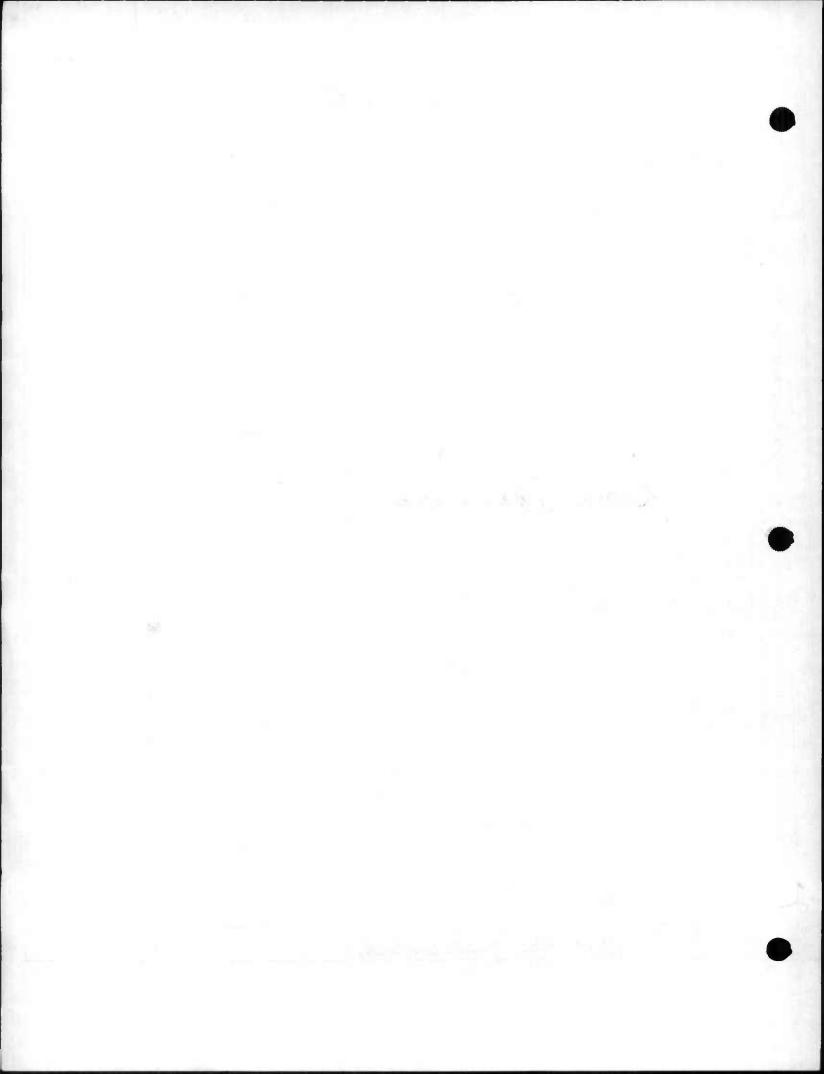
W. Salar

- 70	
š	
ž	¥
E	Sep.
5	1
ă	
yestely 1	Cremaño
nd or	burla
5	8
Mics	prior
ā	908
ending	I Hvoi
he aff	Menta
-	
à	and
signed by	Health and
een signed by	of Health and
has been signed by	Dent, of Health and
ficate has been signed by	State Dent, of Health and
his certificate has been signed by the attending physican and compared filed in by the tuneral	the State Dent, of Health and

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

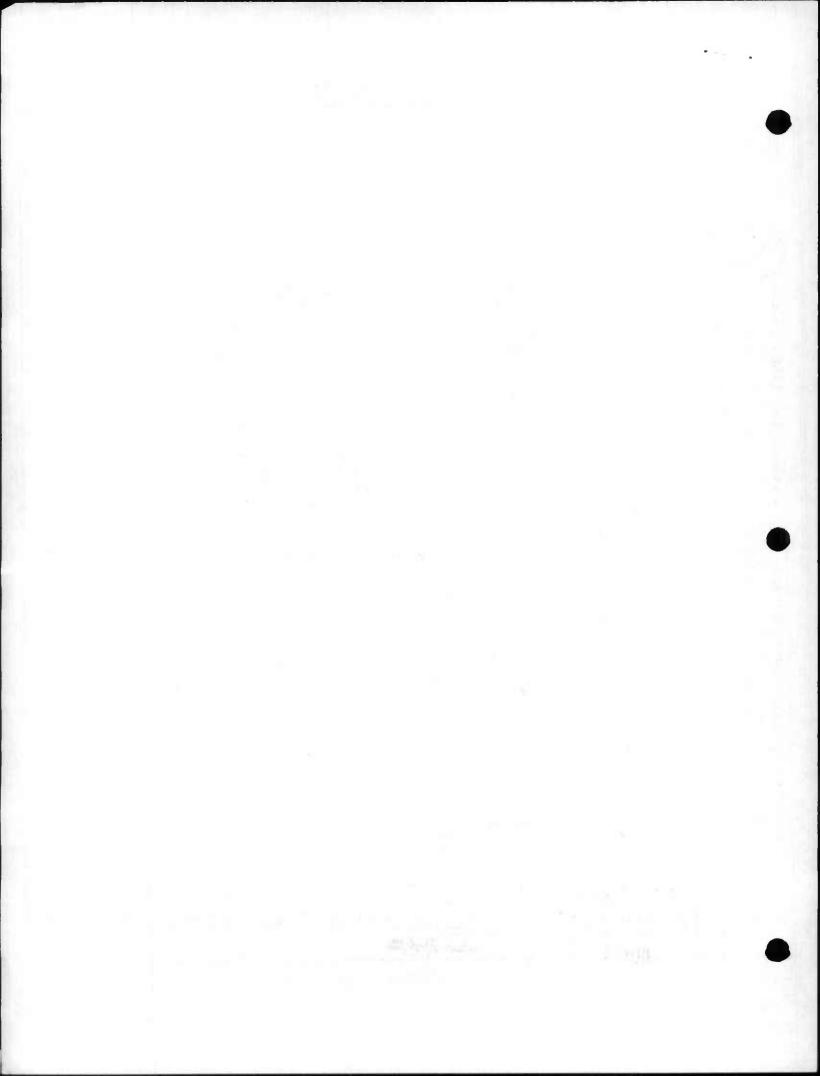
HEGISTRAN		CERTIFI	CALE OF	DEATH		3. NO.	0 0 T 0		
1. DECEMBLESCHAME (MEG. MEGA. 1981)	OR TAYLO	NC			Japaner of	(0), _{DAY} 19	9/2 32	TIMEDERATH 2 -40 A	
2500AL SCHRITYTHUMBERY 276 - 36 - 5247		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	O' DATE OF BUT	TH 1907	160	CE (State or Foreign	
SINA LOSPITA	street and number)		96. CITY, TOWN OR ECOUNTY OF GEATH BAUT MOVE 96. COUNTY OF GEATH						
RESIDENCE OF DECEDENT									
Maryland 106. CDUNT	Υ		Baltim					d. INSIDE CITY T LIMITS? YES 2 NO	
4615 Park Heig	hts Avenue		1	21215			S . A .	T COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxk S 2 NO Spec	ANIC ORIGIN? (Spec can, Puerto Ricen, e olly:	tc.)	14. RACE — Black, W Specify: B1	American Indian, hits, atc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			ork done during n retired.)	TION nost of working	16b. KINO (OF BUSINESS/IND			
		Domes	stic						
17. FATHER'S NAME (First, Middle, Last) William C. Geo	rge			Annett	IAME (First, Middle, A E e	Visiden Surname)			
TRE INFORMANT'S NAME (TypePrint)		196. MAILINO	AODRESS (Street	and Number or Rura	I Route Number, City	or Town, State, Zip	Code)	^	
Alice George					Baltimo				
20e. METHOD OF DISPOSITION: 10 Bluriel 2 Cremation 3 Hem 4 Donation Other (Specify)		CE AND DATEON	Temori	al Parl	8/4 2	Arbutu			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSER	omes			Jones, son Ave				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	* ZEVENE	A CONSEQUENCE OF)	y AM			Aichice		OYEAR	
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE DF)							
PART II. Other aignificant condition OIABE TES MEI	ns contributing to death	but not reaulting in	the underlyli	ng cause given in	PI	AS AN AUTOPSY ERFORMED? (ES 2 0 40	COI OF	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
25. WAS CASE REFERRED TO MEDICAL	1		26. 1	LACE OF DEATH (C	theck pnly one)				
EXAMINER?	HOSPITAL:		OTHER:		6 Other (Specif				
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT		HOW INJURY OCC	CUREO		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Sp	Y — At homs, farm, str ecify)		YES 2 NO	281. LOCATION (S City or Town,	Street and Number State)	or Rural Route	Number,	
	ICIAN: To the best of my kno							d manner as stated.	
110									
THE BOOKENIE AND TITLE OF BENTHIELD	RESIDENT	PHYSIC		29c. LICENSE NU	MOCH	29d. DATE	-	nith, Day, Year)	

DHMH-16 Rev 1/89



£	
atic event,	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, th	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
r other	MIF
, 0	M
Infun	AL C
any	S
SWO	Ä
e	
23	A
8 is marked, or item 23 shows	2
6	75
ď,	H
ark	<u>}</u>
5	
82	Ш
E	ET
윤	7
5	Σ
M	CO
POR	BE
3	0
7.7	F

	1 - STATE REGISTRAR		DEPAR					ENTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) BESSIE E. WALTERMY							2. DATE OF DEATH DAY JULY 31	1 10	9 9 2	3. TIME OF DEATH 6:10 PM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER	24 MRS	7 DATE OF BIRTH	-	8. BIRTH	IPLACE (State or Foreign
	215-24-8808 ¹□ M 2 ☒ F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Month, Day, Year) May 10, 19	06	Mar	yland
~	9a. FACILITY NAME (If not inatitution, give street and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DEA			NTY OF D	EATH
5	808 Miller Road			Par	kto	n			Ba	ltim	nore
DIRECTOR	104. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d, INSIDE CITY
9	Maryland Baltimore		P	arkt	ton						LIMITS?
ME	10e. STREET AND NUMBER					. ZIP CODE			10g. CIT	ZEN OF V	WHAT COUNTRY?
FUNERAL	808 Miller Road					1120				·S.A	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	☐ YES 2 🚫 I			If yes, sp	city Cuba	F HISPANIO n, Maxican, Specify:	C ORIGIN? (Specify Yea Puerto Rican, etc.)	or No	14. RACE Black Speci	- American Indian, t, Whita, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OE	CEDENT'S	USUAL O	CCUPATIO	N st of workin	a	16b. KINO OF BUS	INESS/INC	DUSTRY	
9	Elementary/Secondary (0-12) College (1-4 or 5 +	,	ive kind of Do NOT u	-			9	m). 3			
COMPLETED	8 17. FATHER'S NAME (First, Middle, Last)	Gei	nera	Т Т	iodi		-	Thread		ТТ	
8	George W. Turnbaugh							E (First, Middle, Maiden S Ann Pal			
BE	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS	S (Street a			ute Number, City or Town		Code)	
2	Ruth Ann Poe							arkton,			20
	20a METHOD OF DISPOSITION 1 🔀 Burlal 2 🗆 Cremation 3 🗆 Ramoval from State	20b. PLACE	AND DATE	OF DISPOS	ITION (Na			OATE 20c. LOC	ATION -	City or To	wn, Stata
	4 Donation 5 Qther (house)	Pine	Grove			_		992 Far	kto	n, N	1D
	· Wasten	stain		J.	J.	Hart	ensi	ein Mort	tuar reed	om,	Inc. PA 17349
	23. PART I. Enter the diseases, or complications the ahock, or heert failure. List only one cau IMMEDIATE CAUSE (Fihal disease or candition resulting in deeth) a	se on each line						as cardiac or reapir	atory an	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEC									
CALC	PART II. Other algnificant conditions contributing to	death but not r	eaulting	In the un	derlylng	cause g	iven in Pa	ert I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
	DEHYDRA	TION						PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MED											OF DEATH? 1 YES 2 NO
ä											
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OTHER	1 :		ATH (Checi				
HAS	1 ☐ YES 2 № NO 1 ☐ Inpatient 2 ☐ 27. MANNER OF DEATH 28s. OATE OF		DOA 28b. TIM	Y.	Ing Home			Other (Specify)	HIM OO	CURED	
	1 Netural 5 Pending (Month, De			M	WO			ed. DESCRIBE NOW IN	JOHY OCI	UNEU	
B√	2 Accident Investigation 3 Suicide 6 Could not be building	INJURY — At ho	me, farm, :	street, fact				Ref. LOCATION (Street ar	d Number	or Rural R	oute Number,
E	4 Homicide determined	atc. (Specify)						City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of ax	my knowledge, da amination and/or i	ath occurn	ed at the ti	ma, data pinion, de	and place, eath occur	and due to	the cause(a) and mann	er as stat	ed. e cause(s)	and manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	ree)	m.	D.			NSE NUMB				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITE	W 27) (Туре,	Print)				70024			
	DONALD L. BORTNER, N	1. D - 4	(0) 5	S-BA	OAD	ST-	NEU	FREED	0 m	PA	.17349
	1002	1 2	anda De								



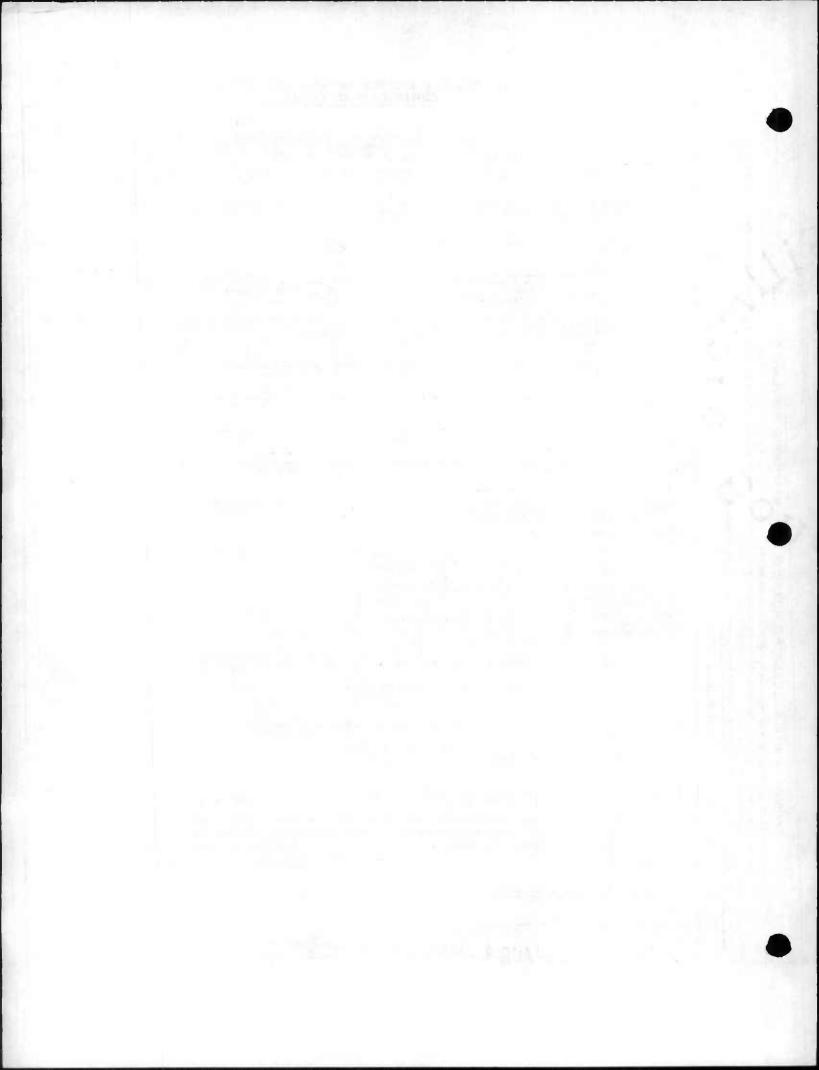
DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

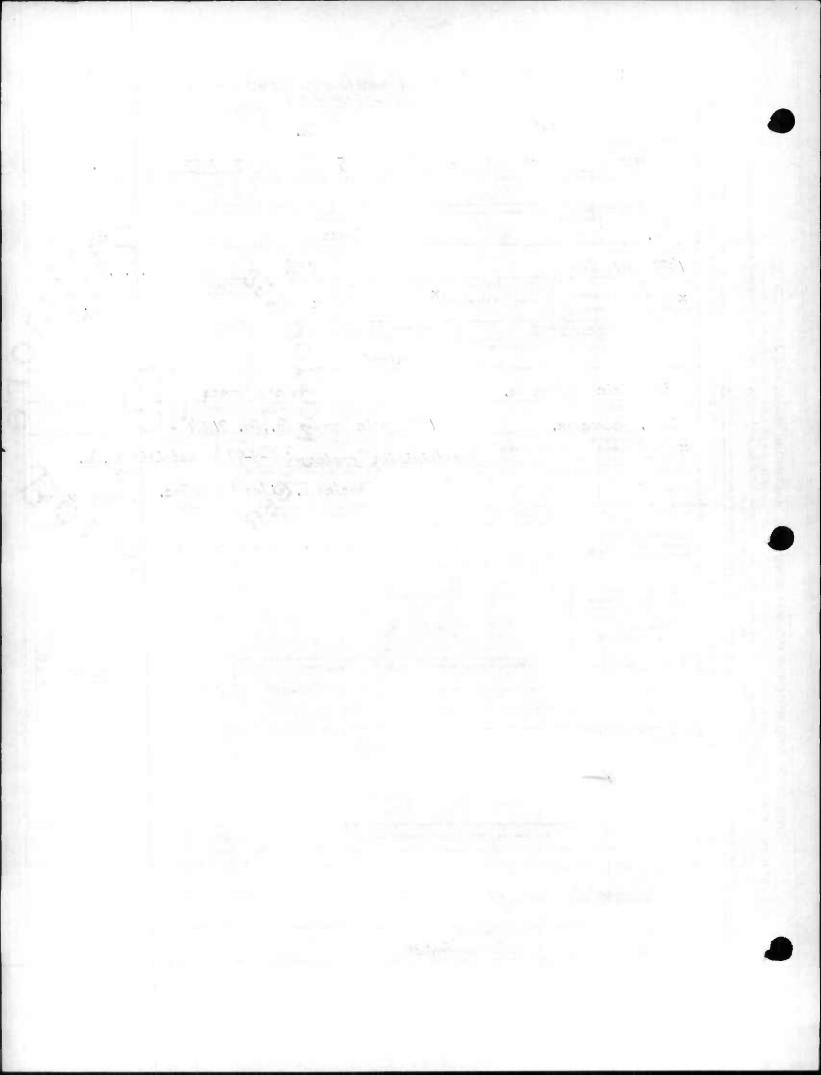
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1.2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Highles prior to burial, controlled in moneyal.

	T. DECEDENT'S NAME (First, Middle, Las						DEATH	2. 0	REG. NO.		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ROB!		EET (I) YA					8 2	-	72	840P
1	215-14-1869	1 M 2 F	70	YRS.	IF UNDER 1	DAYS	HOURS N	IIN. (ATE OF BIRTH Worth, Day, Years 2-5-1921		Country	
	12 3 1721								9c. COUN		RGINIA EATH	
5	HARBOR HOSPITAL	BAL	TIMOR	E CIT	У							
SIMEOLOGI	MARY LAND 10b, COUN		=	10c, CfT	Y, TOWN OR	LOCATI	ON DUND	ALK				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 7569 WESTFIELD	ROAD				10f.	ZIP CODE	1222		10g. CITIZ		S.A.
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	WAR OR DATE:	P □NO S	14 3	yes, spe	NDENT OF H	ISPANIC OF	RIGIN? (Specify Yes orto Rican, atc.)	or No—		— American Indian, White, stc.
	15. DECEDENT'S ED	DUCATION	WW I	A. DECEDENT'S	USUAL OCC	LIPATIO	v .		18b. KIND OF BUS	DIALEGE (IND)	IOTEV	WHITE
	(Specify only highest gra-	de completed) College (1-4 or 5		(Give kind of a life. Do NOT us	work done du	ring mos	t of working		160. KIND OF BUS	MINESS/INU	STRT	
	Elementary/Secondary (0-12) 8 YEARS	N/A		OPER	RATING	FN	GINEE	R	CONSTI	RUCTI	ON	LOCAL 37
	17. FATHER'S NAME (First, Middle, Last) JAMES CRUMP (WYA	TT							irst, Middle, Meiden	Sumame)		
	19a. INFORMANT'S NAME (Type/Print)	VI I		10b MAII INC	ADDRESS (Change on			NN PAISI			
	JESSIE WYATT			7569 W					LTIMORE,			D 21222
	20a METHOD OF DISPOSITION 1A Burlal 2 Cremetion 3 Re	mount from State	20b. PL	ACE AND DATE	OF DISPOSIT	ION (Nan	ne of			CATION — C		
1	4 Donatton 5 Other (Specify) BEL AIR MEMORIAL 8-6-92 BEL AIR, MARYLAND											
	21. SIGNATURE OF FUNERAL PRIVICE	LICENSEE	2		out	75-1X 1922	UCK FI WISE	AVEN	L HOME (OF DUI	NDAL.	K INC. 21222
,	disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CO	NSEQUENCE O	F):				•			
	CAUSE (Disease or injury that initiated events	d				erlying	cause give	n in Part	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions the conditions of the condi	d							PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	CAUSE (Disease or injury that initiated events resulting in death) LAST	d. one contributing to	death but r	not resulting	In the unde	26. PLA	ICE OF DEAT	H (Check on	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, it	death but i	not resulting	OTHER:	26. PLA	SCE OF DEAT 5 Reside RY AT	H (Check on pince 6 4 4	PERFOR	MED?		COMPLETION OF CAUSE OF DEATH?
	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, i) 28a. PLACE (ER/Outpatio	not resulting	OTHER: 4 Nursin	26. PLA g Home Bc. INJU WOR 1 YE	SCE OF DEAT 5 Reside RY AT	H (Check on nince 6 4 28d.	PERFOR 1 YES 2 Ny one) Other (Specify)	MED?	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 28e. PLACE (building	ER/Outpetle F INJURY Pey, Year) OF INJURY — etc. (Specify) I my knowledge	not resulting	OTHER: 4 Nursin E OF 21 URY M intreet, factory	26. PLA g Home 8c. INJU WOR 1	SCE OF DEAT 5 Reside RY AT K7 ES 2 No	H (Check on ence 6 () 28d.	PERFOR 1 YES 2 Dither (Specify) DESCRIBE HOW II LOCATION (Street a City or Town, State)	MED? NO NO NO NO NO NO NO NO NO N	JRED w Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 28a. DATE Or (Month, in building) SICIAN: To the bast of NER: On the basis of the	ER/Outpetle F INJURY Pey, Year) OF INJURY — etc. (Specify) I my knowledge	not resulting	OTHER: 4 Nursin E OF 21 URY M intreet, factory	26. PLA g Home Bc. INJU WOR 1 YE y, office e, date a	SCE OF DEAT 5 Reside RY AT K7 ES 2 No	H (Check on once 6 0 28d.	PERFOR 1 YES 2 Dither (Specify) DESCRIBE HOW II LOCATION (Street a City or Town, State)	MED? NO NJURY OCCI and Number of	JRED W Rural Ro d. cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



	1. DECEDENT'S NAME (First, Middle, L	trick	1		נינט ב גונים	0.	2	DATE OF DEATH	DAY 1.0	992	3. TIME OF D	
	JIM Pax 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Inst	historian	WALKER IF UNDER 1 YEAR	IF UNDER	24 1400 7	08 (6:07	
	None	1 M 2 F	on second in him was	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		8. BIRTHP Country)	MACE (State of	
	9a. FACILITY NAME (If not institution, g	,,,			9b. CITY, TOWN	OR LOCATIO	ON OF DEAT		-	TY OF DE	ATH	
OR	FRANCIS SCOTT		AL CENTER			rimori						
DIRECTOR	RESIDENCE OF DECEDENT			Inc. CITY	Y, TOWN OR LOCA	TION					10d. INSIDE C	
DIR	Md.	OIT. T			Baltimor						LIMITS?	
1.77	10e. STREET AND NUMBER					H. ZIP CODE			10g. CITIZ		1 X YES 2	
FUNERAL	1427 Curie Way					2122	4		U	.S.A		
J-	11. MARITAL STATUS	12. WAS DECEDER	ENT EVER IN U.S. ARM	MED				ORIGIN? (Specify) Puerto Rican, etc.)			- American II White, etc.	
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES				Specify:	Pueno Hican, etc.,		Specify		
60	15. DECEDENT'S		16a, DEC	PEDENT'S	USUAL OCCUPATI	ON		166, KIND OF B	" I I I I I I I I I I I I I I I I I I I	TOTOV	write	
E	(Specify only highest g Elementary/Secondary (0-12)		(Gh	ve kind of w Do NOT use	vork done during m re retired.)	ost of working	2	100, 14110	Odiness, inc.	Jaint		
COMPL			''	Int	ant							
00	17. FATHER'S NAME (First, Middle, Last					1/1		(First, Middle, Malde	on Surname)			
BE	Jim Patrick Wo	uker Ir.						Powers				
2	190. INFORMANT'S NAME (Type/Print)		196	2 - 0						Code)		
	196. INFORMANT'S NAME (Type/Print) Jim P. Walker Sr. 1427 (urie Way Balto., Md. 2/224 206. METHOD OF DISPOSITION 206. BLACE AND DATE OF DISPOSITION (Name of the state of											
	1X Burial 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE A	nd DATEO	of Disposition (Nither place)	eme of	8-	DATE 20c. 1	LOCATION - C	aty or Tow	m, State	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	- WESKING	BUSH	22. NAME A	ND ADDRES	S OF FACIL	лү м	25 XIII L	(22/1	41the	
	D 0 0.	la h	0 .		01 1	-			_ (1220		
	23. PART I. Enter the diseases, shock, or heart felix IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one ce	nat coused the despuse on each line.		SUDE	ode of dyin	ng, such a	3-92 We say & Son	piratory arre	Easte est,	Approx Interval Onset a	
IFICATION	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition	a	puse on each line.	UENCÉ OF	SUDI	ode of dyin	ng, such a	ia cerdiac or rea	piratory arre	Easte sst,	Approx	
ERTIFICATION	shock, or heart felic IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	O (OH AS A CONSEO	UENCÉ OF	SUDI	ode of dyin	ng, such a	ia cerdiac or rea	piratory arre	Easte est,	Approx	
MEDICAL CERTIFICATION	shock, or heart felice IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO c. DUE TO d.	O (OR AS A CONSEO) O (OR AS A CONSEO) O (OR AS A CONSEO)	UENCE OF	SUDE	DEN INF	FANT DE	EATH SYNDR	OME. NAUTOPSY ORMED?	24b. V	Approx	
MEDICAL C	shock, or heart fall. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions.	b. DUE TO c. DUE TO d. Itlone contributing to	O (OR AS A CONSEO) O (OR AS A CONSEO) O (OR AS A CONSEO)	UENCE OF	SUDE	DEN INF	FANT DE	TT I. 24a. WAS A PERFI	OME. NAUTOPSY ORMED?	24b. V	Approx Interval Onset s Onset s WERE AUTOPS: MAILABLE PRIM COMPLETION C OF DEATH?	
MEDICAL C	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of the conditions of the cause	bDUE TO cDUE TO d HOSPITAL:	O (OH AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO o deeth but not re	UENCE OF	SUDE SUDE SUDE SUDE SUDE SUDE SUDE SUDE	DEN INF	FANT DE	TT I. 24a. WAS PERF	OME. NAUTOPSY ORMED?	24b. V	Approx Interval Onset s Onset s WERE AUTOPS: MAILABLE PRIM COMPLETION C OF DEATH?	
SICIAN: MEDICAL C	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of the conditions of the cause	b	O (OH AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O deeth but not re	UENCE OF	SUDE	DEN INF	FANT DE	ert I. 24a. WAS A PERFO	OME. NA AUTOPSY ORMED? 2 NO	24b. %	Approx Interval Onset s Onset s WERE AUTOPS: MAILABLE PRIM COMPLETION C OF DEATH?	
PHYSICIAN: MEDICAL C	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are caused in the conditions of the cause of the	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, &	O (OH AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O deeth but not re	UENCE OF	SUDE SUDE SUDE SIDE SIDE SIDE SIDE SIDE SIDE SIDE SI	DEN INF	FANT DE	TT I. 24a. WAS PERF	OME. NA AUTOPSY ORMED? 2 NO	24b. %	Approx Interval Onset s Onset s WERE AUTOPS: MAILABLE PRIM COMPLETION C OF DEATH?	
BY PHYSICIAN: MEDICAL C	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condit 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural	b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpertent 2 28e. DATE Of (Month, i.	O (On AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O deeth but not re	DUENCE OF	SUDE SUDE SUDE SUDE SUDE SUDE SUDE SUDE	DEN INF	FANT DE	TII. 24a. WAS / PERF- Only one) Other (Specify) Bd. DESCRIBE HOW	OME NAUTOPSY ORMED? 2 □ NO	24b. V	Approx Interval Onset s Onset s WERE AUTOPS) AMAILABLE PRINCOMPLETION COF DEATH? 1 YES 2	
ED BY PHYSICIAN: MEDICAL C	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condit 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural	b. DUE TO c. DUE TO d. LItions contributing to litions contributing to litions contributing to 28e. DATE Of (Month. It) lition 28e. PLACE O building	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O deeth but not re	DUENCE OF	SUDE SUDE SUDE SUDE SUDE SUDE SUDE SUDE	DEN INF	FANT DE	ert I. 24a. WAS A PERFO	OME AN AUTOPSY ORMED? 2 NO	24b. V	Approx Interval Onset s Onset s WERE AUTOPS) AMAILABLE PRINCOMPLETION COF DEATH? 1 YES 2	
ETED BY PHYSICIAN: MEDICAL C	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are sufficient aignificent conditions. If yes 2 \(\text{NAS CASE REFERRED TO MEDICA EXAMINER?} \) 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 \(\text{YES 2} \) NO 27. MANNER OF DEATH 1 \(\text{Natural investigated as } \) 2 \(Accident as of could not determine as of co	b	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O deeth but not re X ER/Outpetient 3 F INJURY Day, Year) OF INJURY — At hom g, etc. (Specify)	DUENCE OF UENCE UDE SUD SUD	DEN INF DEN IN	FANT DE	TI. 24a. WAS A PERFIT ONLY ONE) Other (Specify) Bd. DESCRIBE HOW E. City or Town, Stell	OME NA AUTOPSY ORMED? 2 NO NAUTOPSY ORMED? 4 INJURY OCCU	24b. V	Approx Interval Onset s Onset s WERE AUTOPS) AMAILABLE PRINCOMPLETION COF DEATH? 1 YES 2		
ETED BY PHYSICIAN: MEDICAL C	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions in the conditions of the cause of th	b	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O deeth but not re X ER/Outpatient 3 F INJURY Day, Year) OF INJURY — Al hon g, etc. (Specify)	DUENCE OF UENCE UDE SUD SUD	DEN INF DEN IN	FANT DE	TI. 24a. WAS A PERFORMANCE ONLY ONE) Other (Specify) Other (Specify) Other (Specify) H. LOCATION (Street City or Town, Steil	OME NA AUTOPSY ORMED? 2 NO INJURY OCCU of end Number of	24b. V 24b. V 6 6 6 7	Approx Interval Onset a Onset a WERE AUTOPS AMAILABLE PRINCOMPLETION COOP DEATH?		
COMPLETED BY PHYSICIAN: MEDICAL C	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions in the conditions of the cause of th	b. DUE TO c. DUE TO d. DUE TO d. LITIONS CONTRIBUTING TO Et be do HYSICIAN: To the best of MINER: On the best of MINER:	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O deeth but not re X ER/Outpatient 3 F INJURY Day, Year) OF INJURY — Al hon g, etc. (Specify)	DUENCE OF UENCE UDE SUD SUD	DEN INF DEN IN	FANT DE	et I. 24a. WAS A PERFI	OME. NA AUTOPSY ORMED? 2 NO INJURY OCCU d and Number of be)	24b. V 24b. V 1 URED or Rural Root d.	Approx Interval Onset s Onset s WERE AUTOPS AMELABLE PRINCHED PRI		
ETED BY PHYSICIAN: MEDICAL C	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are suiting in death aignificent conditions. The suiting in death aignificent conditions are suiting in death aignificent conditions. The suiting investigation aignificant conditions are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigations. The suiting investigation are suiting investigation are suiting investigation. The suiting investigation are suiting investigation are suiting investigation are suiting investigation. The suiting investigation are suiting investigation	b. DUE TO c. DUE TO d. DUE TO d. LITIONS CONTRIBUTING TO Et be do HYSICIAN: To the best of MINER: On the best of MINER:	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO O deeth but not re X ER/Outpatient 3 F INJURY Day, Year) OF INJURY — Al hon g, etc. (Specify)	DUENCE OF UENCE UDE SUD SUD	DEN INF DEN	FANT DE	et I. 24a. WAS A PERFIT IN YES Only one) Other (Specify) Bd. DESCRIBE HOW Bf. LOCATION (Street, Stell) the cause(e) end must, date end place, in the cause(e) and must, date end place, in the cause(e) and must, date end place, in the cause(e) and must, date end place, in the cause(e) and must, date end place, in the cause(e) and must, date end place, in the cause(e) and must, date end place, in the cause(e) and must, date end place, in the cause(e) and must, date end place, in the cause(e) and must date end place.	OME IN AUTOPSY ORMED? 2 IN NO IN SURY OCCU Is and Number of the ond Number of the ond Number of the ond of t	24b. V 24b. V 1 URED or Rural Root d.	Approx Interval Onset s Onset s WERE AUTOPS: AVAILABLE PINT COPPLETION COPPLETION COPPLETION COP DEATH? 1 YES 2 [



permit. Pages 1, 2, 3 should

5	2	H
	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be hith the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	arked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
2	96	9
	2	4 6
-	director	F mus
	funeral	xamine
	the Sal	E
	A E	dic
	D O	E
	y fille tion,	the
	etel	ŧ,
	量る	2
	Co la	3
	and o	at
	ian or to	5
	Sic	5
	등	1
	Sing Ygie	5
	ten H	0
	e at	5
	E Z	Ī
	200	J.
	at a	8
	F. Si	*
	o de	4
	Dept	23
	State	Item
	the	0
	this certificate has been signed by the attending physician and completely filled in by the I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rked,

marked,

28 Is

Hem.

MPORTANT: IL

BE

9

31. DATE FILED (Month, Day, Year)

ALIG 4 1992

coran

22. REPOSTE AR'S SIGNATURA

After 1

DIMECTOR: /

223

92 21371 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3 14 OMONTH WILLIAMS 09:40 AM LILLIAN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year 1 M 2 X DAYS HOURS 69 YRS AUG.16,1922 MARYLAND Sa. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GLEN BURNIE A.A. COUNTY NORTH ARUNDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL PASADENA MARYLAND 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 555 21122 u.s.a CREEK ROAD GRAYS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 ☐ YES 2 ANO 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: WHITE 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) DOMESTIC 6 th grade HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) EMMA P. FICK EDWARD L. BORTNER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SAME AS 10 EDWARD WILLIAMS A - F20a. METHOD OF DISPOSITION

1 St Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State OAKLAWN CEMETERY AUGUST 3, 1992, BALTIMORE, MD 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MC CULLY FUNERAL HOME OF PASADENA la 21122 3204 MOUNTAIN ROAD, PASADENA, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Favlu resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR melit Fulza Vahol Cochyal hy cause. Enter UNDERLYING DUE TO (OR AS A CONSCOURNCE OF) CAUSE (Disease or injury that initiated events resulting in death) LAST Willow PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 THO
27. MANNER OF DEATH Inpatient 2 - ER/Outpatient 3 - DOA ng Nome 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY Netural Accident 5 Pending 1 YES 2 NO BY Investigation 28s. PLACE OF INJURY — Al home, farm, street, lactory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 8 Could not be 4 🔲 Homicide COMPLET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

DARIUSH DOORANDISH, M.D./325 HOSPITAL DRIVE, #201/GLEN BURNIE, MARYLAND 21061

DHMN-16 Rev 1/89

sultani tarth sope should gladentie and her walley to Carolina Berey mobiled 1000

The High PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIFF CARAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	#1,3,6,Film(36919/1	.9/92 +	kam				0	0 0	1070
_	FOR STATE REGISTRAR	STATE OF N			MENT OF H		MENTAL HYGIE REG. N	NE	2 2	1372
!	1. DECEDENT'S NAME (First, Middle, Last) BABY GIRL	Elizab WACNER		hley	Wagner	-Reid	2. DATE OF DEATH MONTH 07 31	1992	YEAR 2	IME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1	6. AGE (in yrs. les	-	F UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN. 1 7	7. DATE OF BIRTH (Morith, Day, Year) 07-31-1		Country)	E (State or Foreign
5	90. FACILITY NAME (# not institution, give s THE JOHNS HOP		PITAL	1	BALTIM	R LOCATION OF DE IORE	ATH		TY OF DEATH	
DINECTOR	MD Ann	e Arund	e 1		TOWN OR LOCAT	17.10			000	INSIDE CITY LIMITS? YES 2 XNO
LONERAL	100. STREET AND NUMBER 586 Pine Dri			.1	101	ZIP CODE 21122			EN OF WHAT	COUNTRY?
5	11. MARITAL STATUS 1 X Yever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 0F YES, GIVE W	YES 2 LA	NO	13. WAS DEC	city Cuban, Maxicas	IC ORIGIN? (Specify) 1, Puerto Ricen, etc.)			merican Indian, Ita, atc.
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	(G life.	CEDENT'S US ive kind of wor Do NOT use	SUAL OCCUPATION for done during most retired.)	N at of working	166. KIND OF B	USINESS/INDU		
	17. FATHER'S NAME (First, Middle, Last) Charles Arthu 190. INFORMANT'S NAME (Type/Print)	r Reid				Pamel	ME (First, Middle, Melde a Kay Wa	gner		
	John L. Wagne						oute Number, City or R asadena,			2
	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		cernetery, cre Glen	MANDDATE OF Matory or othe Have		Park	8-4-92		Burni	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Hend	Jr.	9.		ADDRESS OF FAC				al Home a,Md.211
	23. PART I. Enter the diseases, proshock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Emplications that List only one cause a. Pulm	se Dn each lina	1			as cardiac or res	piratory arre	st,	Approximate Interval Between Onset and Daeth ~ 5 hours
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	OUENCE OF):						
	PART II. Other aignificant condition	s contributing to	death but not n	esuiting in	the underlying	cause given in i		RMED?	COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		THER:	ACE OF DEATH (Che			1	
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e, DATE OF (Month, De	y, Year)	28b, TIME O	OF 28c. INJU NY WOF M 1 Y	RY AT	28d. DESCRIBE HOW			
		building, a	tc. (Specify)	me, term, stra	et, factory, office		28f. LOCATION (Street City or Town, Steh	and Number o	r Rural Route I	lumber,
	3 Suicide 8 Could not be detarmined									
	4 Homicide Could not be determined	CIAN: To the beat of r					io the cause(e) and m			manner as stated.

31. DATE FILED (Month, Day, Year)
AUG 4 1992

DHMH-16 Rev 1/89

The state of the

nce.

4	8		76
ained	should		Med
De ref	36 5		9 10
may	K, pag		d to
9 90	irecto		Ē
F. P.	eral d		nine
deat	e fun	-	еха
afte	by th	move	Ical
hours	ui pe	00	E
n 24	by fills	ation,	the
withi	plete	Crem	rent,
cuted	d con	urial,	matic event,
909 9	an an	r to b	ELLI
ate b	hysici	prio	r T
ertific	ing pri	giene	othe
eath	attend	雪	1, 0
the d	the :	Me	Infer
that	ed by	th and	any
puires	Sign	Heal	DWG
W rec	peer	pt. of	3 sh
he la	e has	9 9 9	ш 2
AN: 1	Lifeat	e Stal	r He
YSICI	S cer	中	9d, 0
G PH	er thi	ath w	nark
NON	R: Aft	er de	50
A	ECTO	Is after	n 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retrained by a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at a
SPITA	VERA	Pin 72	
E HO	E FU	D WIE	RTA
F 0	H O	Se file	2
	*	-	-

BE

2

allan

31. DATE FILED (Month, Day, Warren

FOR STATE REGISTRAR 92 21373 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR CLARA ZURIFF 92 5:02 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 9 - 15 - 0 8. BIRTHPLACE (State or Foreign 216-32-8358 MONTHS DAYS HOURS MIN. 1 - M 2 X F RUSSIA YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH FUNERAL DIRECTOR Sinai HOSPITAL BALTIMORE 10a, STATE 10b. COUNTY BALTIMORE 10d. INSIDE CITY LIMITS? MARYLAND 1 XYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 21215 109, CITIZEN OF WHAT COUNTRY? 6503 PARK HEIGHTS AVE., APT. 2H 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY post of working ndary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Malden Surname)
BAILA ZITELMAN MORRIS BENDER **BE** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. MARCIA ROTHSTEIN 2503 VELVET VALLEY WAY OWINGS MILLS, MD 21117 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata # Donation 5 Other specify BETH JACOB 8/2/92 FINKSBURG, MD 22. NAME AND AODRESS OF FACILITY SOL LEVINSON & BROS., INC. BALTO., MD 6010 REISTERTOWN RD. 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. Clat only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in deeth) METASTATIC BREAST CANCER DUE TO (OR AS A CONSEQUENCE OF): GI BLEED CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditione contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Chack only 1 🔀 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

> 32. REGISTRAR'S SIGNATURE Tailor Bridge

instern, Do.

1992

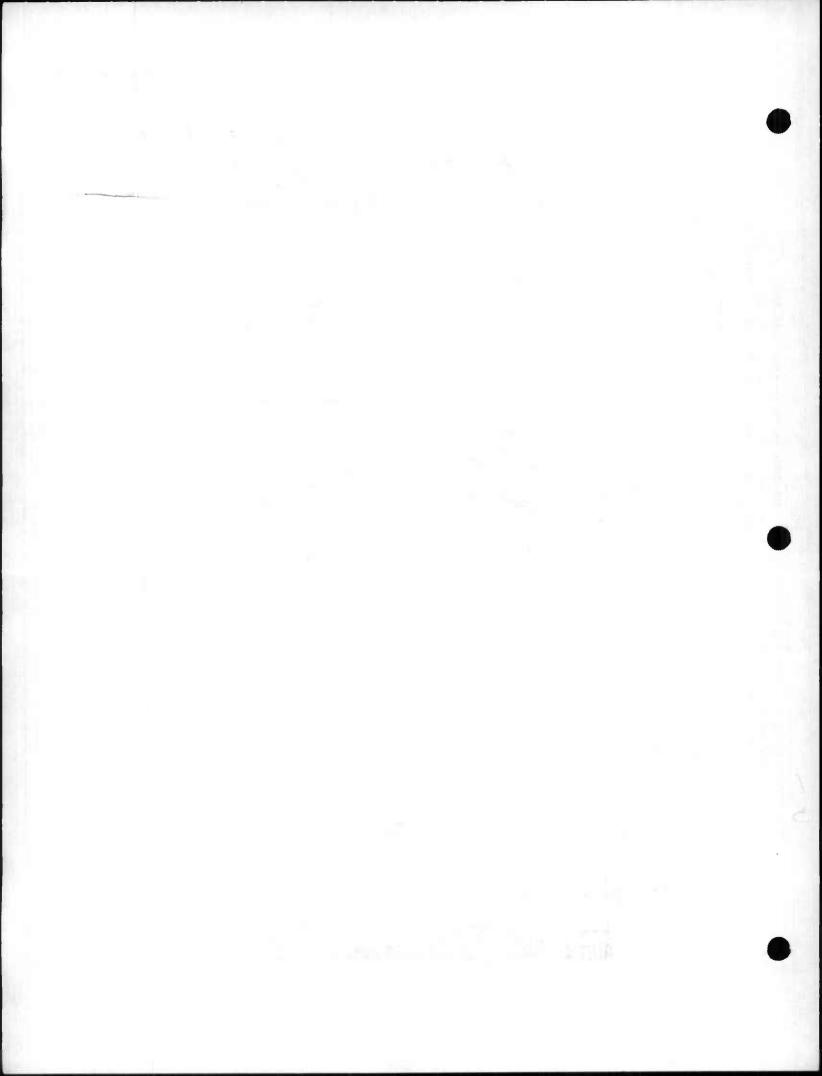
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

192

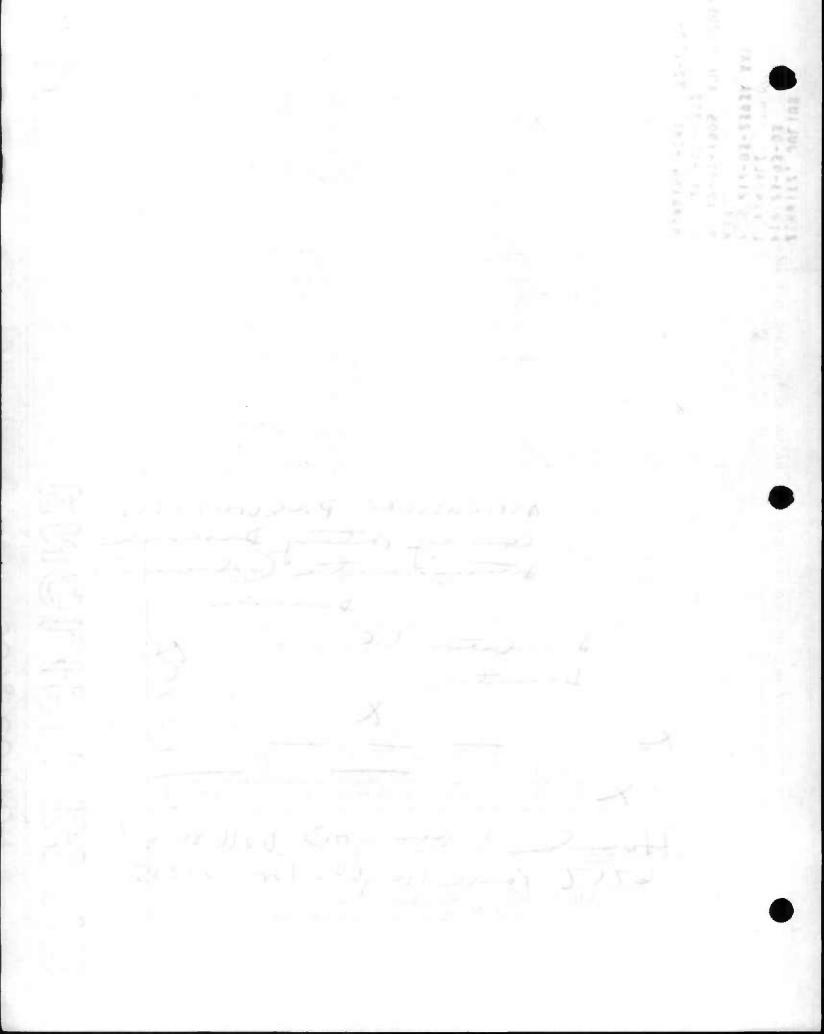
8/1



Should 3938 A&B

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
	2. DATE O	F DEATN

06/	
163 CD	92 21374
07	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
A 20 H	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH OF DAY 12 3 AM 2. DATE OF DEATH MONTH OF DAY 12 3 AM
25	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) NONTHS NON
OR PO	96. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH Salto, mo
DIRECTOR	TRESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION BALTIMORE 10d, INSIDE CITY LIMITS? 1 XYES 2 \(\) NO
FUNERAL	100-ESTREET AND NUMBER 6810 PARK HEIGHTS AVE., APT. 210 101. ZIP CODE 21215 109. CITIZEN OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ENGINEER 166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) CHEMICAL
BE COM	17. FATHER'S NAME (First, Middle, Last) SAUL ZERWITZ 18. MOTHER'S NAME (First, Middle, Maiden Surname) IDA FRIEDMAN
TO B	196. INFORMANT'S NAME (Type/Print) DR. HOWARD DAVIDOV 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7221 DENBERG RD. BALTO., MD 21209
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal remains and a complete surial conditions of cemetary, crematory or other place) BNAI ISRAEL 20s. LOCATION — City or Town, State 20s. LOCATION — City or Town, State 20s. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION (Name 20s.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.
	23_DART Y. Whiter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ee cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):
SATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING
CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO.
AN: N	Denettie
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO 1 I I I I I I I I I
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY (Morith, Dey. Year) 28b. TIME D 28b. TIME D 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 3 CONTROL OF CERTIFIER 3 CONTROL OF CERTIFIER 3 CONTROL OF CERTIFIER 4 CONTROL OF CERTIFIER 5 CONTROL OF CERTIFIER 6 CONTROL OF CERTIFIER 7 CONTROL OF CERTIFIER 8 CONTROL OF CERTIFIER 9 CONTROL OF CERTIFIER 1 CONTROL OF CE
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	31. DATE FILED (Month, Day, AUG 4



49		
r use		
2		
detached		once.
8		Ħ
t: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a		is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
page		be
firector,		r must
funeral c		xamine
鲁	Ze.	i e
6	OE OE	163
=	1	e
filled	ou. 0	hen
steh	mati	1, 1
nple	Cre	Ver
8	rial,	9 3
and	3	ati
an	r to	5
Sici	prio	E
E	9	Pe
ding	Hygie	r ot
atte	雪	0.7
the	Mer	nin
5	and	×
ned	THE B	3
Sig	£	M
eeu	0	4
has t	Dept	23
cate	State	Her
artif.	the .	6
SC	th	9
E CE	h W	ark.
Afte	eat	Ë
-	5	,65

REGISTRAR	STATE OF N	(ERTIF	ICATI	E OF	DEAT	ГН		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last			-					2. DATE (DF DEATH	w /	YEAR	3. TIME OF OEATH
JOHN (N	MI)	6. AGE (In yrs.								6	n	18 Q M
236-20-4673	1 🖾 M 2 🗆 F	7 1	YRS.	IF UNDER	DAYS	HOURS	MIN.		Day, Year)		Country)	
9e. FACILITY NAME (If not institution, give		/1	1116.	ab CITY	TOWN (R LOCATI	ON OF D		16 19	921 9c. COUNT		. Va.
		a II ama			akla		011 01 0	LICITI				
Dennett Road Man	ior nursii	ig nome		0	akla	nu				Ga	rret	L
Dennett Road Man RESIDENCE OF DECEDENT 10a. STATE 10a. STATE Maryland Gar	TY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	rrett		0	akla:	nd							YES 2 NO
100. STREET AND NUMBER	201				101	. ZIP COD				10g. CITIZE	N OF W	IAT COUNTRY?
100. STREET AND NUMBER 208 N. 11th Street II. Marital Status						215				USA		
11. MARITAL STATUS 1 Never Married 2 Married		YES 2			If yes, sp	ecify Cubi	m, Mexic	an, Puerto R	(Specify Yes ican, atc.)	or No— 1	Black,	 American Indien, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE W			- 1	1 TYES	2 🔯 NO	Speci	ify:			Specify	White
		16a.	OECEOENT'S					16b.	KIND OF BU	SINESS/INDU	STRY	
(Specify only highest gra	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	ist of worki	ng					
APP.	5 +		Forr	este:	r				Fo	rresti	ry	
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S N	AME (First, N	liddle, Meiden	Surneme)		
John		Adam		r.			loda				На	11
O 190. INFORMANT'S NAME (Type/PTIRI)										n, State, Zip C		
Mrs. Ratherine	Adams	-	208N.				O			. 2155		
20e. METHOO OF DISPOSITION 1 [XBuriel 2] Cremetion 3] Re	moval from State	of cemeta	ce and dat ary, cremator cett N	e OF OISE	POSITION place)	(Name		OATE		CATION — CI		
4 Donation 5 Other (Specify)	ICENSEE	Garı	rett M			Gard ND ADDRE			Oak	land,	Mar	yland
Do N	//	4								O. Box		-
folial 19.	X such	M00	167	Dı	urst	Fun	eral	. Home	- 0a	kland,	Md	. 21550
23. PART I. Enter the diseases, D ahpok, or heart feilure				not anta	r the mo	de of dy	ing, su	ch as card	iac or resp	iratory arre	st,	Approximate interval Between
IMMEDIATE CAUSE (Final	0	Α.				ter						Onset and Death
disease or condition resulting in death)	· Charte	ite H	rdano	Can	mo	4						7 morths
	DUE TO	(OR AS A CON	SEOUENCE C	OF):								
Sequentially list conditions,	b	(OR AS A CON	SECUENCE C	NE) ·								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	1002 10	(on no n con	SECOLITOR C	,,,								
CAUSE (Disease or injury that initiated events	c. OUE TO	(OR AS A CON	SEOUENCE C	OF):								
resulting in death) LAST	4											
		A - 45 5 4 - 4		10.461	- 4 - 4 - 4 -			- Diat I			Lau	
PART II. Other aignificant conditi	one contributing to	geeth but no	ot resulting	in the u	naeriyin	g ceuse	given ir	n Part I.	PERFO			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
ğ								— I	1 TYES	ON K		OF DEATH?
¥								— 1				1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 _ YES 2 _ NO 27. MANNER OF DEATH					00.0	ACE OF	DEATH ~	Check only on	a)			
EXAMINER?	HOSPITAL:	7 50 10 4 - 1		OTHE	R:							
27. MANNER OF DEATH	28e. DATE OF		28b. Til		-	JURY AT	lesidence	6 Othe		INJURY OCCU	JRED	
	(Month, I	Day, Year)	IN	JURY	W	YES 2	NO					
	28e. PLACE	OF INJURY — At	t home, farm,	street, fac						and Number o	r Rural Ro	oute Number,
2 Accident Investigatio		, atc. (Specify)						City	or Town, State)		
2 Accident Investigatio		f my knowledge	. death occur	red at the	time, det	end plac	e, end du	ue to the ceu	se(e) end me	nner as state	d.	72
2 Accident Investigatio	/SICIAN: To the best o		,									
2 Accident Investigatio	YSICIAN: To the best of		or investigat	lon, in my	obunest.	DOD(11 0001						end manner ee stated.
2 Accident Investigatio 3 Suicide 6 Could not 8 4 Momicide determined 29s. CERTIFIER CERTIFYING PH (Check only one) 2 MEDICAL EXAM	INER: On the basie of		or Investigat	lon, in my	орином,		ENSE N					
2 Accident 3 Suicide 6 Could not a determined 4 Homicide GERTIFYING PH (Check only 2 MEDICAL EXAM) 29b. SIGNATURE AND TITLE OF CERTIF	INER: On the basie of		or Investigat	lon, in my	оринон,							(Month, Day, Year)
2 Accident Investigatio 3 Suicide 6 Could not 8 4 Momicide determined 29s. CERTIFIER CERTIFYING PH (Check only one) 2 MEDICAL EXAM	INER: On the basic of o	examination and			opinion,							
2 Accident 3 Suicide 6 Could not a distermined 29s. CERTIFIER Check only 2 MEDICAL EXAM 29b. SKINATURE AND TITLE OF CERTIF	INER: On the basic of o	examination and		e, Print)								
2 Accident Investigatio 3 Suicide 6 Could not be determined 4 Homicide Gentifying PH 296. CERTIFIER Check only 2 MEDICAL EXAM 295. SIGNATURE AND TITLE OF CERTIF	NER: On the basic of or street of the basic of or street or or street or or street or or or or or or or or or or or or or	examination and	п ем 27 (Тур glon,	e, Print)								

1 -	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	OTHE OF MARITE	CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Louvenia	A Ruby An	noak-Darko	2. DATE OF DEATH	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-33-2067	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - / 2	Court	ripplace (State or Foreign ryland
Se FACILITY NAME (I not institution, give Greater Laurel RESIDENCE OF DECEDENT			Lautel	ATH	PRINCE	GEDRUE'S
10a. STATE 10b. COUNT	FARUNDE		OWN OR LOCATION AURFL			10d. INSIDE CITY LIMITS? 1 YES 2 NO
3455 ANDRE	an Court		101. ZIP CODE 20724	*	10g. CITIZEN OF USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES, GIVE WAR OR E	2 NO	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, etc.
(Specify only highest grad Elementary/Secondary (0-12)		16a, DECEDENT'S US Give kind of work life. Do NOT use no None	UAL OCCUPATION I done during most of working stired.)	186. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Last)	1 1 1		1 1 (U.S. C. C. C. C. C. C. C. C. C. C. C. C. C.	ME (First, Middle, Maiden	The state of the s	
Frederick Laud A	Amoan-Darko	T 19b, MAILING AD	Madel DRESS (Street and Number or Rural	Ruby Mens		
Frederick Laud	Amoah-Darko		ndrew Court/102			
20s. METHOO OF DISPOSITION 1 [X] Burlal 2 Cremation 3 Res			on (Name of cometary, crematory or norial Park	20c. LO	CATION — City or	and a little of
4 Donation 5 Other (Specify)		airfax Mer	morial Park		rfax, V	irginia
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Pompeiis Cordia Due to (or as Due to (or as Due to (or as		1	n Storage	distase	Onset and Death
PART II. Other algnificent condition	one contributing to death	but not reaulting in	the underlying cause given in	Part I. 24e. WAS AN PERFOR	MED?	No. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch			
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)			6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, streecify)	et, factory, office	201. LOCATION (Street of City or Town, State)		il Route Number,
CONSUM UNITY			at the time, date and place, and due in my opinion, death occured at the			e(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	ulm Ex	ty Medica aminar	DO10	952	►7-c	ED (Month, Day, Year) 8 - 92_
	KE M.D. 40	03 Queen.	sbury Rd H	lyattsii	the MD	20781
JUL 17 '92	Julia Davidson	Randoll				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages if the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

OHMH-16 Rev 1/89

The first transfer of the second seco

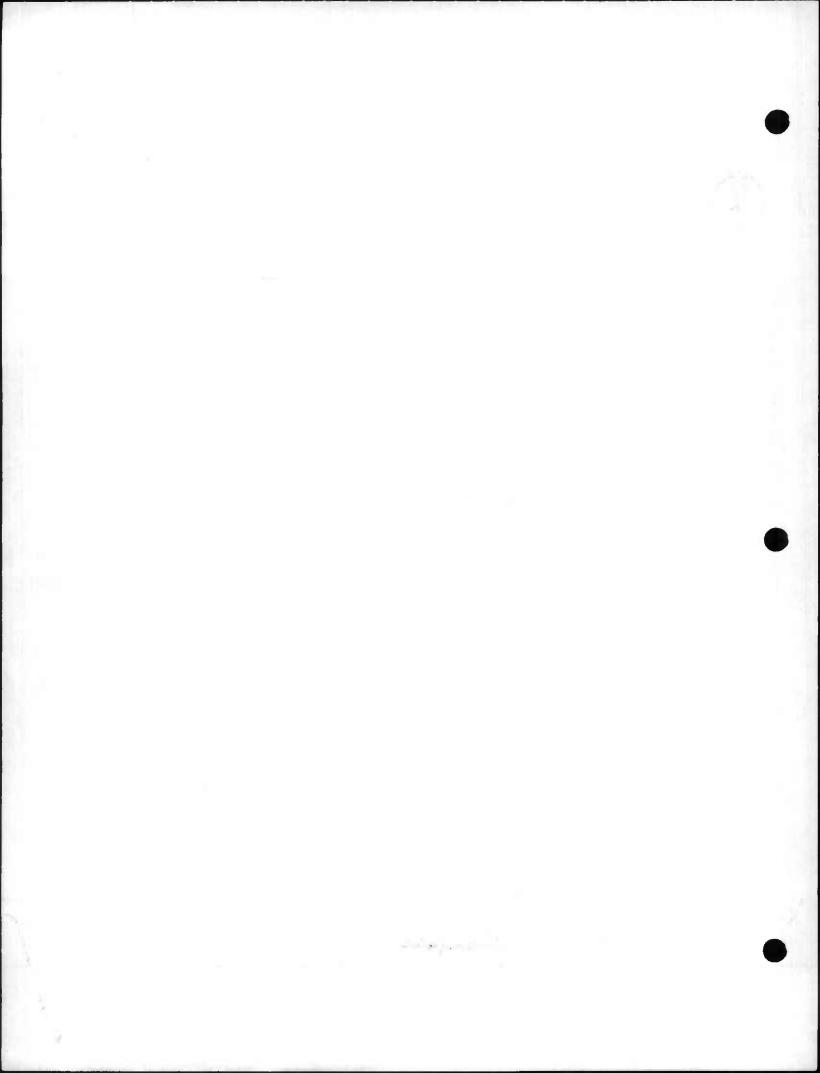
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year JUL 6 '92

22. REGISTBAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	(
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit.	A-5/86
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First, Middle, Last	1)		ENIII	ICATE	E OF DE	EAIN	_	2. DATE OF			3.	TIME OF DEATH
	Car	melo A.	Alfa	no				Jul	DA	v 1992	YEAR	3.10p /
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		UNDER 24 I		7. DATE OF	BIRTH		BIRTHPL	NCE (State or Foreig
261-66-3149	1 5 M 2 🗆 F	64	YRS.	MONTHS	DAYS HO	URS N	IIN.	Janua	"ry" - 192	2	Country)	ada
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN OR LO	CATION	OF DEAT	гн			Y OF DEAT	н
Shady Grove Ad	ventist	Hospita	1		. Ro	ckvi	lle			M	ontac	merv
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY		10c, CIT	Y. TOWN C	OR LOCATION							d. INSIDE CITY
Maryland	Montgomer	57			Caith	o mak					- 1	YES 2 X NO
10e, STREET AND MINDER	gomer	7			Gaith 10f. ZIP		ourg			10g. CITIZE		T COUNTRY?
	9701 Fie	lds Road					208	7 Ω			Con	242
11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. AF	RMED	13.	WAS DECENDE	ENT OF H	ISPAHIC	ORIGIN?	Specify Yes	or No- 1		.ada Americen Indien, hite, atc.
1 Never Married 2 Merried		1 ☐ YES 2XXX WAR OR DATES	МО		if yes, specify			Puerto Rica	n, etc.)		Specify:	hite, atc.
3 Widowed 4 Divorced				1								White
15. DECEDENT'S ED (Specify only highest gra-	de completed)	(0		work done	CCUPATION during most of	working		16b, KI	ND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)		lesma								
17. FATHER'S NAME (First, Middle, Lest)	*		Da.	resmo	-	MOTHER	· C MAM	E (First, Mide		utomot	cive	
Joseph Ali	fano				"	mo men				,		
19e. IHFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street and No	umber or i		aria	-		ode)	
Dorothy F. Alfa	ano				ds Roa							070
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Re		20b. PLACE	AND DATE	OF DISPOS	July	u Ga	1 (11)	DATE		CATION - CI		
4 Donation 5 Other (Specify)	moval from State	_ cemetery, cre Mont	gomes	ther place)	remato:	$3, \perp$	992 Tn	4-	Ret	theeds	. 1/-	ryland
21. SIGNATURE OF FUNERAL SERVICE I	IOTALOGO					u		(C)			1 - IVI 21	
0	LICENSEE	1		22. D.	NAME AND A	DDEES (DE EACH	ITV		-71-10-27		
· Denne	X	/ MO	N335	RC RC	NAME AND A	DDEES (DE EACH	ITV		-71-10-27		
23. PART I. Enter the diseases, pr	Replantions the	at caused the de	0335	Ro Ro Ro	pame and accept to ckvil	A. P le, le,	of FACIL ump Inc Mary	my hrey . 300 yland	Funer West 2085	ral Hont	ome/ cgome	ry Aven
23. PART I. Enter the diseases, or ahock, or heart failure	Replantions the	at caused the de	ath. Do r	Ro Ro Ro	pame and accept to ckvil	A. P le, le,	of FACIL ump Inc Mary	my hrey . 300 yland	Funer West 2085	ral Hont	ome/ cgome	ry Aven
23. PART I. Enter the diseases, of ahock, or heart failure immediate Cause (Finel disease or condition	r complications the	nt caused the de use on each line	eath. Do r	Ro Ro Ro	NAME AND AF Obert 7 Ockvil Ockvil	A. P Le, Le,	umpl Inc Mary	hrey . 300 yland	Funer West 2085 or respir	cal Ho Mont 50-280	ome/ gome 5	Approximate interval Bate Onset and
23. PART I. Enter the diseases, Di ahock, or heart feilbre IMMEDIATE CAUSE (Finel	r complications the	nt caused the de use on each line	eath. Do r	Ro Ro Ro	NAME AND AF Obert 7 Ockvil Ockvil	A. P Le, Le,	umpl Inc Mary	hrey . 300 yland	Funer West 2085 or respir	cal Ho Mont 50-280	ome/ gome 5	Approximate interval Bate Onset and
23. PART I. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	r complications the	nt caused the de use on each line	eath. Do r	Ro Ro Ro	NAME AND AF Obert 7 Ockvil Ockvil	A. P Le, Le,	umpl Inc Mary	hrey . 300 yland	Funer West 2085 or respir	cal Ho Mont 50-280	ome/ gome 5	Approximate interval Bate Onset and E
23. PART I. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate	r complications the	at caused the de	eath. Do r	Ro Ro Ro	NAME AND AF Obert 7 Ockvil Ockvil	A. P Le, Le,	umpl Inc Mary	hrey . 300 yland	Funer West 2085 or respir	cal Ho Mont 50-280	ome/ gome 5	Approximate interval Bate Onset and E
23. PART I. Enter the discesse, or ahock, or heart failure immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. My C. DUE TO DUE TO C.	at caused tha deuse on each line O (OR AS A CONSE	OUEHÇE O	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND AF Obert 7 Ockvil Ockvil	A. P Le, Le,	umpl Inc Mary	hrey . 300 yland	Funer West 2085 or respir	cal Ho Mont 50-280	ome/ gome 5	Approximate interval Bate Onset and E
23. PART I. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. My C. DUE TO DUE TO C.	nt caused the de use on each line	OUEHÇE O	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND AF Obert 7 Ockvil Ockvil	A. P Le, Le,	umpl Inc Mary	hrey . 300 yland	Funer West 2085 or respir	cal Ho Mont 50-280	ome/ gome 5	Approximate interval Bate Onset and E
23. PART I. Enter the diseases, or ahock, or heart failure immediate Cause (Finel disease or condition resulting in daeth) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. My C. DUE TO DUE TO C.	at caused tha deuse on each line O (OR AS A CONSE	OUEHÇE O	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND AF Obert 7 Ockvil Ockvil	A. P Le, Le,	umpl Inc Mary	hrey . 300 yland	Funer West 2085 or respir	cal Ho Mont 50-280	ome/ gome 5	Approximate interval Bate Onset and E
23. PART I. Enter the diseases, or ahock, or heart failure immediate Cause (Finel disease or condition resulting in daeth) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. My C. DUE TO DUE TO d.	at caused tha deuse on aach line A D III- O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	OUENCE OF	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND APPOPULATION OF THE PROPERTY OF THE P	DDRESS OF A. P. P. P. P. P. P. P. P. P. P. P. P. P.	DF FACE UMPDI Inc Mary Buch	hrey hrey 300 yland na cardied	Funer West 2085 or respir	cal Hotel Mont 50-280 retory street	ome/cgome 5 st,	Approximate Interval Battonset and Constant Cons
23. PART I. Enter the diseases, or ahock, or heart failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. My C. DUE TO DUE TO d.	at caused tha deuse on aach line A D III- O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	OUENCE OF	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND APPOPULATION OF THE PROPERTY OF THE P	DDRESS OF A. P. P. P. P. P. P. P. P. P. P. P. P. P.	DF FACE UMPDI Inc Mary Buch	hreyon 300 (1) and an cardiec	Funer West 2085 or respir	cal Hotel Mont 50-280 retory arrest	ome/cgome/5	Approximate interval Bate Onset and E Onse
23. PART I. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. My C. DUE TO DUE TO d.	at caused tha deuse on aach line A D III- O (OR AS A CONSE O (OR AS A CONSE	OUENCE OF	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND APPOPULATION OF THE PROPERTY OF THE P	DDRESS OF A. P. P. P. P. P. P. P. P. P. P. P. P. P.	DF FACE UMPDI Inc Mary Buch	hreyon 300 (1) and an cardiec	Funer West 2085 or respir	cal Hotel Mont 50-280 retory arrest	Dime/come/sg	Approximate interval Bate Onset and E Onse
23. PART I. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. My C. DUE TO DUE TO d.	at caused tha deuse on aach line A D III- O (OR AS A CONSE O (OR AS A CONSE	OUENCE OF	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND APPOPULATION OF THE PROPERTY OF THE P	DDRESS OF A. P. P. P. P. P. P. P. P. P. P. P. P. P.	DF FACE UMPDI Inc Mary Buch	hreyon 300 (1) and an cardiec	Funer West 2085 or respir	cal Hotel Mont 50-280 retory arrest	Dime/come/sg	Approximate interval Bate Onset and E Onse
23. PART I. Enter the diseases, or ahock, or heart failure immediate Cause (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	a. My C. DUE TO C. DUE TO d	at caused tha deuse on aach line A D III- O (OR AS A CONSE O (OR AS A CONSE	OUENCE OF	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND ADDOCK VILLOC	poppess of A. P. P. P. P. P. P. P. P. P. P. P. P. P.	operación de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition de	hrey hrey 300 yland an cardisc	Funer West 2085 or respir	cal Hot Mont 50-280 are to Mont	Dime/come/sg	Approximate interval Batt Onset and E Onse
23. PART I. Enter the discesse, or ahock, or haert failure immediate Cause (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in death in the conditions of the co	a. MY C. DUE TO C. DUE TO d. HOSPITAL:	of CR AS A CONSE	OUENCE OF	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND ADDOCK VILLOC	DORESS CA. PARAMETER PROPERTY OF DEAT	or FACILITY IN THE MARY SUCH T	hrey 300 yland as cardied	Funer West 2085 or respir	cal Hot Mont 50-280 are to Mont	Dime/come/sg	Approximate Interval Batt Onset and E OST ONSET AUTOPSY FIND ILLABLE PRIOR TO MELETION OF CAMPACTURE AUTOPSY FIND ILLABLE PRIOR TO MELETION OF CAMPACTURE AUTOPSY FIND ILLABLE PRIOR TO TO THE PRIOR TO
23. PART I. Enter the discesse, or ahock, or haert failure immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in death in the conditions in death in the conditions	a. MYC. DUE TO C. DUE TO d. HOSPITAL:	of CR AS A CONSE	OUENCE OF	RC RC RC RC RC RC RC RC RC RC RC RC RC R	NAME AND ADDOCK VIDOCK	DORESS CA. PARA PARA PARA PARA PARA PARA PARA PA	or FACILIUM DI INC. Mary auch Inc. H (Checket	art i. 24	E Was an A Perform	cal Hot Mont 50-280 are to Mont	24b. WE	Approximate interval Batt Onset and E Onse
23. PART I. Enter the diseases, of ahock, or heart failure immediate CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are under the cause. In the cause of t	a. My C. DUE TO DUE TO d. DUE TO d. DIPTAL: 1 Inpatient 2 1 280. DATE OF (Month, D. 7)	at caused the deuse on each line A D IM- O (OR AS A CONSE O (OR AS A CONS	OUENCE OF COUENCE F COUENCE OF COUENCE OF COUENCE OF COUNCE OF COUNCE OF COUENCE OF COUNCE OF CO	OTHER 4 Num	NAME AND ADDOCK VILLOC	DORESS CA. PARAMETER PROBLEM P	or FACILIUM DI INC. Mary auch In Check	art i. 24 conly one) Other (Sied, Description	E. WAS AN / PERFORM YES 2 Decity) BE HOW IN	AUTOPSY MED?	24b. WE AM OF	Approximate Interval Batt Onset and E OST IN DE INTERVAL BATTOPSY FIND ILABLE PRIOR TO MPLETION OF CAUDEATH? YES 2 HO
23. PART I. Enter the discesses, or ahock, or haert failure immediate CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in death in the conditions of the c	a. MY C. DUE TO	at caused the duse on each line A D I H D O OR AS A CONSE O (OR	OUENCE OF COUENCE F COUNCE OF	OTHER 4 Nun	NAME AND ADDOCK VILLOC	DORESS CA. PARA PARA PARA PARA PARA PARA PARA PA	or FACILIUM DI INC. Mary auch In Check	art i. 24 art i. 24 only one) Other (Seed, DESCR	E. WAS AN / PERFORM YES 2 Decity) BE HOW IN	Cal Hotel Mont 50–280 ratory arrest	24b. WE AM OF	Approximate interval Bate Onset and Constant Con
23. PART I. Enter the discesse, or ahock, or haert failure immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, lift any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE-REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	a. MY C. DUE TO	of Caused tha deuse on aach line A D I M D O (OR AS A CONSE O (OR AS A CO	OUENCE OF COUENCE F COUENCE OF COUENCE OF COUNCE OF COUNCE OF COUNCE OF COUENCE OF COU	Prime the under	NAME AND ADDOCT TO CKVII COCKVII oppress of A. P. P. P. P. P. P. P. P. P. P. P. P. P.	DF FACILITY OF FAC	art i. 24 art i. 24 only one) Other (Seed, DESCR	a. WAS AN / PERFORI	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b. WE AMM OF 1 [Approximate Interval Batt Onset and E Onse	
23. PART I. Enter the discesse, or ahock, or haert failure immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, lift any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE-REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	a. MY C. DUE TO	of CR AS A CONSE	OUENCE OF COUENCE F COUNTY OF COUN	OTHER 4 Num	NAME AND ADDOCT TO A CONTROL OF THE	opress of A. P. P. P. P. P. P. P. P. P. P. P. P. P.	or FACILIUM DI INC. Mary auch in in Pa	art i. 24 art i. 24 or only one) Other (Seed, DESCR	a. WAS AN / PERFORI YES 2 Decily) BE HOW IN (Street er awwn, State)	AUTOPSY MED? JURY OCCU AND AUTOPSY MED? AUTOPSY MED? AUTOPSY MED?	24b. WE AM OF 1 [Approximate interval Bat Onset and E Onset



hos	tach	JCB.
y the	e de	10 11
De De	B	90
rtain	S	=
De 7	Je 5	9
may	, pa	O TE
9 9	ecto	Ë
200	ज व्ह	ner
eath.	uner	E
ter d	the f	9
s af	remo	dica
Por	ed in	E
124	y fill	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
uted	rial,	9 3
Same	and o	mat
<u>B</u>	iclan rior t	neu
ficate	phys	Jer 1
certi	ding	to
eath	atten rtal F	9, 0
he d	Mer	- I
hat t	and	my i
res t	igner	50
requi	of H	show
N.	Dept.	23
: The	tate	Tem
CIAN	ertific the S	0
HYS	his c	ced,
9	ter ti	Tar
Š	R. Af	90
A LE	E #	28
OR	DIRE	tem
TAL	12 Z	=
OSP	UNE	H
エデ	出る	PRE
2	5 S	MP
	,- 2	

i												
	1. DECEDENT'S NAME (First, Middle, Last)	, 0	A. s. m		•		2. DATE OF I	DEATH		3. TIME OF DEATH		
	CAR	RIE R	. AVE	LIN	00		MONTH	L	9	354pm		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF E	нтян		BIRTHPLACE (State or Foreign		
	578-32-1909	1 M 2 K.F.	91	YRS.	MONTHS DA		(Month, De	y, Year)		Country)		
			-11	ins.			12-2	3-0	0 V	Virginia		
-	9a. FACILITY NAME (If not institution, give street and number)					VN OR LOCATION OF C	EATH		c. COUNTY			
8	Leland Memorial Hospital				KIN	endala			RING	E GENRAES		
DIRECTOR	RESIDENCE OF DECEDENT											
3	104 STATE 106. COUNTY			10c. CIT	Y, TOWN OR L	CATION				10d. INSIDE CITY		
a D.C. none WASHINGTON										1 YES 2 NO		
7	10e. STREET AND NUMBER					101. ZIP CODE		1	0a. CITIZEN	OF WHAT COUNTRY?		
2	5821 6M J	It as	N.W.			200	011			d States		
FUNERAL	11. MARITAL STATUS											
5	1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2 N			DECENDENT OF HISPA , specify Cuban, Mexic			No 14.	RACE — American Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2 NO Speci				Specify		
									L	Black		
E	15. DECEDENT'S EDUC (Specify only highest grade)	CATION completed)			USUAL OCCUI	ATION most of working	16b. KJN	D OF BUSIN	ESS/INDUST	RY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +	Edn.	Do NOT u	se retired.)	, mod or morning						
4	12		Cle	erk			Cen	sus B	ureau	ı		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, Middle	e. Meiden Sun	meme)			
ВС	Ellis Rose					Mattie	, ,		,			
0	19e. INFORMANT'S NAME (Type/Print)		1									
임						eet end Number or Rural						
	Anthony Avelino		1	1/ 1	uckern	an Street	, N.E.	Washi	ngton	, D.C. 20011		
	20e. METHOD OF DISPOSITION 1X Nouriel 2 Cremation 3 Remo	wel from State	20b. PLACE	NDDATE	OF DISPOSITIO	(Name of	DATE	20c, LOCAT	ION — City	or Town, State		
	4 Donation 6 Other (Specify)	THE HOLL STATE	Linco	In M	lemoria	1 Cemeter	y 7/11	Suit1	and.	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1			E AND ADDRESS OF F						
	- 1/2 · · · ·	1) /	1.11	,	McG	uire Fune	ral Ser	vice,	Inc.	20012		
	HUNTY !	0. 1	ruce	- M	740	O Georgia	Ave. N	I.W. W	ashin	gton, D.C.		
	23. PARF I, Enter the diseases, or c	omplications thet	caused tha de	ath. Do i	not enter the	moda of dying, su	ch es cerdlec	or respirate	ory srrest,	Approximate		
	shock, or haert failure. L	List only one cour	se on aech line							intarval Between Onset and Death		
1	IMMEDIATE CAUSE (Final disease or condition	C .		Λ	1	4	t		3	Onset sho Desti		
	resulting in death)	car	diac	74	mu	4 Bmi	9					
		A DUE TO	OH AS A CONSEC	JUENCE O	F):	0 .		1	1.			
A TO in a la de Condition Discolation							ovaso	olar	THE	COHP		
Z	Sequentially list conditions,											
TION	if any, leading to immediate	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (CAUSE, Enter UNDERLYING CAUSE, Disasse or Injury C.							
IFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DOE 10 (OR AS A CONSEC	DUENCE O	F):							
RTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DOE 10 (OR AS A CONSEC	DUENCE O	F):							
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (ying ceuse given in	n Part I. 24a	. WAS AN AUT		24b. WERE AUTOPSY FINDINGS		
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (ying ceuse given in		PERFORME	D?	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
EDICAL CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (ying ceuse given in		PERFORME		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (ying ceuse given in		PERFORME	D?	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (ying ceuse given in		PERFORME	D?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (in the under	ying couse given in	1	PERFORME	D?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (death but not r	esulting	in the under		heck only one)	PERFORME VES 2	D?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (SER/Outpatient 3	□ DOA	orher:	S. PLACE OF DEATH (C.	heck only one)	PERFORME YES 2	NO NO	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. TES 2 . NO 27. MANNER OF DEATH 1. Netural 5 . Pending	DUE TO (ER/Outpetlent 3	□ DOA	OTHER: 4 Nursing	S. PLACE OF DEATH (C. Home 5 Residence INJURY AT WORK?	heck only one)	PERFORME YES 2	NO NO	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7ES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (ER/Outpetlent 3 NJURY	DOA 28b. TIM	OTHER: 4 Nursing E OF 28c URY M 1	S. PLACE OF DEATH (C. Home 5 Residence INJURY AT WORK?	heck only one) 8 Other (Sp 28d. DESCRIE	PERFORME YES 2 Octify) BE HOW INJU	NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (I. B contributing to (HOSPITAL: Inpetient 2.6 28e. DATE OF (Month, De (28e. PLACE OF (28e. PLACE OF (28e. PLACE OF (28e. PLACE OF (28e. PLACE	ER/Outpetlent 3	DOA 28b. TIM	OTHER: 4 Nursing E OF 28c URY M 1	S. PLACE OF DEATH (C. Home 5 Residence INJURY AT WORK?	heck only one) 8 Other (Sp 28d. DESCRIE	PERFORME YES 2 ocity) BE HOW INJU	NO NO	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? LATES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (I. B contributing to (HOSPITAL: Inpetient 2.6 28e. DATE OF (Month, De (28e. PLACE OF (28e. PLACE OF (28e. PLACE OF (28e. PLACE OF (28e. PLACE	ER/Outpetient 3 NJURY y, Year)	DOA 28b. TIM	OTHER: 4 Nursing E OF 28c URY M 1	S. PLACE OF DEATH (C. Home 5 Residence INJURY AT WORK?	heck only one) 6 Other (Sp 28d, DESCRIE 28f, LOCATIO	PERFORME YES 2 ocity) BE HOW INJU	NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	DUE TO (I. B contributing to (B contributing t	ER/Outpetient 3 NJURY A INJURY — At horizonte. (Specify)	DOA 28b. TIM	OTHER: 4 Nursing E OF URY M 1 street, factory,	S. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO	heck only one) 5 Other (Sp 28d. DESCRIE 28f. LOCATIO City or For	PERFORME YES 2 ocity) BE HOW INJU N (Street and wn, State)	NO NO Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (I. B Contributing to (B CONTRIBUTION TO (B CONTRIBUTION T	ER/Outpetient 3 NJURY A INJURY — At horic. (Specify) my knowledge, dec	DOA 28b. TIMI	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	is PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office	beck only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATIO City or for	PERFORME YES 2 ocity) BE HOW INJU N (Street and wn, State)	Number or R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (DUE TO	ER/Outpetient 3 NJURY A INJURY — At horic. (Specify) my knowledge, dec	DOA 28b. TIMI	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	S. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and du n, death occured at the	beck only one) 5 Other (Sp 28d, DESCRIE 28f, LOCATIO City or for	PERFORME YES 2 ocity) BE HOW INJU N (Street and wn, State)	Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (DUE TO	ER/Outpetient 3 NJURY A INJURY — At horic. (Specify) my knowledge, dec	DOA 28b. TIMI	OTHER: 4 Nursing E OF 28c URY M 1 street, factory,	is PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office	beck only one) 5 Other (Sp 28d, DESCRIE 28f, LOCATIO City or for	PERFORME YES 2 ecify) BE HOW INJU N (Street and wn, State) ond menner place, end di	Number or R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 7 8 2 NO 27. MANNER OF DEATH 2 Accident Investigation 3 Suicide 6 Could not be determined 2 Accident 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (I	ER/Outpetient 3 NJURY y, Yeer) A INJURY — At horize, (Specify) my knowledge, de- emination end/or t	DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28c UNY M 1 street, factory,	S. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and du n, death occured at the	beck only one) 5 Other (Sp 28d, DESCRIE 28f, LOCATIO City or for	PERFORME YES 2 ecify) BE HOW INJU N (Street and wn, State) ond menner place, end di	Number or R	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO D D Ural Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (I	ER/Outpetient 3 NJURY y, Yeer) A INJURY — At horize, (Specify) my knowledge, de- emination end/or t	DOA 28b. TIM INJ	OTHER: 4 Nursing E OF URY M 1 street, factory, in, in my opinic	D. PLACE OF DEATH (CHOME 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and durin, death occured at the place in the plac	heck only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATION City or for e time, date end MBER	PERFORME YES 2 ocity) N (Street and win, State) ond menner place, end di	Number or R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Ural Route Number. SNED (Month, Day, Yeer) 3 9 2		
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 7 8 2 NO 27. MANNER OF DEATH 2 Accident Investigation 3 Suicide 6 Could not be determined 2 Accident 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (I	ER/Outpetient 3 NJURY y, Yeer) A INJURY — At horize, (Specify) my knowledge, de- emination end/or t	DOA 28b. TIM INJ	OTHER: 4 Nursing E OF URY M 1 street, factory, in, in my opinic	D. PLACE OF DEATH (CHOME 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and durin, death occured at the place in the plac	heck only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATION City or for e time, date end MBER	PERFORME YES 2 ocity) N (Street and win, State) ond menner place, end di	Number or R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Ural Route Number. SNED (Month, Day, Yeer) 3 9 2		
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 7 8 2 NO 27. MANNER OF DEATH 2 Accident Investigation 3 Suicide 6 Could not be determined 2 Accident 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (I	ER/Outpetient 3 NJURY (Note: (Specify) Thy knowledge, desemination end/or the second	DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28c UNY M 1 street, factory,	D. PLACE OF DEATH (CHOME 5 Residence INJURY AT WORK? YES 2 NO office dete end place, and durin, death occured at the second place. The second place is not second place. The second place is not second place. The second place is not second place. The second place is not second place. The second place is not second place. The second place is not second place.	heck only one) 6 Other (Sp 28d. DESCRIE 28f. LOCATION City or for e time, date end MBER	PERFORME YES 2 ecify) BE HOW INJU N (Street and wn, State) ond menner place, end di	Number or R	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Ural Route Number. SNED (Month, Day, Yeer) 3 9 2		

1	FOR STATE REGISTRAR

1 - STATE REGISTRAR		STATE OF I	MAHYLA				OF DEA		MENTA		E '	er Emp	
1. DECEDENT'S NAME (First	, Middle, Last)		-	OLITI	11 107	112	OI DEA	111	2. DAT	REG. NO.		_	3. TIME OF DEATH
Virginia	C. Anda	rv							MON	TH DV	w 1992	YEAR	
4. SOCIAL SECURITY NUM		SEX	6. AGE (In	yrs, last birthd	ey) IF L	INDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	1992	8. BIRTH	12:45 P M
213-44-2236	5 1	□ M 2√ F	46	YR	B. MON	THS D	AVS HOURS	MM.		th, Day, Year)	0.16	Countr	у)
Se. FACILITY NAME (If not in					9b.	CITY, TO	WN OR LOCAT	ION OF D		11 0, 1		NTY OF D	York
9005 Nesbi	t Court				G	a i + 1	hersbu	ra					
RESIDENCE OF DEC	CEDENT					alti	ier spu	ry			Mont	gome	ry
10a. STATE	10b. COUNTY			10c.	CITY, TO	WN OR L	OCATION						10d. INSIDE CITY LIMITS?
Maryland	Montg	omery		G	aith	ersl	ourg						1 TES ZXXNO
10e. STREET AND NUMBER							101. ZIP CO	Œ			10g. CIT	IZEN OF W	HAT COUNTRY?
9005 Nesbi				- 0			2087					ted S	States
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	2. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2)(Z)NO		If ye	B DECENDENT B, specify Cub YES 2XXNO	en, Mexico	en, Puerto	N? (Specify Yes Rican, atc.)	or No—	14. RACE Black Speck	- American Indian, , White, etc. /y: White
15. DEC	EDENT'S EDUCAT	TON	13	16a. DECEDEN	T'S USU	AL OCCU	PATION		16	b. KIND OF BUS	SINESS/INC	DUSTRY	MILCE
Elementary/Secondary (C	y highest grade cor	mpleted) College (1-4 or 5 -	+)	(Give kind ille. Do NO	of work of Tuse retir	red.)	ng most of work	ing					
		5+	1	Manage	r of	Em	ployme	nt	P	rofess	ional	l Ser	cvices
17. FATHER'S NAME (First, M	iddle, Last)						18. MO1	HER'S NA		Middle, Malden			
Charles R.	Cooper						Ве	rtha	Bro	skv			
19a. INFORMANT'S NAME (ype/Print)			19b. MAIL	ING ADD	RESS (St	reet and Numbe	r or Rural	Route Nun	aber, City or Town	n, State, Zip	Code)	
James F. Ar	dary			9005	Nes	bit	Court	, Ga	ithe	rsburg	, Mai	rvlar	nd 20879
20a. METHOD OF DISPOSIT		I from State		PLACE AND DA	TEOFDIS	POSITIO			DA		CATION -		
4 Donatten 5 D Other	(Specify)	_1_	Wic	comico	Men	ori	al Par	k 7	/20/	92 Sal:	isbur	су, М	laryland
21. SIGNATURE OF FURERA	SERVICE LICEN	P	24.	M0080	3	Rob 300	ert A. West	Pun Mont	mphre gome	y Fune	ral	Home,	/Rockville,
23. PART I. Enter the di	seases, Dr com	npilcationa the	t caused t	the death. D		nter the	mode of dy	ing. auc	trans	diac or read	ratory an	zaus ment.	Approximata
anock, or h	eart failure. Lis	t only one cau	150 OF 080	ch line.									Interval Batween
IMMEDIATE CAUSE (Fir	101	Metas	tatio	. Ovar	ian	Car	cinoma						Onset and Death
reaulting in death)	8			ONSEQUENCE			o I II O III d					_	17 Months
													į l
Sequentially list conditi		DUE TO	(OR AS A C	ONSEQUENCE	OF):								
cause. Enter UNDERLY! CAUSE (Disease pr inju	NG												
that initiated events		DUE TO	(OR AS A C	ONSEQUENCE	OF):								
reaulting in death) LAS	d												
PART II. Other significa	nt conditions o	entributing to	death but	not moultir	na in the	. under	dulas sausa	aluen la	Dort 1		**********	Lau	
Old Old Old Old Old Old Old Old Old Old	- Conditions	onthibuting to	Godin Dui	t not readitii	ig in the	e unuer	lying cause	given in	Part I.	24a. WAS AN PERFOR		246,	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
										1 🗌 YES 2	K) NO		OF DEATH?
													1 TYES 2 NO
25. WAS CASE REFERRED TO	MEDICAL I						0 M 105 TT						
EXAMINER?	Н	OSPITAL:				HER:	8. PLACE OF I						
1 YES 2 NO		Inputient 2 28a. DATE OF			TIME OF		Home 5 X R	asidence					
	Pending	(Month, D		200.	INJURY		WORK?	7 40	28a. DE	SCRIBE HOW IN	JURY OC	CURED	
a Cleutata	Investigation	28a PLACE O	F INJURY	- Al home, fari	n etreet			JNU	204 1 04	ATION (Over 1)	and M. auto		
	Could not be	building,	atc. (Specify)	11, 241001,	ractory,	Office		City	CATION (Street a or Town, State)	na Number	or Hursi H	oute Number,
4 Homicide	determined					_							
AA- OFFITIER													
29a. CERTIFIER (Check only	IFYINO PHYSICIA												and manner as stated
29a. CERTIFIER (Check only one) 1 💢 CERT	IFYINO PHYSICIA CAL EXAMINER: C						on, death occu	red at the	time, data		d due to th	e cause(a)	and manner as stated.
29a. CERTIFIER (Check only one) 2 MEDI	IFYINO PHYSICIA CAL EXAMINER: C						on, death occu	red at the ENSE NUM	time, data		due to th	e cause(a) E SIGNED	(Month, Day, Year)
29a. CERTIFIER (Check only one) 1 🔀 CERT 2 1 meDi	CAL EXAMINER: CO	On the basis of a	camination a	and/or investig	ntion, in	my opini	on, death occu	red at the ENSE NUM	time, data		due to th	e cause(a) E SIGNED	
29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	OF CERTIFIER PERSON WHO C	On the basis of a	SE OF DEAT	H (ITEM 27) (7)	retion, in a	my opini	29c. LIC	ense nun	time, dete	a and place, and	29d. DATE	e cause(a) E SIGNED	(Month, Day, Year)
29a. CERTIFIER (Check only one) 1 🔀 CERT 2 1 meDi	OF CERTIFIER PERSON WHO COMING M.	On the basis of a	SE OF DEAT	H (ITEM 27) (7)	retion, in a	my opini	29c. LIC	ense nun	time, dete	a and place, and	29d. DATE	e cause(a) E SIGNED	(Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft pe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

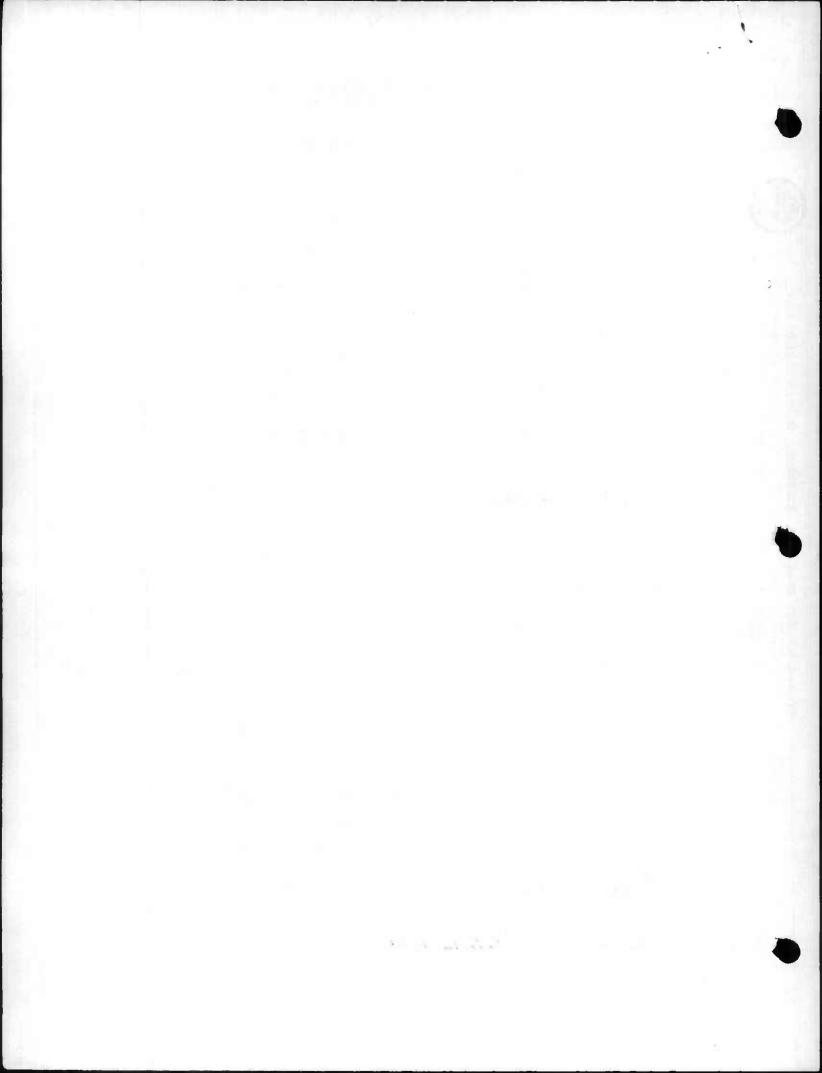
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

pord Stime.

should		Hillad
age 5		he no
rector, p.		must
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		tom 28 to marked or Ham 22 chause any injury or other traumatic event the medical examiner must he notified
/ the fu	Joval.	eal av
d in b	ог геп	medi
ly fille	ation,	the
mplete	I, Crem	avent
and or	buria o	natie
sician	prior to	fram
ing phi	vgiene.	other
attend	mtal H	20 00
by the	and Me	o lain
igned	leafth 3	ue 30
been :	t. of F	ehon
e has	te Dep	m 22
ertificat	nours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	or He
this c	with	dend
After	death	-
CTOR:	after	20 1
DIRE	NOUIS	Same.

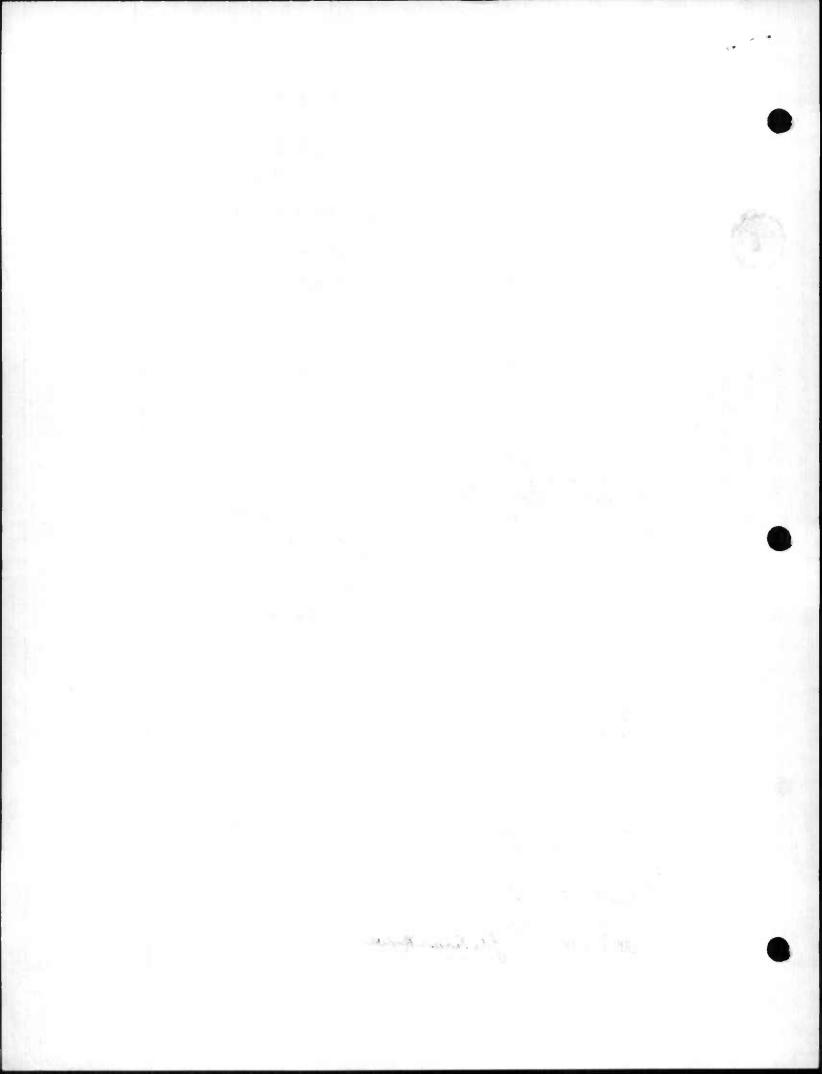
	FOR STATE REGISTRAR	STATE OF M	IARYLAND / I				DEAT		MENTA	REG. NO.	E 5	16	21380
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	v vi	EAR 3.	TIME OF DEATH
		Charles	Bishoff						7		9 199		5:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	DAYS	HOURS	24 HRS. MIN,		OF BIRTH	8.	BIRTHPLA Country)	ICE (State or Foreign
	233–30–6782	12 M 2 F	94	YRS.						13-189			aryland
~	9a. FACILITY NAME (ti not institution, give a	A Reserved					R LOCATIO		ATH		9c. COUNTY	OF DEAT	Н
DIRECTOR	Long Green Nursing Center					Ba1t	imor	e				_	
E	10e. STATE 10b. COUNTY				Y, TOWN	DR LOCAT	IDN					100	d. INSIDE CITY LIMITS?
ā	Maryland						В	alti	more			M	YES 2 NO
IAL	10e. STREET AND NUMBER					101	. ZIP CODI				10g. CITIZEN	OF WHA	T COUNTRY?
FUNERAL		Paul St			_				218		The second second	. S.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 1 IF YES, GIVE WAR DR DATES					If yes, sp			n, Puarto	i? (Specify Yes Rican, atc.)	or No.— 14.	Black, W Specify:	American Indian, hite, atc. White
ED	15. DECEDENT'S EDU		18a. DEC	EDENT'S	USUAL C	CCUPATIO	ON at of workin	· ·	16b	. KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	Man I	Do NOT u	se retired.)	ourng mo	et or works	y		/			
COMPLET	10			Owne	r-0p	erat			_	crew/B		mpan	У
	17. FATHER'S NAME (First, Middle, Last)	George W.	Richof:	F			16. MOTI			Middle, Malden	,		
BE	19a, INFORMANT'S NAME (Type/Print)	beorge w.			ADDRES	Ø /Ptmat a	and Mumbas			SSA E.			
5	Clara Bishoff												01010
	29a. METHOD OF DISPOSITION		20b, PLACE C	F DISPO			Stre		Ba I.	timore	CATION — City	or Town.	State
	5€ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify)	oval from Stata	cen:		ry C	emet	erv		7/				s,WestVirg
į	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ND ADDRE	SS OF FA	CILITY				
	> michael O.	margeli	er-						on Re	oad Up	perco,	Mary	Service land 21155
	23. PART I. Enter the diseases, or a shock, or heart feilure.	complications the	t caused the dea	th. Do	not ente	r the mo	de of dy	ing, suci	h ss can	diec or respi	retory srres	t,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	4.	GESTIVE FOR AS A CONSEO			ut	Fa	ilui	re				Onset and Death
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
SAT	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C.											
Ĕ	that initiated events	DUE TO	(OR AS A CONSEQ	UENCE C	OF):								
ERI	resulting in death) LAST	d											
	PART II. Other significant condition	ne contributing to	death but not re	suiting	in the u	nderlyin	g cause	given in	Part I.	24e. WAS AN			ERE AUTOPSY FINDINGS
ICAL										PERFOR		CC	MILABLE PRIOR TO OMPLETION OF CAUSE
E											Q		DEATH?
2									_				
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE DF C	EATH (Ch	eck only o	ne)			
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 R	eldence	6 🗆 Oth	er (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TII	ME OF	28c. IN.	JURY AT DRK?		26d. DE	SCRIBE HOW I	NJURY OCCU	RED	
ВУ	1 Netural 8 Pending 2 Accident Investigation				М		YES 2 [NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE D building,	F INJURY — At hor atc. (Specify)	me, ferm,	atroot, fac	ctory, offic	00		281. LO	CATION (Street or Town, State)	and Number or	Rural Rout	Ne Number,
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ith occur	red at the	time, date	and place	, end due	to the ca	wse(e) end ma	nner as stated		
OM	one) 2 MEDICAL EXAMINE	R: On the basis of e	xamination end/or i	nvestigat	lon, In my	opinion,	death occu	red at the	time, dat	e end place, ar	nd due to the	cause(e) a	nd manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	T	MO				29c. LIC	ENSE NUI	MBER		29d. DATE 8	IGNED (M	Conth, Day, Year)
0	paray a.	Jary	DE OF PEAK	107 -	D.1-1		US	Dol a	20		7/	141	76
	Betsy A. Fay 1	MD 34	04 Ter	raf	(PTINT)	Rd	E	Balt	0-1	ud. =	21202	3	
	31. DATE FILED 301. 2 4" 92	32. REGISTION	ATS SIGNATURE	- Man	Less								

nia



ſ	П
l	
l	
l	
l	œ
	ō
	$\overline{\mathcal{Q}}$
	H
	5
	_
	M
	Ш
	5
١	IL
	¥
	0
	Ē
	Щ
	굽
	2
	8
	H
	0
	2
	_
Ī	
	Z
	은
	M
	H
	Ē
	H
	$\ddot{\circ}$
	۲
	ਹ
	0
	兴
	Z
	3
	S
	HYSIC
	ā
	*
	0
	13
	۲
	M
	TO BE COMPLETED BY PH
	O
	8
	-
	Q

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	L HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. TIME OF DEATH
	llie Bargie				7	<u> </u>		
	5. SEX 6. AGE (1		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH		BIRTHPLACE (State or Foreign Country)
232-52-2120 9à. FACILITY NAME (If not institution, give stree			CITY TOWN (OR LOCATION OF D	_	18–190		Poland
Washington Count			-	gerstown			se. county Was	shington
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION				10d. INSIDE CITY
Maryland Wa	shington			Mauga	nsvi	11e		1 YES 2 XNO
	reenfield Av	venue	101	ZIP CODE	767			OF WHAT COUNTRY?
11. MAR/TAL STATUS 1 Never Married 2 Merried 3. Wildowed 4 Divorced	U.S. ARMED 2 PNO TES	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2 NO Specif	in, Puerto			RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16e. DECEDENT'S US	done during mo	ON st of working	168	. KIND OF BUS	MESS/INDUST	RY
Elementary/Secondary (0-12)	ille. Do NOT use re Homen	tired.)	•		Do	maatia		
17. FATHER'S NAME (First, Middle, Last)		nomer	laker	18. MOTHER'S NA	ME /Elent		mestic	
Un	known			is morner s in	, ,	known	surreme)	
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Num		, State, Zip Cod	(e)
Bernard Bargiel		13910 (Freenfi	eld Ave.	Ma	ugansv	ille,Ma	aryland 2176
20a. METHOD OF DISPOSITION 1		PLACE AND DATE OF Control of Control of California			7/1		elino.	or Town, State WestVirginia
21. SIGNATURE OF FUNERAL SERVICE LICEN			_	ID ADDRESS OF FA				
muchael ?	marella	_	3981 0	arroll+o				ral Service aryland 2115
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Coronary DUE TO FOR ASIA Atheroscie	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	y av sease ocular	Disease	2			interval Betwee
PART II. Other algnificent conditions of	contributing to deeth bu	it not resulting in t	he underlying	j ceuse given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSSITA I			ACE OF DEATH (Ch	eck only or	1e)		
1 TYES 2 NO	OSPITAL: Inpetient 2 ER/Outpe		THER: Nursing Hom	e 5 🗆 Residence	6 🗆 Othe	et (Specify)		
27. MANNER OF OEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	WO	RK?	28d. DES	SCRIBE HOW IN	JURY OCCURE	D
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, stree		ES 2 NO	26f. LOC	ATION (Street e	nd Number or Ri	ural Route Number,
4 Homicide determined	saliding, etc. (apeci	77)			City	or Town, State)		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:								use(s) and manner se stated.
296. SIGNAFURE AND TITLE OF CERTIFIER	0			29c. LICENSE NUI				INED (Month, Day, Year)
Cuen Wagnt	L w			2-1244	4			3.92
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prir	ot)					
31. DATE FILED (Month, Day, Weer) JUL 2 4 '92	32. REGISTBAR'S SIGNA	TURE Tande	K.					



TO BE COME	TO BE COMBLETED BY BUYEICIAN, MEDICAL CERTIFICATION
I examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
the funeral director, page 5 should be detached val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hosp
BALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOA 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	x F.	B	enso)	2. DATE (8 - 93 Y YE	AR	T 50/PM
	The state of the s	1 M 2 D F 9	5 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN, R LOCATION OF DE	09-	DE BIRTH Day, Year) 22-18		inn	esota
티얼	Manokin Manor Nursing Home Princess Anne Somerset									t
L DIRECTOR	10a. STATE 10b. COUNTY	erset		own or locat Westo				10g, CITIZEN	1 [INSIDE CITY LIMITS? YES 2 NO COUNTRY?
FUNERAL		CESS ANNE 12. WAS DECEDENT EVEN IN FORCES? 1 YES	U.S. ARMEO		2187	IC ORIGIN			S.	imerican Indian,
┢	1 New# Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA	World W	TES	1 🗆 YES	elfy Cuban, Maxica 2 NO Specify	<i>/:</i>			Specify: Whi	
COMPLETED	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mo atired.)	at of working	100.		: v & P		trv
OS	17. FATHER'S NAME (First, Middle, Last)		Talli	<u> </u>	18. MOTHER'S NA		liddle, Maiden	Surname)	OUI	CIY
BE	B. Frederic	ck Benson		DRESS (Street a	Emma nd Number or Rural F		er, City or Tow		fe)	
2	Mr, Lester Ben					Rd.	Y			d.21871
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	PLACE OF OISPOSITI other place) Beechwoi	od Cem	etery			CATION — CHY		Stata M.d.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	(, , , ,)	100295	Hi	nman Fu Anne	uner				
	23. PART I. Enter the dissages, or con ahock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	at only one cause on se	och ilns.	sntsr ths mo	ds of dying, auc	h ss csrd	isc or respi	retory srreat	, 	Approximate Intsrval Between Onset and Deati
CERTIFICATION	Sequentially list conditions, if any, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in desth) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	PERFORMED? 1 VES 2 DNO OF							AVA COI OF	RE AUTOPSY FINDINOS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only on	e)			
SIC		HOSPITAL: 1 Inpetient 2 ER/Outp	etient 3 DOA 4	TAER:	e 8 🗆 Rasidenca					
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WC	URY AT RK? 'ES 2 NO	28d. DE\$	CRIBE HOW	NJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicida 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stra	at, factory, offic			ATION (Street or Town, State)	and Number or I	Rural Route	Number,
COMPLETED	onel -	AN: To the best of my knowl							nuse(a) and	d menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- Hegn	DA	n	29c. LICENSE NUI		19	29d. DATE SI	GNED (Mo	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, Pr	int)						
	31. DATE FILEO (Month, Day, Year) '92	32. REGISTRAR'S SIGN	Idan Tondal	K.						

Samueth

A COLUMN TO SERVICE AND ASSESSMENT OF THE PARTY OF THE PA

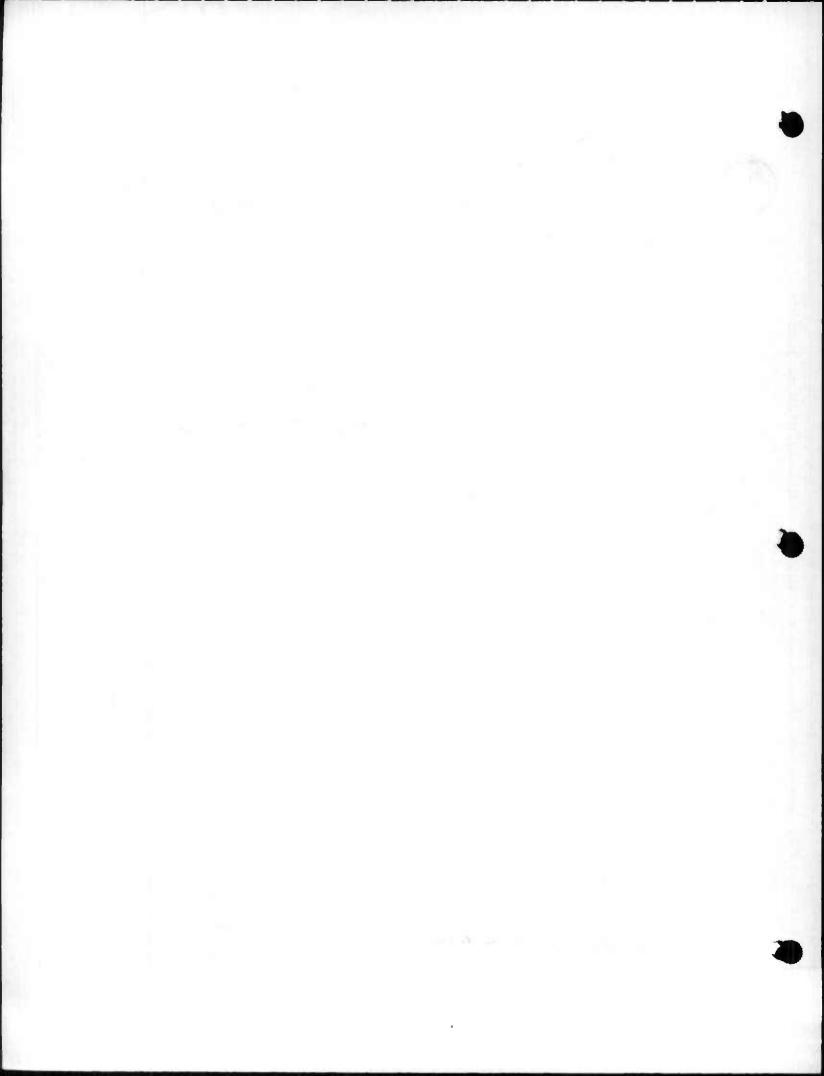
3

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
1	Bertha Byers					07	21 9	2	3:21 P M
	4. SOCIAL SECURITY NUMBER	s. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		8. BIRTH	IPLACE (State or Foreign
		□ M 2 N E	70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day 10/7/	1921	Country OF D	enna.
DIRECTOR	90. FACILITY NAME (If not institution, give street Washington Co. Ho			OR LOCATION OF DE PS town	EATH	9c. CC	ington Co.		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CII	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
DIR		klin		nambersb					LIMITS?
FUNERAL	10e. STREET AND NUMBER		•	10	f. ZIP CODE		10g. C		WHAT COUNTRY?
	722 Kriner Rd.				17201			U.S.A	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	DECITION OF HISPAT Decity Cuban, Maxica 3 2 NO Specifi	in, Puerto Rican			E — American Indian, k, White, atc. Wy: White
9	15. DECEDENT'S EDUCA (Specify only highest grade co			USUAL OCCUPAT work done during m		16b. KIN	D OF BUSINESS/I	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	nemaker			Home		
ž	17. FATHER'S NAME (First, Middle, Lest)		1 1101	noma ico	18. MOTHER'S NA	DEC /Floor Adjusted	Maidan Cumama		
8	Levi Hawbak	er					entler	,	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (Street	and Number or Rural			Zio Codel	
2	Charles C. Byers				Rd. Chaml				
	208. METHOD OF DISPOSITION	20	b. PLACE OF DISPO		metery, crematory or		20c. LOCATION		
	1 X Buriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State	Meyers	Cemetery			Merce	ersbu	rg, Pa.
	21. SIGNATURE OF FUNERAL SERVICE LICEI	ISEE	1 22	Z1	MMerman	And Sor		1 Hon	ne
\dashv	23. PART I. Enter the diseases, or co		od the death. Do		reencast			erreet	Approximate
	shock, Dr heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition		each line.		out of dying, suc	or an Cordina	or respiratory		Interval Between Onset and Death
1	resulting in death) a.		A CONSEQUENCE (Shaden
z									
CERTIFICATION	equentially list conditions, sny, leading to immediate DUE TO (OR AS A CONSEQUENCE QF):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (QR AS	A CONSEQUENCE (OFI:					
F	resulting in death) LAST			,					
	PART II ON III III III III III III					not le			
DICAL	PART II. Other significent conditions	contributing to death	but not resulting	in the Underlyi	ng cause given in		PERFORMED? YES 222100	SY 241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						_			1 TYES 2 NO
ÿ									
BY PHYSICIAN: ME		HOSPITAL:	Inetical 3 DOA	OTHER:	PLACE OF DEATH (C)		and first		
Ž	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TII	WE QF 28c, II	JURY AT		BE HOW INJURY	OCCURED	
P	1 Netural 6 Pending	(Month, Day, Year) 07/21/92	2:2		YES 2 NO	a	utomobi	le ac	cident
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR building, atc. (Sp	Y — At home, farm.		lca	281. LOCATIO	N (Street and Num	ber or Rural	Route Number,
	4 Homicide determined	Intersect		& St Pa	11 Rd.	City or ic	wn, State) Clears	pring	MD. 21722
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI EXAMINER:								(a) and manner as stated.
BECC	296. SIGNATURE AND TITLE OF CENTIFIER	111.00	1		29c. LICENSE NU		29d. [DATE SIGNE	D (Month, Day, Year)
TO B	C /X/	1 caso		-	III	.266	•	0//	22/92
	30. NAME AND ADDRESS OF PERSON WAS Howard N. Week				agerstown	, Md.	21742		
	31. DATJUE 23 1992	32. REGISTRAR'S SIG	NATURE						



DALLIMORE, MARILAND	urs after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13145,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the start steer death. Page 45 may be retained by the house	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 thought be director, pages 5 thought be director, and within 72 hours, after death with the State Deet, of Health and Mental Horiene orior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettlied at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		IENTAL HYGIEN				
	Benjamin	Bendett				2. DATE OF DEATH	9°2 "	EAR 3. TIME OF DEATH M		
	577-8-783 9e. FACILITY NAMe (If not institution, oil	9 100201 9	(In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Month, day Year P. 5/28	1898	BIRTHPLACE State of Foreign Country) CONNECTICUT		
MON		OF GREATER WA	SHINGTON	ROCKV	LLE	(In) /	MONT(COMERY		
DIREC	MARYLAND MO	ONTGOMERY		, town or locat			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
HAL	6105 MONTRO		101	20852		1 77	OF WHAT COUNTRY? D STATES			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR ON D	2 NO	If yes, sp		C ORIOIN? (Specify Ye, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE		
TED	15. DECEDENT'S E (Specify only highest gr	rade completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	ATTORNE	,		PATENT	OFFICE-	-GOVERNMENT		
BE CON	17. FATHER'S NAME (First, Middle, Last) UNKNOWN					NE (First, Middle, Meiden	Surname)			
TO 8	19e. INFORMANT'S NAME (Type/Print) MARTIN KIRSCH			1		Oute Number, City or Tow		TON, D.C. 2003		
	20. METHOD OF DISPOSITION 1 A Burtal 2 Crymation 3 P	20	PLACE OF DISPOS	ITION (Name of car	metery cremetory or	20c 10	CATION - CIN	or Town State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE	AI	DAS ISRAE		EGATION C	EMETERY W	ASHING'	TON, D.C.		
	> Heter	To He						AHPELS, INC.		
NO	23. PART L Error the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, simmediate cause or condition resulting in death) Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Carotid	A CONSEQUENCE OF	ry Ste	nosio			1983		
PHYSICIAN: MEDICAL	PART II. Other significant conditions of themphigo	id, 5/01	put not resulting inferior c		g cause given in 1 140 cardin 140 Ulc	/ PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che					
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	IURY AT DRK? YES 2 NO	28d. DE\$CRIBE HOW	INJURY OCCUP	RED		
	3 Suicide 8 Could not		f — At home, farm, s cify)	street, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number,		
COMPLETED	onel -	HYSICIAN: To the best of my know								
TO BE C	29h SIGNATURE AND TITLE OF CERT	l my			D355	BER 79	PHI. DATE S	100 2 90N		
		tr. Wash. 61:	simontros		Parkille	cmp 2	285			
	JUL 16 92	932 REGISTRATES SIG	Jande 102							

be in a man 33

3 1 1

DHMH-18 Rev 1/89

REG. NO

ਛ

notified

9

must

examiner

medicai

the

event.

traumatic

other

0 Injury,

any

23 shows

ltem!

0

marked,

69

28

If item

MPORTANT:

FUNERAL within 72 h HOSPITAL

THE PAGE

28

=	0 20
ಪ	0 3
8	6 4
63	E 2
9	E -
-	5 5
8	20
3	5 9
5	E 60
9	CP
0	五五
5	ē -
60	# 등
P	e 9
92	£ 2
45	- 0
26	53
6	0 -
10	윤호
ě	0 0
3	SI
8	5 5
=	B -
3	- B
	8 8
9	4 -
F	2 2
	25 62
3	=
63	5 5
0	0
5	\$ 5
포	를 ≩
	- 5
3	a te
丟	A S
2	22 -
14.0	P 5
E	E 49
4	M E
Œ	E 3
0	DIRECTOR: After this certificate has been signed by the attending physiclan and o hours after death with the State Dept, of Health and Mental Hygiene prior to burit
	OR ATTENDING PHYSICIAN; The law requires that the death certificate be execut

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Margaret Antonia Buckholtz 1992 July 13, 6:00 am 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Veer)
December 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 🗌 M 2 🔀 F YAS. 26, 91 577-07-7582 Washington, D.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Silver Spring Sylvan Manor Nursing Center Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Florida 1 X YES 2 NO Marion Ocala FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 34471 4434 S.E. 11th Place United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2XXNO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 K Widowed 4 Divorced White LETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William B. Tippett BE Antonia Bertha Hassler 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Rudolph Hassler Buckholtz 4434 S.E. 11th Place Ocala, Florida 20s METHOD OF DISPOSITION
1 Disposition 3 Permoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 7/16/92 DATE cemetery, cremetory or other place) 20c. LOCATION - City or Town, State cemetery, cremetory or other Arlington National Cemetery Arlington, Virginia Robert A. Pumphrey Funeral Home/ Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00335 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final **Onsat and Death** disease or condition . Cerebrovascular Thrombosis Immediate resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic Vascular Disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Arteriosclerotic Cardiovascular Disease AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2XZNO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 27 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA XX Nurs ng Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

1 🖔 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TOLE OF SERVICES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 701120 July 13, 1992 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1908, P. 2309 Shorefield Road Wheaton, Maryland 20902 Walter E. Goozh M.D. 31. DATE FILED (Month, Day Year) 32. REGISTRAR'S SIGNATURE Saindra Randing

e e e e

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR						E OF			_	REG. NO	<u>':</u>		
1. DECEDENT'S NAME (First,	Middle, Last)	DOROTH	Y AZAI		BEC	KER			MON		DAY	YEAR	3. TIME OF DEATH
Dorothy 4. SOCIAL SECURITY NUMBER	ED	5. SEX	8. AGE (In yrs. le		cker				07	17	199		1:32 F
248-44-5239	51	1 M 2 TF	5.8	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE (Mon	OF BIRTH	24	Count	HPLACE (State or Foreign
9a. FACILITY NAME (If not in		41	- 50	11101	9b. CIT	y TOWN (PR LOCATIO	ON OF DE		1, 19		NTY OF E	TH CAROLIN
Holy Cross	Hospi						Spri						
RESIDENCE OF DEC	EDENT							.119			MOI	regor	mery
MARYLAND	MON	TGOMERY		10e. CIT	SIL'		SPRIN	IG					10d. INSIDE CITY LIMITS? 1 YES 2 NO
2510 HOLMAN	AVENU	ΙE				101	209					JSA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 Z	RMED NO		If yes, sp		n, Mexica	n, Puerto	N? (Specify Ye Rican, etc.)	s or No		E American Indian, k, White, etc.
	EDENT'S EDUC highest grade (ECEDENT'S Give kind of e. Do NOT u	work done se retired.)	during mo	ON st of working	g	160	a. KIND OF BU	ISINESS/IND	DUSTRY	
17. FATHER'S NAME (First, MI EUKLE		OOPER						ER'S NA		Middle, Maider CA	Surname)		TITLE.
190. INFORMANT'S NAME (7) ROSS E. BEC										SPRIN			910
20e. METHOD OF DISPOSITI 1	n 3 🗌 Remo	rval from State	20b. PLACE Cometery C METRO	AND DATE	OF DISPOS	SITION(Na	me of		7/2		XANDR		
21. SIGNATURE OF FUNERAL	comuce und	Auced					_		-	FUNER			
IMMEDIATE CAUSE (Fin disesse or condition	seeses, or coest fellure. L	propilications that list only one caus	e on each iin	е.	5O(UN:	LVERS	ITY ng, suci	BLV	D., W.	, SIL	. SI	Approximate interval Betw
23. PART I. Enter the dishock, Dr he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	seeses, or ci	Dimplications that used only one cause only one cause out to (c)	e on each iin	C CARD	10VAS	UN:	LVERS	ITY ng, suci	BLV	D., W.	, SIL	. SI	Approximate interval Betw
23. PART i. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	seeses, or ci	DIE TO (C	CLEROTION AS A CONSE	C CARD	500 not enter 10VAS	UN:	LVERS	ITY ng, suci	BLV	D., W.	, SIL	. SI	Approximate interval Betw
23. PART I. Enter the di shock, pr he iMMEDIATE CAUSE (Fin disesse or condition resulting in death) Sequentially liet conditii if any, leading to immedicause. Enter UNDERLYII CAUSE (Disesse or Injuit that initiated events	seeses, or ci	DIMPRICATIONS that List only DNE TO (C	E DR each (In SCLEROTI) RAS A CONSE OR AS A CONSE OR AS A CONSE	C CARD COUENCE OF	\$00 not enter IOVAS म्हाः मृहः	O UN:	IVERS de of dyle	ASE	BLV.	D., W.	, SIL	s. SI	Approximate interval Betwonset and Donest an
23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other significations.	seeses, or citert fellure. Let	DIMPRICATIONS that List only DNE TO (C	E DR each (In SCLEROTI) RAS A CONSE OR AS A CONSE OR AS A CONSE	C CARD COUENCE OF	\$00 not enter IOVAS म्हाः मृहः	O UN:	DISEA	ASE	BLV.	24e. WAS AAPERFOI	, SIL	s. SI	Approximate interval Betwonset and Donest an
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially liet condition if any, leading to immediate. Enter UNDERLY (CAUSE (Disease or Injuint in Intilated events resulting in death) LAST	seeses, or control fellure. Let	DUE TO (C	DR AS A CONSE	C CARD COUENCE O	IOVAS	O UN:	DISEA	SITY ng, such	Part I.	24s. WAS AMPERFO	, SIL	s. SI	Approximate interval Betwonset and De Onset
23. PART I. Enter the dishock, or he immediate cause (Fin disease or condition resulting in death) Sequentially liet conditii if any, leading to immediate. Enter UNDERLY il CAUSE (Disease or Injuit that initiated events resulting in death) LAST PART II. Other significations.	seeses, or control fellure. Let	DUE TO (C	CLEROTION AS A CONSE	C CARD COURNER OF COURNE OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURN	IOVAS	O UN: r the mo CUL AR CUL AR 26. PL R: rsing Hom	DISEA	SITY ng, such	Part I.	24s. WAS AMPERFO	, SII	24b	Approximate interval Betwonset and Double on the Amalaba Prior To Computation of Caus of Death?
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) CAUSE (Disease or Injuthat initiated events resulting in death) LAST PART II. Other signification of the conditio	seeses, or control fellure. Let	DUE TO (C	CLEROTION AS A CONSE	C CARD COURNER OF COURNE OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURN	IOVAS	O UN: r the mo CUL AR CUL AR 26. PL R: rsing Hom	DISEA	SITY ng, such	Part I.	24e. WAS AMPERFOI	, SII	24b	Approximate interval Betwonset and Donest an
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) CAUSE (Disease or Injurity LAUSE (Disease or Injury LAUSE (D	seeses, or control of the seeses, or control	DUE TO (C	ER/Outpetlent:	C CARD COURNER OF COURNE OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURN	IOVAS Fig. Fig. OTHEL A INVITED OF JURY M	O UN: r the mo CUL AR 26. PL R: rsing Hom 28c. INU 1 □ Y	DISEA Cause g Cause g ACE OF DE	SITY ng, such	Part I.	24e. WAS AMPERFOI	AUTOPSY RMED? 2 NO	24b	Approximate interval Betwonset and D. Approximate interval Betwonset and D. WERE AUTOPSY FINDE AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? YES 2 NO
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) CAUSE (Disease or finute that initiated events resulting in death) PART II. Other significant resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1	seeses, or control of the seese	DUE TO (C DUE TO (C	DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE INJURY INJURY INJURY INJURY AI her. (Specify)	C CARD COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COUR	IOVAS FD: FD: OTHE 4 Nur BE OF JURY M street, fact	O UN: r the mo CUL AR 26. PL R: reing Hom 28c. INJI U V tory, office	DISEA DISEA Cause g ACE OF DE S G Ret UNY AT RES 2 G and place,	SE SE STATE OF THE SECOND SECO	Part I. Part I. Cock only one of the Colly of the control of the	24s. WAS AN PERFOI 1 YES :	AUTOPSY RMED? 2 NO	24b	Approximate interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) CAUSE (Disease or finute that initiated events resulting in death) PART II. Other significant resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1	ons, lete NG or conditions of the conditions of	DUE TO (C DUE TO (C	DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE INJURY INJURY INJURY INJURY AI her. (Specify)	C CARD COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COUR	IOVAS FD: FD: OTHE 4 Nur BE OF JURY M street, fact	O UN: r the mo CUL AR 26. PL R: reing Hom 28c. INJI U V tory, office	DISEA DISEA Cause g ACE OF DE S G Ret UNY AT RES 2 G and place,	ASE Viven in EATH (Che sidence	Part I. Part I. 26d. DE 28f. LOC City to the cattime, date	24s. WAS AN PERFOI 1 YES :	AUTOPSY RMED? 2 NO	24b CURED or Rural I	Approximate interval Betwoonset and De Onset
23. PART I. Enter the dishock, or he immediate cause (Fin disease or condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) Sequentially liet condition resulting in death) CAUSE (Disease or injurity in the initiated events resulting in death) LAST PART II. Other signification resulting in death) 25. WAS CASE REFERRED TO EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5	ons, lete NG or conditions of the conditions of	DUE TO (C DUE TO (C	DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE INJURY INJURY INJURY INJURY AI her. (Specify)	C CARD COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COURNER OF COUR	IOVAS FD: FD: OTHE 4 Nur BE OF JURY M street, fact	O UN: r the mo CUL AR 26. PL R: reing Hom 28c. INJI U V tory, office	DISEA DISEA Cause g Cause g ACE OF DE S = Ret UNY AT RES 2 = and place, eath occurs 29c. LICE	ASE Viven in EATH (Che sidence	Part I. Part I. Part I. Cock only one of the castima, date	24s. WAS AN PERFOI 1 YES :	AUTOPSY RMED? 2 NO	24b CURED or Rural i	Approximate interval Betw Onset and De Onset

E	
the	
event,	
traumatic	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
other	TIFIC
9	H
injury	AI C
any	2010
shows	ME
23	2
item	1016
0	>
rked	ā
mai	Š
8	C
1 2	E
te	-
=	2
TANT	S
	TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me

	NEGIOTIAN				ONIL	01			ru.	EG. 190.			
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DA	Y	YEAR 3.	TIME OF DEATH
	Dora	I	Borow						J'C'I'y	20,	1992		3:20am м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	at birthday)	IF UNDER t			R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLA	CE (State or Foreign
	579 01 5942	1 M 2 XX	93	YRS.	MONTHS	DAYS	HOURS	MIN.	July	21	,189	8 R	ussia
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	TOWN C	R LOCAT	ION OF DE	ATH		9c. COUN	TY OF CEAT	н
ا 8	Carriage Hil	l Nursi	ng Home	9	Si	ilv	er	Spri	na		Mo	ntgo	merv
DIRECTOR	RESIDENCE OF DECEDENT		,						1				
H		ntgomer	v		ilve			ina					I. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER		V C		. ZIP COD				10. 017		YES 2 NO		
HA	9101 2nd Ave.			- 1	. zip cod 091(States		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVEN IN U.S.	DMEO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify				a altho W				
리	1 Never Merried 2 Merried	FORCES? 1	YES 2 X	NO	H y	yes, sp	ecify Cubi	en, Mexice	n, Puerto Rican		or No-		American Indian, hite, etc.
B	₹ Widowed 4 Olvorced	IF YES, GIVE V	WAR OR DATES		11	YES	2 K 1 10	Specify	:			Specify:	asian
	15. DECEDENT'S ED (Specify only highest grad	UCATION			USUAL OCC				16b. KINI	D OF BUS	INESS/INDU		151411
щ	Elementary/Secondary (0-12)	College (1-4 or 5	166	e. Do NOT us	vork done du e retired.)	mny mo	St OF WORK	ing					
₫	12			Home	make	r			Hom	е			
COMPLET	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle		Surname)		
BE (Edill Schmaruk						Ha	anna	Ruth				
0	19a. INFORMANT'S NAME (Type/Print)								Route Number, C				
	Lenora Borow				East				. Si				,Md.20910
	20a. METHOD OF DISPOSITION PL Burlel 2 Cremation 3 Rei	moval from State	20b. PLACE	OF DISPOS	SITION (Nam	e of cer	metery, cre	matory or				Offy or Town,	
	4 Donation 6 Other (Specify)		_ nt. L	epan	on Cemetery Adelphi, M					Ma.			
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE			22. N	ve.	S - P	ess of fa	on Fu	ner	al H	omes	
	- CH 'N XUCT	0				Fa	lls	Chu	rch,	Va.	22	046	
	23. PART I, Enter the diseases, or				not enter ti	he mo	de of dy	ring, euc	h ss cerdlec	or reepi	retory erro	est,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	. List only one can	ose on each lin	•.	0	•							Onset and Death
1	disease or condition resulting in death)	700	siou	- <	Jips is								
		DUE TO	(OR AS A CONSE	EOUENCE O	F):			,					
z I	Sequentially list conditions,	b. 00	una	SOMENCE O	hat whehe								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO	OH AS A CONSE	GOENCE O	F):			ı					
일	CAUSE (Disease or Injury	c	(OR AS A CONSE	EQUENCE O	FI:								
	that initiated events resulting in desth) LAST		,		,								!
S		σ											+
4	PART II. Other eignificent condition	one contributing to	death but not	reaulting	in the und	ieriyin	g cause	given in	Part I. 24s	. WAS AN	AUTOPSY MED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
DICAL	History a	15	CH!	-	Enn	"1	- 6'	05	1[YES 2	NO		OMPLETION OF CAUSE DEATH?
ME		Drues,	Hould	- ·	100	n	n					11	☐ YES 2 ☐ NO
ż		-											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF	OEATH (Ch	eck only one)				
Z	1 TES 2 NO	1 🗆 Inpatient 2			4 Nursi	ing Hon		Rasidence	6 Other (Sp				
H	27. MANNER OF DEATH Netural 5 Pending	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TIN	IE OF S	W	JURY AT	G	28d. OESCRII	BE HOW I	NJURY OCC	CURED	
B	2 Accident Investigation	i e	DE INCHES	1	M		YES 2	⊔ №		M. 60.			
	3 Suicide 8 Could not b	iome, farm,	street, facto	ry, offic	ent.		261. LOCATIO City or To	N (Street i wn, State)		or Hural Rout	w Number,		
						_	.,						
N P	one)	SICIAN: To the best o											Winds Surgary
ō l	2 MEDICAL EXAMI		examination and/o	r investigati	on, in my op	oinion, (death occ	ured at the	time, date and	place, an	d dua to th	e cause(a) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	ER					29c. N	CENSE NU	MBER				onth, Day, Year)
2	men	OV	n					, us	777		1	-20-	72
-	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAL	SE OF DEATH (IT	EM 27 (3/0)	263	80	FE	non	57	#2	30		
	11100NG- D. 11	Wh M.	//	1100	154	200	10,0	//		4	110		
	31. DATE FILED (Monthy Day, Year)	32. REGISTR	AR'S SIGNATURE				0						

X 918

	Ž
	24
60,	within
687	mecufed
č	be
B	cate
0	certifi
О,	death
D	the
OR	that
RECC	requires
_	ME
TA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
VISION	ATTENDING
5	OR
_	=

1 OD ATTENDANC DIVOCUANT The last consistent that the death contribute his meanaged white of the state of the	TO THE FINERAL INFERRAL PRINCIPLE AND ACTIONAL THE AND ENGINEER OF THE PRINCIPLE AND ACTION TO THE AND ACTIONAL THE AND ACTIONAL THE AND ACTIONAL THE AND ACTIONAL THE AND ACTIONAL THE AND ACTIONAL THE AND ACTIONAL THE AND ACTIONAL THE AND ACTIONAL ACTIONA	to find within 2 house after death with the State Dept. of Health and Merital Hydrene prior to burial, cremation or remove, page 3 shround be detacted for use as the burial-darkst page.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSBITAL OR ATTENDING	TO THE FLINERAL DIRECTOR- After	be filed within 72 hours after deal	IMPORTANT: If Item 28 is m

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGII	ENE
		CI	ERTIFICATE	0	F DEAT	H		REG. I	NO.

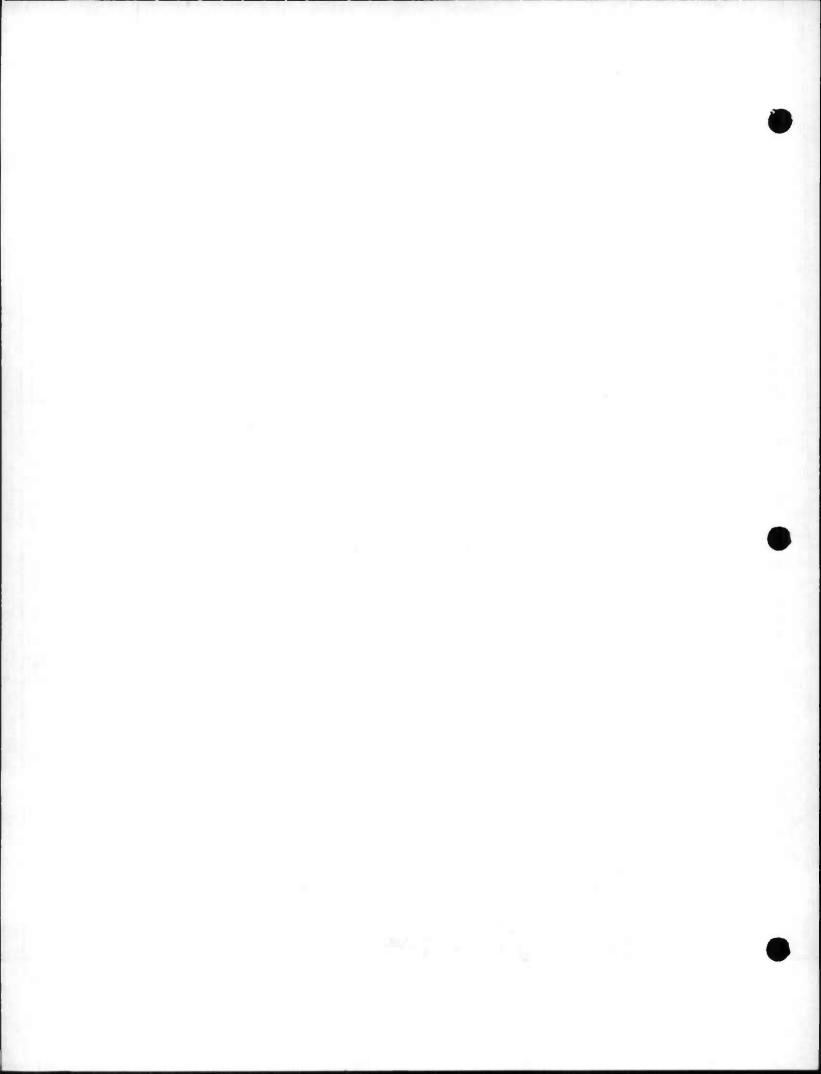
	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAN	D / DEPAR	RTMENT	OF H	EALTH	AND N	MENTAL	HYGIEN REG. NO			i.a. (000
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE O	F DEATN		1.10	3. TIME OF	DEATH
	Lillian		В	ergazi	n				July		, 19	YEAR	12:3	5 A M
	4. SOCIAL SECURITY NUMBER		B. AGE (In yr.	s. last birthday)	IF UNDER		# UNDER		7. DATE O				PLACE (State	
	578-03-8367	1 □ M 2 🔀 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug	. 24,	1896	Wa	äsh.,	D.C.
TOR	90. FACILITY NAME (If not institution, give so Carriage Hill Nu RESIDENCE OF DECEDENT		e				Spr		ATN			ntyofo	merv	
EC	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN 0	R LOCAT	ION						10d. INSIDE	CITY
- DIR				Was	shing	_							LIMITS?	
FUNERAL DIRECTOR	4501 Connecticut	Avenue. 1	J.W.			101.	2000				-	S.A.	WHAT COUNTR	N7
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN ILS	ARMED	13. 1	NAS DEC	ENDENT O	F HISPAN	IIC ORIGIN?	(Specify Yes			— American	Indian.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 R OR DATES	Жио	1	1 yee, spe	2 XNO	n, Mexicar	n, Puerto Ric	can, etc.)		Black	Mar.	
	15. DECEDENT'S EDUC	CATION	- 10										Whit	e
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	164	(Give kind of life. Do NOT us	Work done of se retired.)	SCUPATIO	N st of working	g	16b. I	CIND OF BU	SINESS/INC	DUSTRY		
AP.	12	College (1-4 or 5+)		Dress	Buye	r			L	adies	Wear	r Sto	ore	
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOTN	IER'S NAM		ddle, Maiden				
BE	David Bergazin									zstei				
2	19a. INFORMANT'S NAME (Type/Print)			19b, MAILING								Code)		
	Muriel Baum			6800	Bren	non	La.,	Che		hase,		2081		
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Remo	oval from Stata	cemetery	CE AND DATE	ther place!					20c, LO				
	4 Donation 5 Other (Specify)	ENSEE	Ada	s Isra	ael C	emet	DADDRES	0.05.510	17/1	7 Was	hingt	con,	D.C.	
	D 1 1	dh	Λ							ns, I	nc.			
	michael	e-hi	lo	2	51	30 V	Visco	nsir	n Ave	, NW, W	ashir	ngtor	DC 20	0016
	23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition	List only one cause	on each	line.						or reapi	ratory an	reat,		kimate il Between and Death
	resulting in death)	. Cere	bra/	VAS	cvla	F	2011	Jen	-4				2	days
_		DUE TO (O	eralis	t a d	- L.	fue a a	cele.	- 1 (11						Y CAPS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	R AS A CON	ISEOUENCE O	F):	1100	6/6/	00/0					1	7 527 5
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	h												
E	that initiated events	DUE TO (0	R AS A CON	ISEQUENCE O	F):									
SER		J												
	PART II. Other algorificant conditions	a contributing to d	eath but n	ot resulting	n the un	derlylng	cause g	iven in F	Part I. 2	44. WAS AN	AUTOPSY	24b.	WERE AUTOPS	
MEDICAL	Congestive Vrinary tr	heart	fail	ure					_	PERFOR			AVAILABLE PR COMPLETION OF DEATH?	
ME	Urinary tr	ret in	tect	10m							-71		1 YES 2	□ NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER				ick only one)					
YSI	1 TYES 2 DE NO	1 - Inpatient 2 - E						idence (6 🗆 Other (Specify)				
F	27. MANNER OF DEATH 1 M Natural 5 Pending	26e. DATE OF IN (Month, Day,	Ybar)	28b. TIM	E OF URY	28c. INJU	RIC?		28d. OEŞC	RIBE HOW II	NJURY OCC	CURED		
B	2 Accident Investigation	28e. PLACE OF	N.IIJRY — A	t home form	dreet tests		ES 2 🗌	NO	*** 1 0017	1011 (0)				
	4 Homicide 8 Could not be determined	building, et	c. (Specify)	· monte, more,	Alleri, tucio	ay, onice			City or	Town, State)	na Number	or Humai H	loute Number,	
Ä	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of -	r knowledge	death account	od no ship at	no dete	and =1:		to the	(-) · ·				
COMPLETED	(Check only one) 2 MEOICAL EXAMINER												end manner	a stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			====					BER DO				(Month, Day, Y	
BE	1	19/hm	HUS						21, 1		DATE		у 16,	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	Print)		7		1			201	7 10,	1374
	George N. Polis	, M.D 4	501 C	onnect	icut	A170	NILI T	Jack	inct-	שת מ	2000	0		
	George N. Polis 31. DATE FILED (Month, Day, Year) 21 '97	32. REGISTRAR	SIGNATUR	E		1,02	A LY IV	wasu	TuSi u	ــاللـوللا	7000	ō		
- 1		THEME WELKS	Anna Line											

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

S	TATE OF	MARYLAND A	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF DEAT	TH		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN	E	2 2 1 3 0 3
1. DECEDENT'S NAME (First, I	Aiddle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
Elsie Mar					07/02/199		2:45P M
4. SOCIAL SECURITY NUMBE			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
213-01-8990 98. FACILITY NAME (If not inst	1 M 25 TF	8Z YRS.		R LOCATION OF DE	11/12/190		Brunswick, MD
	morial Hospital		Frede		EATH		of DEATH ederick
RESIDENCE OF DECE	DENT						
Maryland	Frederick		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				ZIP CODE		10e. CITIZE	YES 2 NO
209 2nd Aven	וופ		"	21716		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVE			ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		I. RACE — American Indian,
1 Never Married 2 Nover 1 Nover Married 2 Nover 1 Nove	IF YES GIVE WAR OF			city Cuben, Mexica 2 NO Specifi	n, Puarto Rican, etc.) /:		Specify: White
15. DECE	DENT'S EDUCATION	16a. DECEDENT'S U	SUAL OCCUPATION	M.	16b, KIND OF BU	SINESS /INDI IS	
(Specify only Elementary/Secondary (0-1	highest grade completed)		rk done during mo-		NAL KIND OF BO	SINESSAINDOS	
11		Checker	/Manage	r	Acme	Market	cs
17. FATHER'S NAME (First, Mid					ME (First, Middle, Maiden		
Herbert E.		become of the second			May Orris		
Carol L. Mo					Route Number, City or Tow e, Frederi		,
20a. METHOD OF DISPOSITIO	in .	20b. PLACE AND DATE OF					y or Town, State
1 X Buriet 2 Cremation 4 Donation 5 Other (3 - Removal from State	permetery, cremetory or other Park Heigh	er plece)			nswick	
21. SIGNATURE OF FUNERAL		11	22. NAME AN	D ADDRESS OF FA	CILITY		
Barbara	A. Williams, Fun	eral Dir.			ams Funera 1e Road, B		
iMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentisity list condition if any, leading to immedicause. Entar UNDERLYIN	DUE TO (OR A	S A CONSEQUENCE OF:		/		10-10	Interval Batween Onset and Daath
CAUSE (Disease or injunthat initiated events resulting in death) LAST	d	S A CONSEQUENCE OF):					
	t conditions contributing to desti			cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?				ACE OF DEATH (Ch	eck only one)		
1 TES 2 NO	HOSPITAL: 1 inpetient 2 ER/C		OTHER: I Nursing Hom	5 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 P	28e. DATE OF INJUR (Month, Day, Yea		RY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCU	RED
2 Accident In	vestigation 28e. PLACE OF IN.II	JRY — At home, ferm, str		ES 2 NO	201 1 00471011 (01-11		0
	ould not be building, etc. (S	Specify)	eet, factory, office		281. LOCATION (Street of City or Town, State)		Hurai Houte Number,
	FYING PHYSICIAN: To the best of my kn						
29b. SIGNATURE AND TITLE				29c. LICENSE NUI	ABER .		HGNED (Month, Day, Year)
(,)	Umin MM			D3717	18	▶ 7	-3-42
30. NAME AND ADDRESS OF	PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)				
Christop	her Fleming, MD,	610 Ninth	Avenue	Brunsw	ick MD 2	1716	
31. DATE FILED (Month, Day, Ye	ALC 1 32. REGISTRAR'S SI	GNATURE Jandell					



detached

funeral director, page 5 should be

the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal.

Health and

Alexis

Renta

M.D

Julie Davide

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS,

92 21390 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR Ruth COCHRAN July 1992 . 15 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 KF 281-22-1903 YRS. 1-17-1912 80 Ohio Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Franklin Square Hospital Essex Raltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ohio Licking t X YES 2 NO Newark FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4041 Cedar Street 43055 S. A. U. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri BY IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Factory Worker 8 Shoe Factory 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Unknown notified at Huntzinger Josephine BE Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Tessie Maynard 4045 Cedar Street Newark, Ohio 43055 De 20a, METHOD OF DISPOSITION
1 M Burlal 2 ☐ Cremation 3 ☐ Ras 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Cremetory or other place)
Wilson Cemetery 4 Donation 8 Other (Specify) 7/15 Newark, Ohio examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marzullo Funeral Service michael 3981 Carrollton Road Upperco.Marvland medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximata ahock, or heart failure. List only one ceuse on each line. interval Batween IMMEDIATE CAUSE (Finel Onset and Death the disease or condition resulting in death) Respiratory failure secondary to terminal lung cancer DUE TO (OR AS A CONSEQUENCE OF): traumatic event, CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 - YES 2 X NO OF DEATH? has been so H Dept. of H 1 YES 2 NO After this certificate has death with the State De marked, or Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 NO 1 V Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 🗆 Residence & 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Netural M 1 YES 2 NO L DIRECTOR: After the hours after death with them 28 is mark BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 July 11 1992 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Drive Baltimore



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1 - FOR STATE REGISTRAR		STATE OF M	ARYLAND	/ DEPART	MENT OF	HEALTH AND	MENT	AL HYGIEI				. 1 0
1. DECEDENT'S NAME (First,	Middle, Last)							TE OF DEATH			3. TIME OF DEA	ATN
		Elwood	Clark	2				1111v 9	1992	YEAR	3	рм
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HR: 236 36 1386 4. Share Sex Sex Sex Sex Sex Sex Sex Sex Sex Se							7. DAT	E OF BIRTH		8. BIRTHE	LACE (State or F	
68 YHS. 6/26/1924								WV				
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH												
Garrett County Memorial Hospital Oakland Garrett												
10e. STATE	10b. COUNTY			40° CITY	TOWN OR LOC	471041						
WV	Mine	cal			k Gard						10d. INSIDE CIT LIMITS?	
WV 1 ☐ YES 2 ☐ NI 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?										NO		
PO Boy 16	62				1						HAT COUNTRY?	
PO Box 162 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No — 14, RACE — Ar												
1 Never Married 2		FORCES? 1	YES 2 K		It yee, I	pecify Cuben, Mexic	en, Puert	o Rican, etc.)	s or No —	HACE Black,	- American Ind White, etc.	len,
3 Widowed 4 Divo	rced	IF 123, GIVE W	IN ON DATES		1 1 46	S 2 X NO Spec	illy:			Specify	White	
15. DECE	EDENT'S EDUCAT	TION maintenal	16a. C	DECEDENT'S U	SUAL OCCUPAT	ION	1	6b. KIND OF BU	JSINESS/INDU	STRY		
Elementary/Secondary (0-		College (1-4 or 5+)	- 4	te. Do NOT use	ork done during r retired.)	nost of working						
UNK				Disab	oled							
17. FATHER'S NAME (First, Mi	iddle, Lest)					18. MOTHER'S N	AME (First	t, Middle, Maidei	Sumeme)			
James Vern	on Clar	ck				Sad	ie T	. Sper	ling			
190. INFORMANT'S NAME (Ty	/pe/Print)		1	96. MAILING A	DDRESS (Street	end Number or Rura	Route Nu	imber, City or Tox	vn, State, Zip C	code)		
Linda Baker				Bx. 16	2 Elk	Garden,	WV 2	6717				
20e. METHOD OF DISPOSITE 1	ON Berrows	I from State	20b.PLACI	EANDDATEOF	DISPOSITION (OCATION CI	ty or Tow	n, State	
4 Donetion 5 Other	(Specify)	Trom Guile		rematory or other			7+12	2-92 E	lk Gar	cden	W.Va	
21, SIGNATURE OF FUNERAL	SERVICE LICEN	SEE	,			AND ADDRESS OF F	ACILITY					
Porra	A. Be	udack				ock F.H.					38	
23. PART i. Enter the dis ahock, or he	seeses, or con eart fellure. Lie	nplicetions that t only one caus	caused the c	death. Do no	t enter the m	oda of dying, su	ch aa ce	erdiac or reap	iratory arres	nt,	Approxim	
iMMEDIATE CAUSE (Find disease or condition resulting in death)			/		Arre	st Diss					Onset an	
		DUE TO K	OR AS A CONS	EQUENCE OF	//	٨		1.			1	
Sequentially liet condition	one b.	6/00	Tron	necha	neal	D1550	2019	KION	/		1	
if any, leading to immed cause. Enter UNDERLY!	liate	DUÉ TO (OR AS A CONSI	EOUENCE OF):								
CAUSE (Disease or Injur		Dur To u	OR AS A CONSI									
that initiated events reaulting in daeth) LAST		002 10 (0	M AS A CONSI	EOUENCE OF):	:							
	d											
PART II. Other aignificar	nt conditions o	ontributing to d	aeth but not	recuiting in	tha underlyic	ng cauae given in	Pert i.	24a, WAS AN		24b. 1	WERE AUTOPSY F	INDINGS
								PERFO			WAILABLE PRIOR COMPLETION OF (TO
								1 TYES	, And		OF DEATH?	
										1 '	YES 2	NO
25. WAS CASE REFERRED TO					28. F	LACE OF DEATH (C	heck only	one)		_		
EXAMINER?	H	OSPITAL:	ER/Outpetient		OTHER:	ne 5 🗆 Reeldence						
27. MANNER OF DEATH		28e. DATE OF II	JURY	28b. TIME	OF 28c. IN	JURY AT		EŞCRIBE NOW	N.IURY OCCU	BED		
1 Natural 5 P		(Month, Day	. Year)	INJUI	RY W	YES 2 NO		-4011102111011		neo .		
2 Accroem 2 See PLACE OF INJURY — At home, farm, street, factory office 28t I OCATION (Street and Australia Cont.)								de Monte de				
4 Homicide determined building, etc. (Specify)												
29e. CERTIFIER	EVINO DUVOJOJA											
(Check only one) 2 MEDIC	CAL EXAMINER:	on the best of m	ly knowledge, d mination end/or	eath occurred Investigation,	In my opinion,	e end plece, end du death occured at the	time, da	ause(e) end me te end piece, er	nner ee stated nd due to the o	ceuse(e) (and manner es a	itated.
295. SIGNATURE AND TITLE	The second second second	//				29s, LICENSE NU					Month, Day, Year)	
1 1	80/	(-	lah				•	, wres (n	worth, way, real!)	
30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETED CAUSE	OF DEATH (ITE	EM 27) (Type, P	197							
31. DATE FILED (Month, Day, Ye		32 REGISTRAR										
JUL 1	3 1992	i war	don 19	appett.	4.1							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMN-16 Rev 1/89

College by

DHMH-16 Rev 1/89

8	4		-2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 areas at after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y th	96		at
8	PH		Pe
tain	shor		Ē
9	3		5
Š	age		pe
E	0.1		ust
9 9	rect		E
Pag	P		пег
ath.	ner		Ē
de 7	96	700	ex
afte	y th	MON	cal
Sin	in b	9	ē
ľ	led	9	E
8	ly fi	ation	Ě
	lete	E G	mt,
S D	gmo	2	eve eve
cute	5	unia	tic
exe	an an	80	E
8	Clar	101	13
cale	lays.	d a	100
in the	3 60	gien	흉
90	ndic	£	-0
Jeat	atte	Intal	Z.
he	the	ž	구
nat t	5	and	W
th Sc	ned	afth	9
Juire) Sig	문	DW.
1 180	peer	. 0	4S
- Sa	185	Dep	23
Ĕ	ate 1	ate	Ee
AN	tific	e Si	=
SICI	Cer	4	d, c
Ŧ	this	M.	rke
9	her	the safe	E
恴	4. A	9	40
H	Ĕ	afte	28
RA	REC	Sin	E
0 7	0 7	9	=
PITA	ERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
8	N	A P	AN
프	부	N pe	THE
110	110) U	MP.
\simeq	=	ã	=

į	1. DECEOENT'S NAME (First, Hillman	, Middle, Last)		Cornell July					y 20, 1992 3. TIME OF DEATH 10:27 P M				
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA		IF UNDER 24 HRS.	7. DATE OF E	BIRTH		BIRTHE	PLACE (State or Foreign
	579-14-4482 1X M 2 D F 91 YRS. Walde								dorf, Md.				
OR	96. FACILITY NAME (If not institution, give street end number) Physicians Memorial Hospital Physicians Memorial Hospital Physicians Memorial Hospital Physicians Memorial Hospital Physicians Memorial Hospital Physicians Memorial Hospital												
5	RESIDENCE OF DEC	10b. COUNTY	,		I too CIT	Y, TOWN OR LO	OCATIO	IN .					10d, INSIDE CITY
DIRECTOR	Maryland	Char				ldorf							LIMITS?
	10e. STREET AND NUMBER		ח					CIP CODE			-	S. A	HAT COUNTRY?
	3561 ACC	океек	12. WAS DECEDER		Amuso	1 40 1110		0601		- 1 14 14			
BY FUNERAL	1 Never Merried 2 3 Wildowed 4 Divo	7.5	FORCES?	YES 2	NO	If yes	s, speci	ty Cuban, Mexica NO Specify	n, Puerto Ricar		TOT NO-	Specify	- American Indien, White, etc. y: nite
		EDENT'S EDUC		16e.	DECEDENT'S	USUAL OCCUP	PATION	of wording	16b. KIN	D OF BUS	SINESS/INDU	STRY	
	Elemantary/Secondary (6	ly highest grade 0-12)	College (1-4 or 5	+)		vork done during se retired.)	g most	or working	0 -		1 4		
COMPLETED	9th	Refelle (post)		-	armer			16. MOTHER'S NA			ultui	re	
BE CC	Richard W	illia	m Corne					Anna	(Ur	ık)			
2	John A. C	ornel						ek Rd.		orf	, Md.	. 20	
	20a METHOO OF DISPOSIT 1 N Buriel 2 Gremetic 4 Donetion 5 Other	TION on 3 Rem r (Specify)	oval from State	other	place)			tery, cremetory or 1 Gard	ens		cation — ci		
	21. SIGNATURE OF THE MATERIAL	6/3	Wn_M000	153		The	e H	ADDRESS OF FA Juntt F Box 15	unera				
	23. PART i. Enter tha d	llaaases, or o	complications the	at caused tha									Approximsta
	shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in dasth)		List only one ce	use on each 1	ent	huga	m	lima					intarval Between Onset and Death
z			DUE TO	O (OR AS A CON	SEOUENCE O	P): 0	0						
CATIO	Sequantially list condition if any, leading to imme cause. Enter UNDERLY	ing	DUE TO	OR AS A CON	SEOUENCE O	F):							
RTIFICATION	CAUSE (Disease or Injuthat initiated events resulting in death) LAS		DUE TO	OR AS A CON	SEOUENCE O	F):							
뜅			0									_	
Ŋ.	PART II Other aignifica	ant condition	a contributing to	o daath but no	ot resulting	in the under	iying	cauaa given in		PERFOR	()	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	rance	1 000							1	YES 2	NO		OF DEATH?
<u> </u>	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL				28. PLA	CE OF OEATH (Ch	eck only one)				
1 VES 2 AO 1 Annestent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)													
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation					JURY	WOR		28d. DESCRI	IBE HOW I	NJURY OCC	JRED	
3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner.								loute Number,					
) end manner ee stated.					
BE	29b. SIGNATURE AND TITL	E OF CERTIFIE	J Bu	le 145				29c. LICENSE NUI D – O 1 O (29d. DATE	SIGNEO - 21	(Month, Day, Year)
2	30. NAME AND ADDRESS OF Henry L. B						Р.	O. Box	591. I	a P1	ata.	MD 2	20646
	31. DATE FILED (Month, Day,		32. REGISTA	LAR'S SIGNATUR	on-Rano	lette			, _		,		

	detach	be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
•	2		절
	prop		Hed
	Ssh		10
	ane		be
	0 JC		15
•	direct		E
	neral		min
	e fu	-	exa
	W th	TOVE	cai
	in	r res	ped
	illed	n, 0	9
	ety f	latio	=
	plet	Crem	en
	COM	70	6
	and	P	at
	ian	07 70	3UF
	hysic	nd a	r tr
	d DL	jiene	the
	andir	H	10
	atte	ental	~
	the	M	를
	9	an c	à
	igne	ealth	50
	en s	10 H	100
	e pe	pr.	53
	a has	00	E 2
	ficat	Stat	Fe
	certi	the	0
	this	With	ked
	Affer	leath	T: If item 28 is marked, or
	. H	ter d	200
	E	S af	22
	OIR	Mou	ie ie
	RA	72	=
	3	i	3
	#	ed w	R
	0	-	를
	-	æ.	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 Natural
2 Accident
3 Suicide

JUL 16

92

	FOR 1 - STATE REGISTRAR		MARYLAND /	DEPAI ERTIF	RTMENT OF	HEAL F DE	TH AND	MENT	AL HYGIEN		92	21393
	1. DECEDENT'S NAME (First, Middle, Less							2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH
FUNERAL DIRECTOR	GLADYS MO		COLLISON					JUI	Y 13,	1992	Then	0153 "
	217-36-5580	5. SEX	6. AGE (In yrs. les	st birthday) YRS.	MONTHS DAY		IDER 24 HRS.	(Mo	E OF BIRTH oth, Day, Year) PT. 2, 19	10	Count	HPLACE (State or Foreign ry) YLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOC	ATION OF D		1.2,17		INTY OF D	
	SHADY GROVE ADVI	ENTIST HO	SPITAL		ROCKVI	LLE					TGOM	
	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
	MARYLAND MON	NTGOMERY		S	ILVER S	PRIN	G					LIMITS?
	10e. STREET AND NUMBER					101. ZIP C	ODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
	808 ROWEN ROAD					20	910			U	SA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR I YES 2X N MAR OR DATES	MED	If yes,	specify C	IT OF HISPAI uban, Maxica NO Specif	in, Puarto	IN? (Specify Yes	or No-	Speci	E — American Indian, k, White, etc.
COMPLETED B	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1.2	UCATION de completed) College (1-4 or 5	+) (G.	CEDENT'S five kind of Do NOT us USTE	USUAL OCCUP, work done during se retired.)	ATION most of we	orking	16	GPO	SINESS/IN		шть
õ	17. FATHER'S NAME (First, Middle, Lest)					18. M	OTHER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE (ROBERT RICHARDSON ALICE VICTORIA VAN HORN											
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	MALCOLM D. COLLISON (HUSBAND) 808 ROWEN ROAD SILVER SPRING, MARYLAND 2091									20910		
	20e. METHOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) PARKLAWN CEMETERY 7/16 ROCKVILLE,									,		
	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W. SIL. SPR. MD. 20901											
	23. PART I. Enter the diseases, or complicatione that caused the daath. Do not antar the mode of dying, such as cerdiac or reepiratory errest, ehock, or heert-failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Due To (OR AS A CONSEQUENCE OF): Approximate Intervel Batween Onset and Death ACUTE ACUTE											
CIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. LUMBAR DISC. 24a. WAS AN AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
5	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF	DEATH (Che	ck only o	ne)			

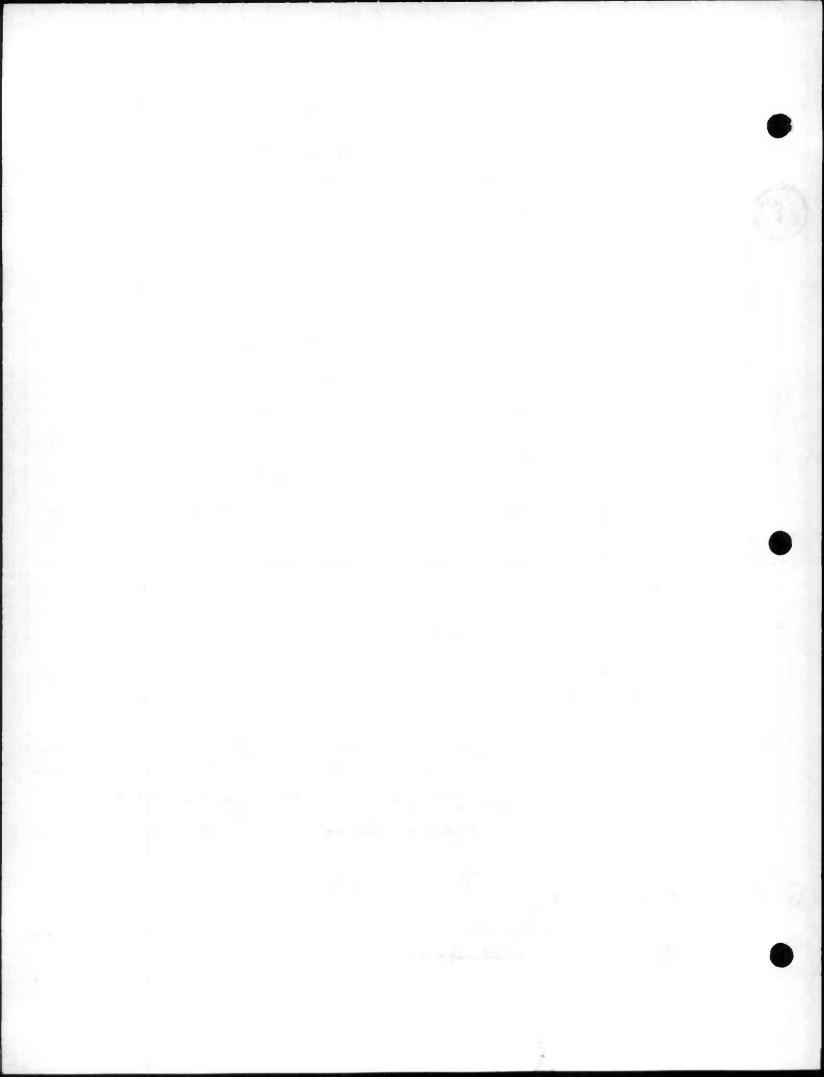
HOSPITAL:
1 Inpetient 2 PER/Outpetient 3 DOA

28a. OATE OF INJURY
(Month, Day, Year)

28b. Till
12
22
24
25
26
27
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28b. Till
28 OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OEŞCRIBE HOW INJURY OCCUREO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the besis

732. REGISTRAR'S SIGNATURE

29d. DATE SIGNED (Month, Day,



BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.
BOX 68760,	cate be executed within 24	hysician and completely fill b prior to burial, cremation
RECORDS, P.O.	requires that the death certiff	sen signed by the attending polynemial by the of Health and Mental Hygien
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netitled at once.
HOSPITAL OR ATTENDING PHYSICIAN: The law requires the FUNERAL DIRECTOR: After this certificate has been signed I within 72 hours after death with the State Dept. of Heath a MTANT: If Nem 28 is marked, or Item 23 shows any
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours is FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or ren TANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the media
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exer FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to b TANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumal
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d FUNERAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and Mei TANT: If Item 28 is marked, or Item 23 shows any Injur
HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate he within 72 hours after death with the State ETANT: If Nem 28 is marked, or Nem
HOSPITAL OR ATTEN FUNERAL DIRECTOR: WIthin 72 hours after TANT: If Itom 28 I

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

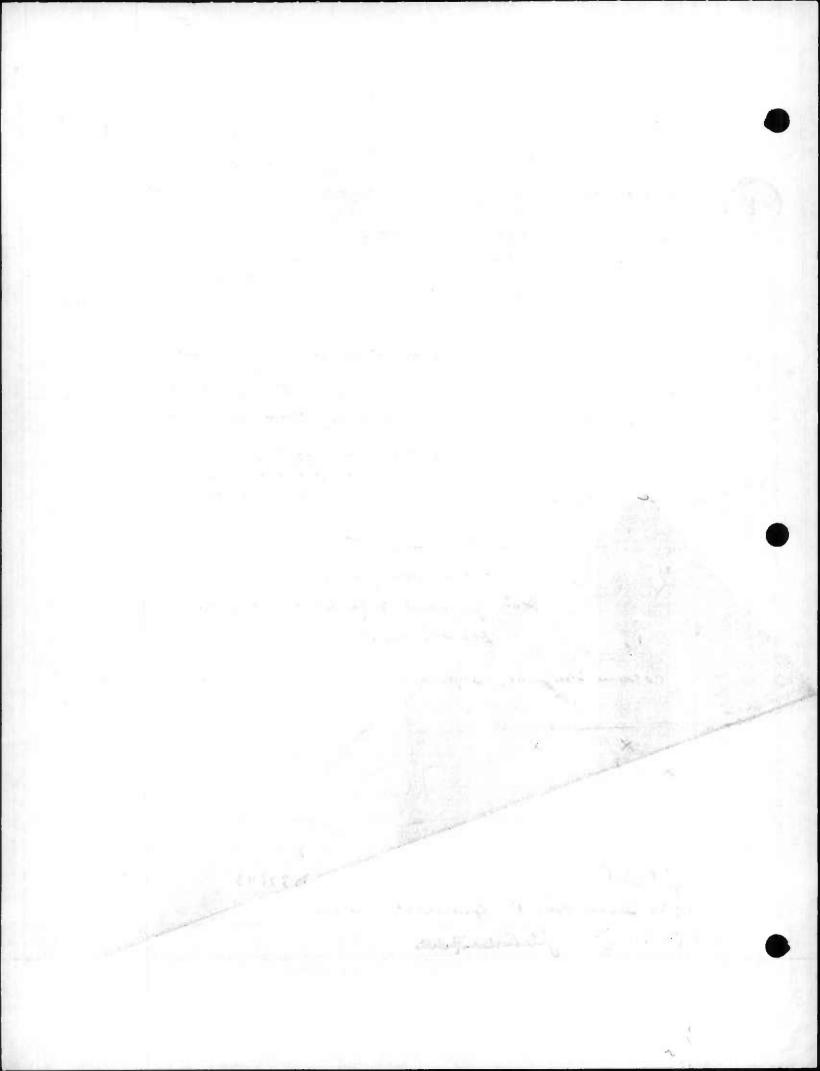
2

31. DATE FILED (Month, Day, Year)
JUL 15 '97

32. REGISTRAR'S SIGNATURE a Davidson

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 92 WARREN CURPIE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIFTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 - F DAYS 137-40-9210 42 July 30 1949 New Jersey 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Greater Laurel Hospital Prince George's Laurel 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Prince Georges Laurel Maryland 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 803 Fairlawn Avenue, Apt. #3 20723 USA 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 VES 2 ENO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
it yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Programer/Analyst Computer 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Elizabeth McClintock Sherman Currie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Durant Ct., Silver Spring, Maryland 20905 Jane M. Sutton 20s. METHOD OF DISPOSITION
1 □ Buriel 2 ◯ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Fort Lincoln Crematory 7-11-92 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hines/Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Cardiac Arms! resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Cordiac Any the Sequentially list conditions, If any, leading to immediate c. Acutingo cordia | Infaction of 055 septel purpture
DUE TO FOR AS A CONSEQUENCE OF: cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST prisely nellitis PART II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 10 pousses COMPLETION OF CAUSE 1 FES 2 NO OF DEATH? 1 [] YES 2 [] 10 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1) Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO ng Home 6 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 286. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 64 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 🔲 Homicide 29a. CERTIFIER 1 Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 ___ MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and menner as stated. 29b. BUMATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7/8/92 D37243 alel 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7233 Honor Plan H Grenbelt 20770

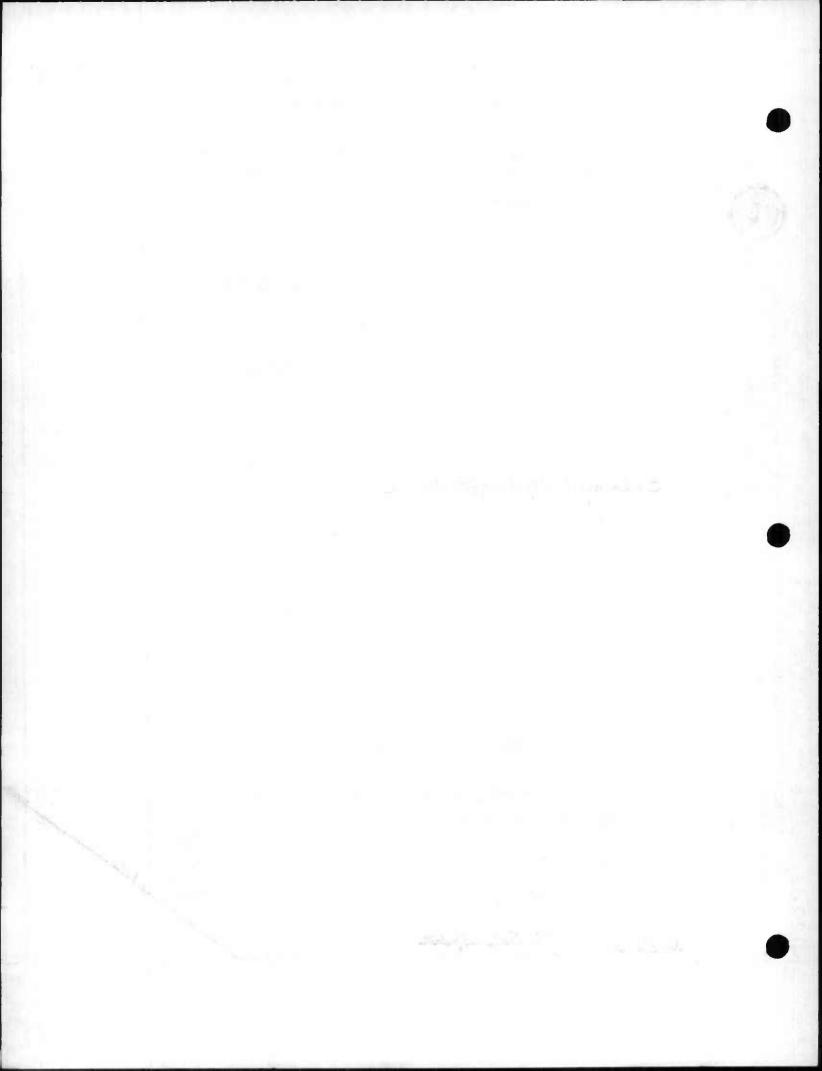
DHMH-16 Rev 1/89



10	2
o.	Sertific
٩	Bath
DS	the d
OR	that
DIVISION OF VITAL RECORDS, P.O. B	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical
AL	The law
5	CIAN: 1
P	PHYSI
ON	NONG
VIS	ATTE
ā	DR
	SPITA

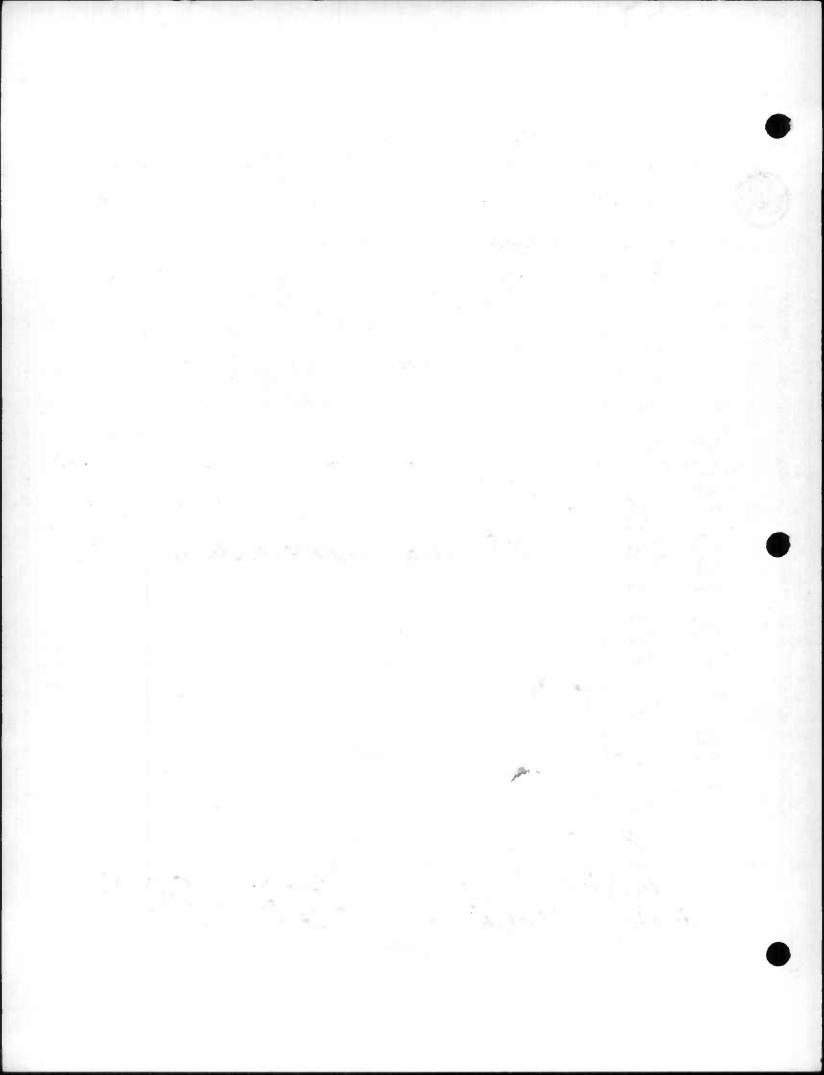
	2 2 2 2		3
	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE C	F
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPO	
the funeral director, page 5 should be detached for use as the burial-transit permoval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit of filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	THE THE	
ter death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE CL	
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,		

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN		2 21395		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY	3. TIME OF DEATH		
	Agnes H.	Claxton					6, 199	92 11:37 P M		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	579-38-4093	1 🗆 M 2 😾 F	83 YRS.	ONTHS DAYS	HOURS MM.	Oct. 22,	1908	Washington, DC		
~	9a. FACILITY NAME (If not institution, give s		- 1	b. CITY, TOWH C	R LOCATION OF DE	НТА	9c. COUNT	Y OF DEATH		
DIRECTOR	Shady Grove Adve	ntist Hospit	al	Rock	ville		Mo	ontgomery		
EC	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
E	Maryland Mont	gomery		Clarksh	1120			LIMITS?		
A I	10e. STREET AND NUMBER	-gomez y			. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
ER	22801 Frederick	Road			20871		Unit	ad Obstac		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Ye		ed States 4. RACE — American Indian, Black, White, atc.		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puerto Rican, stc.)		Black, White, etc. Specify:		
			2016					White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work	k done durina ma	ON st of working	16b. KIND OF BU	SINESS/INDU	STRY		
۳۱	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r	etired.)						
ž	CT CATHERD MANY CO. A MANY	4	Accoun	tant				ryland		
	17. FATHER'S NAME (First, Middle, Last) Alois Holderith					ME (First, Middle, Maider	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)					McConvey				
2	Beverly C. Moore					Route Number, City or Tox		11		
	204 METHOD OF DISPOSITION	1.	0b. PLACE AND DATE OF			urg, Mary		20871		
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	emetery, crematory or other	r place)		1		ty or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC		Mt. Holly M00831	Cemeter 1 22. NAME AN	D ADDRESS OF FAC	20/92 [Rem	ington	, Virginia		
	Barbaragom			Rober Rockv Avenu	t A. Pum ille, In e, Rockv	phrey Functille, Mar	eral H est Mo vland	ome/ ntgomery 20850-2805		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, approximate interval Between Onset and Deeth On									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
AL CI	PART II. Other significent condition	e contributing to death	but not resulting in t	the underlying	ceuse given in i	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICA	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 00 OF DEATH? 1 YES 2							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
M	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	rck only one)				
Sic	EXAMINER?	HOSPITAL:		THER:						
Ä	27. MANNER OF DEATH	26a. DATE OF INJURY			6 ☐ Residence		N.IURY OCCU	BED		
	Natural 5 Pending	nding (Month, Day, Year) INJURY WORK?								
BÝ	2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Bural Bouts Number)									
ם	4 Homicide building, stc. (Specify) 6 Could not be determined 6 Could not be determined									
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.									
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Monity, E										
									유	30. NAME AND ADDRESS OF PERSON WHO
	Hiru Khianey, M.D	. 1.9520 Do	ctors Drive		antown,	Maryland	20874			
ļ	JUL 20 '92	32. REGISTRAR'S SIG	NATURE CARCA 02							



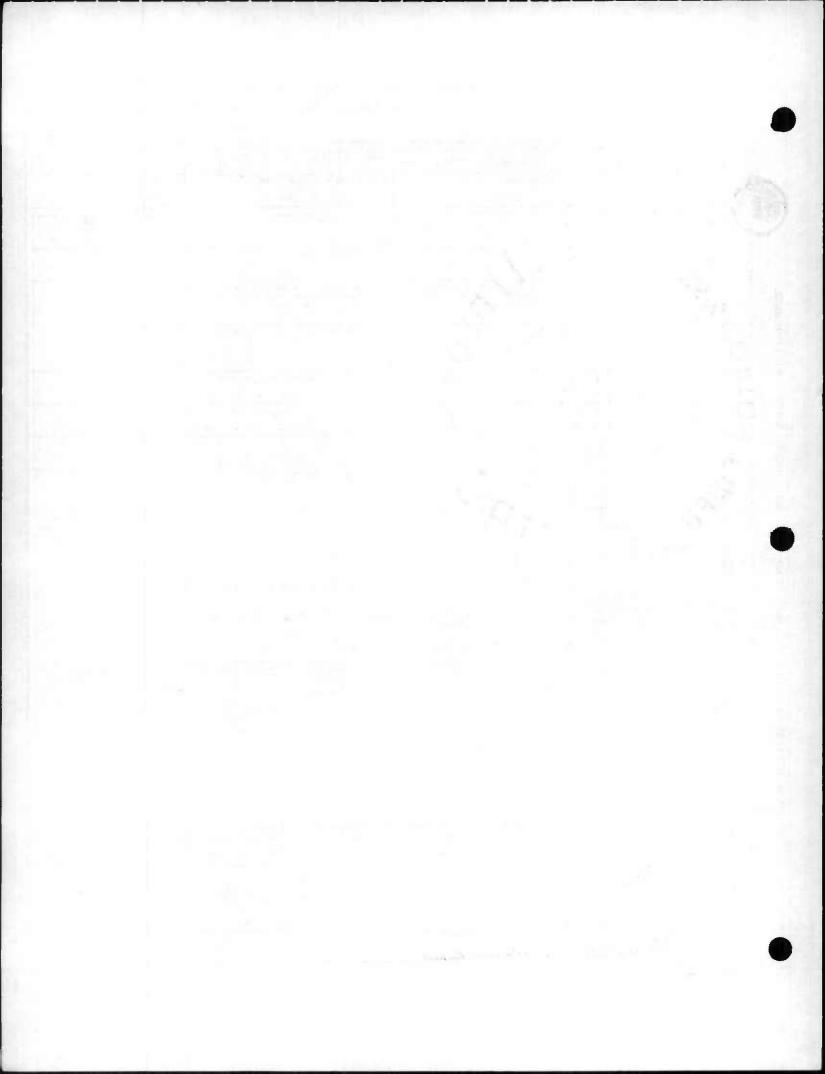
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burfal, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---	--

	IEGISTRAR											
1. DECE	EDENT'S NAME (First, Middle, La							2. DATE OF MONTH	DA		YEAR	3. TIME OF OEATH
	ESTELLE A		T					06	2.8	8 1	992	
	CIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		MONTHS DA	AR IF UNDE	R 24 HRS.	7. DATE OF (Month, L	Day, Year)		Countr	
	7-60-0138	1 □ M 2 🔀 F	8	4 YRS.				4/3	/08		Mar	yland
9a, FAC	CILITY NAME (If not Institution, gl	ve street and number)			96. CITY, TO	WN OR LOCAT	TION OF DI	EATH		9c. COU	NTY OF D	EATH
	iversity Nu	rsing H	ome, I	nc.	Whea	aton				Moi	ntgo	omery
10s. ST					Y, TOWN OR L							10d. INSIDE CITY LIMITS?
		ntgomer	У	Ge	rmant							1 YES 2 XNO
10e. ST	TREET AND NUMBER					10f. ZIP COL	DE			10g. CITI	ZEN OF V	WHAT COUNTRY?
	725 Darnest	own Roa	d			208					.S. P	1.
1 X N	RITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes	DECENDENT s, specify Cub YES 2 XNC	en, Maxica	in, Puerto Ric		or No	Black	E — American Indian, k, White, etc. i/y: White
	15. OECEOENT'S E				USUAL OCCU			16b. K	IND OF BUS	INESS/IND	OUSTRY	
Flor	(Specify only highest grammentary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done durin se retired.)	ig most of work	ding					
	12	Contract (1-4 cir.		ecre	tarv				Go	veri	nmer	nt.
17. FAT	HER'S NAME (First, Middle, Last)		10	CCIC	our y	18 M/Y	THER'S NA	ME (First, Mid			THICI	.0
	0 D	-1				11/00						
	FORMANT'S NAME (Type/Print)	ОУ	1.	105 84411 111	G ADDRESS (Sti		The second second	le Al			. 0	20000
												20902
	ara Ball							Rd.,S				ng, Md.
20a. Mi	ETNOD OF DISPOSITION uriel 2 Cremetion 3 - F	emoval from State		E OF DISPO	SITION (Name of	of cemetery, cri	emetory or		20c. LOC	CATION —	City or To	own, State
	Conation 6 Other (Specify) _		Mon	ocac	v Cem	eterv	7		Bea	115	vil:	Le, Md.
21. SIG	ENATURE OF FUNERAL PERVICE	LICENSEE	17		22. NAN	E AND ADDR	ESS OF FA	CILITY				
	11-11/2) W	Hilton Funeral Home									
	22111 Beallsville Rd. Barnesville, M											
	ART I. Entar the diseases, shock, or heart-fellu	or complications the	hat caused the cause on each lie	death. Do								Approximate Interval Between
IMME diseas result	ahock, or heert felluseDIATE CAUSE (Final lase or condition ting in death)	a. Due T	hat caused the cause on each life	CLIAZE BEOUENCE C	CA	moda of d	ylng, auc	ch as cardle	c or respli	ratory an		Approximate Interval Between
Seque If any couse CAUS that is	ahock, or heert fellu EDIATE CAUSE (Final isse or condition ting in death)	a. DUE T	OULLSC!	DESTRUCTION OF THE PROPERTY OF	CADED:	moda of d	ylng, auc	ch as cardle	c or respli	ratory an		Approximate Interval Between
Sequent any course CAUS that is result	ahock, or heert fellured and the condition ting in death) sentially list conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury initiated events ting in death) LAST II. Other aignificant conditions.	b. DUE T	OOR AS A CONS	SEQUENCE C	OF):	shelv	Chil	Part I. 2	c or respli	AUTOPSY MED?	rest,	
Seque if any course CAUS that is result	ahock, or heert fellus and the see or condition thing in death) see or condition thing in death) see or conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury initiated events thing in death) LAST III. Other aignificant conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury initiated events thing in death) LAST	b. DUE T c. DUE T d. Start S	OOR AS A CONS	SEQUENCE C	OF): In the under	shelv	JGNU	Part I. 2	LLSC. 144. WAS AN PERFOR	AUTOPSY MED?	rest,	Approximate Interval Betwee Onagt and De-
Sequential Sequential	ahock, or heert fellus ahock, or heert fellus also or condition also or condition ting in death) Identially list conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury initiated events ting in death) LAST III. Other algnificant conditions also case Reference to Medical Caminer?	DUE T b. DUE T c. DUE T d	OCOR AS A CONS	SEQUENCE C	In the under	Mode of de Mode of de	glven In	Part I. 2	144. WAS AN PERFOR	AUTOPSY MED?	rest,	Approximate Interval Betwee Onset end De Service of De Ser
Sequell sequence CAUS that is result. PART 25. WAS EX.	ahock, or heert fellus and the see or condition thing in death) see or condition thing in death) see or conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury initiated events thing in death) LAST III. Other aignificant conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury initiated events thing in death) LAST	DUE T b. DUE T c. DUE T d	OCOR AS A CONS	SEQUENCE C	In the under	riying cause	glven In	Part I. 2	14a. WAS AN PERFOR	AUTOPSY MED?	246	Approximate Interval Between Onset and De Salar and De Sa
Sequell sequence CAUS that is result PART	ahock, or heert fellus ahock, or heert fellus also or condition ting in death) sentially list conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury initiated events ting in death) LAST II. Other algnificant conditions and the conditions of the conditions are conditions and the conditions are conditions as case reference to medical conditions are conditions as case reference to medical conditions are conditions.	b. DUE T c. DUE T d. HOSPITAL: 1 El Inpatient 2 28e. DATE ((Month,	OCOR AS A CONS	SEQUENCE C	OF): In the under OTHER Wireley ME OF 286 JURY JURY 286 JURY 286 JURY 286 JURY 286 JURY 286 JURY 286 JURY JURY 186 186 186 186 186 186 186 18	riying cause 28. PLACE OF Nome 5 I	GIVEN IN	Part I. 2	144. WAS AN PERFOR	AUTOPSY MED?	246	Approximate Interval Between Onset and De Salar and De Sa
Sequel fany couse CAUS that is result PART	ahock, or heert fellus ahock, or heert fellus and the see or condition ting in death) sentially list conditions, y, leeding to immediate e. Enter UNDERLYING SE (Disease or injury initiated events ting in death) LAST III. Other aignificant conditions and the second s	b. DUE T c. DUE T d. HOSPITAL: 1 El Inpatent 2 28s. DATE (Month)	OF INJURY Degree on each life of the process of the	BEQUENCE C	OF): In the under OTHER OTHER OF JURY M 1	riying cause 28. PLACE OF Nome 5 1 WORK? YES 2	GIVEN IN	Part I. 2 Pack only one) 6 □ Other (A44. WAS AN PERFOR	AUTOPSY MED?	24b	Approximate Interval Betwee Onagt and De- S WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
Sequel of any couse CAUS that is result 25. WAS EX. 1 27. MAI 1	ahock, or heert fellused and the condition and the condition ting in death) sentially list conditions, leading to immediate e. Enter UNDERLYING SE (Disease or injury initiated events ting in death) LAST II. Other algnificant conditions and the conditions of the	DUE T b. DUE T c. DUE T d. HOSPITAL: 1 □ Inpatient 2 28e. DATE (Month, on 26e. PLACE be buildin	OF AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS	BEQUENCE C	OF): In the under OTHER OTHER OF JURY M 1	riying cause 28. PLACE OF Nome 5 1 WORK? YES 2	GIVEN IN	Part I. 2 Other (286. DESC!	A44. WAS AN PERFOR	AUTOPSY MED?	24b	Approximate Interval Betwee Onagt and De-
Sequent from the sequen	ahock, or heert fellus ahock, or heert fellus	DUE T b. DUE T c. DUE T d	OCO (OR AS A CONS TO (O	SEQUENCE COSEQUENCE CO	OF): OF): In the under OTHER OTHE	riying cause 26. PLACE OF Nome 5 1 C. INJURY AT WORK? YES 2 office	glven In DEATN (Cr Residence	Part I. 2 Deck only one) 6 Other (28d. DESC! 28f. LOCAT City or	14a. WAS AN PERFOR I YES 2 Specify) TON (Street a Rown, State)	AUTOPSY MED?	24b	Approximate Interval Betwee Onagt and De Support of Causing Support of
Sequel fresult Sequel fresult Sequel fresult FART 25. WAS EX 1	ahock, or heert fellus ahock, or heert fellus	DUE T b. DUE T c. DUE T d. Litona contributing to the litonal contributing to the litonal contributing to the litonal contributing to the litonal contributing to the litonal contributing to the litonal contributing to the litonal contribution to the l	OCO (OR AS A CONS TO (O	SEQUENCE COSEQUENCE CO	OF): OF): In the under OTHER OTHE	riying cause 28. PLACE OF Nome 5 1 C. INJURY AT WORK? YES 2 office	glven In DEATN (Cr Residence	Part I. 2 Part I	14a. WAS AN PERFOR I YES 2 Specify) TON (Street a Rown, State)	AUTOPSY MED? NJURY OC and Number as started due to til	24b CURED or or Rural tted.	Approximate Interval Betwee Onagt and Dei SCA. WERE AUTOPSY FINDIN-MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequel fresult Sequel fresult Sequel fresult FART 25. WAS EX 1	ahock, or heert fellus ahock, or heert fellus ahock, or heert fellus ahock, or heert fellus ahock, or heert fellus ahock, or heert fellus ahock, and the see or conditions, and the see of	DUE T b. DUE T c. DUE T d. Litona contributing to the litonal contributing to the litonal contributing to the litonal contributing to the litonal contributing to the litonal contributing to the litonal contributing to the litonal contribution to the l	OCO (OR AS A CONS TO (O	SEQUENCE COSEQUENCE CO	OF): OF): In the under OTHER OTHE	riying cause 28. PLACE OF Nome 5 1 C. INJURY AT WORK? YES 2 office	given in DEATN (CR Residence NO	Part I. 2 Part I	14a. WAS AN PERFOR I YES 2 Specify) TON (Street a Rown, State)	AUTOPSY MED? NJURY OC and Number as started due to til	24b CURED or or Rural tted.	Approximate Interval Betwee Onset and De Sand and De S
Sequent from the sequen	ahock, or heert fellus ahock, or heert fellus and the provided and the pro	DUE T b. DUE T c. DUE T d. HOSPITAL: 1 □ Inpatient 2 28a. DATE (Month, on be be building the	TO (OR AS A CONSTO (OR AS A CO	SEQUENCE COSEQUENCE CO	OF): OF): In the Under OTHER OTHE	riying cause 28. PLACE OF Nome 5 1 C. INJURY AT WORK? YES 2 office	given in DEATN (CR Residence NO	Part I. 2 Part I	14a. WAS AN PERFOR I YES 2 Specify) TON (Street a Rown, State)	AUTOPSY MED? NJURY OC and Number as started due to til	24b CURED or or Rural tted.	Approximate Interval Betwee Onagt and De- School Sc
IMME disease result Seque if any ceuse CAUS that is result PART 25. WAS EX. 1 [27. MAI 1] 4 [2] 3 [4] 4 [2] 6 ond 29b. Sin	ahock, or heert fellus ahock, or heert fellus ahock, or heert fellus ahock, or heert fellus ahock, or heert fellus ahock, or heert fellus ahock, and the see or conditions, and the see of	DUE T b. DUE T c. DUE T d. HOSPITAL: 1 □ Inpatient 2 28a. DATE (Month, on be be building the	TO (OR AS A CONSTO (OR AS A CO	SEQUENCE COSEQUENCE CO	OF): In the Under OTHER OF): OTHER OTHE	riying cause 28. PLACE OF Nome 5 1 C. INJURY AT WORK? YES 2 office	given in DEATN (CR Residence NO	Part I. 2 Part I	14a. WAS AN PERFOR I YES 2 Specify) TON (Street a Rown, State)	AUTOPSY MED? NJURY OC and Number as started due to til	24b CURED or or Rural tted.	Approximate Interval Betwee Onset and De Sand and De S



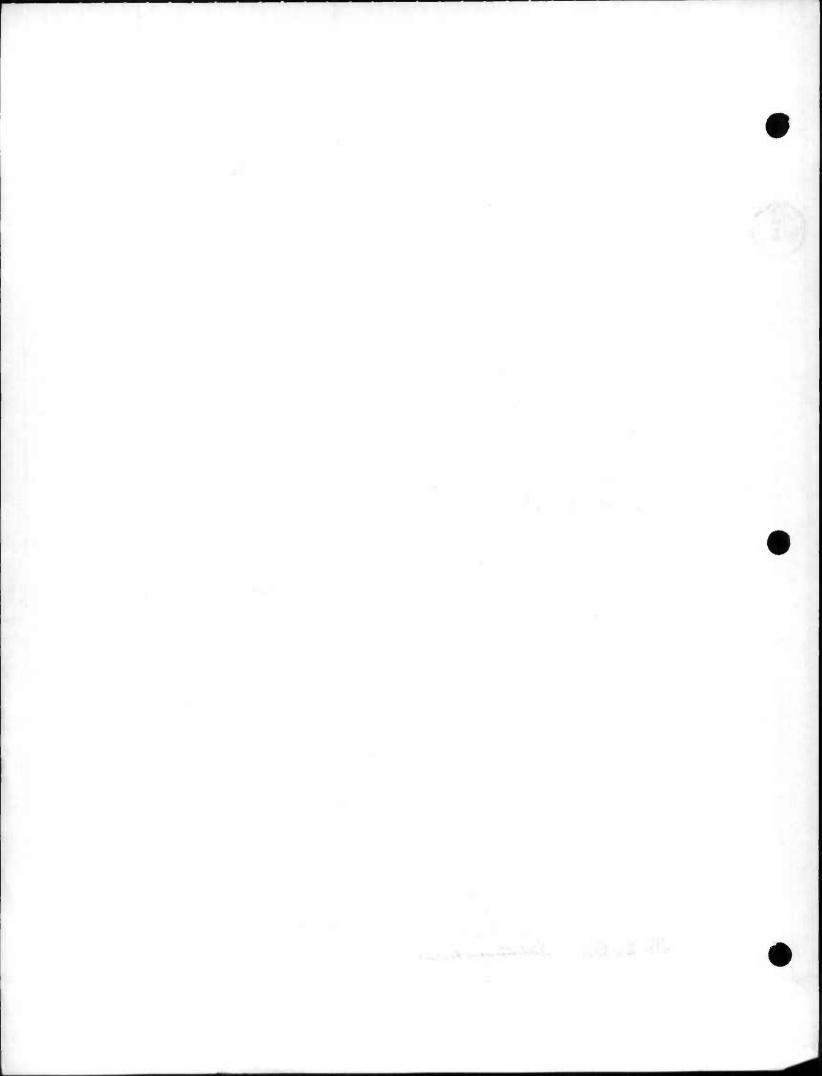
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR		STATE OF I			RTMENT (MENTAL HYGIEN		92	21397	
1. De	ECEDENT'S NAME (FIRST,	B. L	NESBA	Barba	ra DRI	EISBAC	1	CAIN		2. DATE OF DEATH MONTH	Z.	GEAR C	TIME OF DEATH	
15	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs				(last birthday)	MONTHS D		UNDER 24 H	IRS. IN.	(Month, Pay, Year)			ACE (Štete or Foreign ylvania	
	Mashington	Count	100	al		96. СІТУ, ТО На		OCATION O		ATH /		ashin		
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY				10c, CI	Y, TOWN OR L	OCATION						Dd. IHSIDE CITY	
E M	Maryland	Wash	ington		1	/illiar	spoi	rt					LIMITS?	
S	STREET AND NUMBER L5906 Fall:	ing Wa	ters Roa	d			10f. ZIF	2179)5		10g. CITI	ZEN OF WHA	AT COUNTRY?	
3 0	MARITAL STATUS Never Married 2 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		If ye	s, specify		exican	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No—		- American Indian, White, atc.	
COMPLETED	15. DECI (Specify only Elementary/Secondary (0-	EDENT'S EDU highest grade	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT u	WSUAL OCCU work done during se retired.)	PATION og most of	working		16b. KIND OF BU	SINESS/IND		LE	
MP.	11		0		rive	ter				aircı	raft			
m 2	Stephen Ray	ysely					18.			E (First, Middle, Meiden E Kulhamme				
194.	INFORMANT'S NAME (7)									oute Number, City or Tow			0170-	
20a.	Denise Smoot 15906 Falling Waters Rd., Williamspor 20a. METHOD OF DISPOSITION 1 To Burdel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camplery, grematory or other place) 20c. LOCATION — City or camplery, grematory or other place)								City or Town	State				
	Security 2 Cremation 3 Removel from State Cametery, grematory or other place Cedar Lawn Memorial Park 7-24 Hagerstown, Maryland Cedar Lawn Memor									Maryland				
	1500	2010	Done,	me	R					AL HOME Blvd., Ha	gerst	town,	Md. 21740	
iMM dise resu	shock, or heart failure. List only one cause on each line.									Approximata Interval Between Onset and Deat				
CERTIFICATION CAN	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DENTO (OR AS A COHSEQUENCE OF): OR AS A COHSEQUENCE OF): DUE TO (OR AS A COHSEQUENCE OF): OUT TO (OR AS A COHSEQUENCE OF): OUT TO (OR AS A COHSEQUENCE OF): OUT TO (OR AS A COHSEQUENCE OF):							Aus						
PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR	PART II. Other significant conditions contributing to deeth but not a					in the under	lying ce	use give	n in F	Part I, 24s. WAS AN PERFOR	MEO?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO	
25. W	26. WAS CASE REFERRED TO MEDICAL EXAMIHER? HOSPITAL: OTHER:													
S 1	1 YES 2 NO		1 Inpatient 2 I		_	4 - Hursing				Other (Specify)				
2	Netural 5 F	letural 5 Pending (Month, Day, Year)				M 1 YES 2 NO					ed. DESCRIBE HOW IHJURY OCCURED			
	3 Suicide 6 Could not be determined 28e. PLACE OF IHJURY — At hor building, etc. (Specify)					home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						te Number,		
290. (o the cause(s) and mar lime, date and place, an			nd menner as stated.	
ш 296. S	SIGHATH	Сунтин		may	De	29c. LICEHSE NUMBER					29d. DATE SIGNEO (Month/Day, Year)			
P 30. H/	TEDHEA	PERSON WH	COMPLETED CAUS	SE OF DEATH (TEM 27) (Type	Print)	Ho	WE	دا	W. Ha	Ba	True	14 (M)	
31. DA	JUL 23 19		32. REGISTRA	R'S SIGNATURI		<u> </u>	115					3/100	, 00 (1)	



BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit sermit. Plate 1, 2, 3 should be axaminer must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	2 / 4/ 9a. FACILIT COLTE RESIDER 10a. STATE Mary. 10a. STREET Walte 11. MARITAL 1
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hueral director, page 5 should be detached for use as the burial-trainfit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or lifem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART II IMMEDIAT disease of resulting if any, lead cause. Ent CAUSE (D) that initiet resulting if any in the initiet resulting if any in the initiet resulting if any in the initiet resulting if any in the initiet resulting if any initiation in the initiation i

					9	21398
1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEALTH AND	MENTAL HYGIEN	IE .	Lord of Table
1. DECEDENT'S NAME (First, Middle, Last)	Charles Edw			2. DATE OF DEATH	,	3. TIME OF DEATH
CHARIE	SFI	10101	1 14	MONTH	AY Y	WAR (1020
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)	yrs. lest birthday)	FUNDER 1 YEAR OF UNDER 24 HRS.	7. DATE OF BIRTH	1 77	BIRTHPLACE (State or Foreign
214-120-3844	¹x M 2 □ F 80	YRS. MC	ONTHE DATE HOURS MIN.	(Month, Day, Year)	, a la	Country)
9a, FACILITY NAME (If not institution, give at		94	b. CITY, TOWN OR LOCATION OF		9c. COUNTY	aryland
Colton Villa Nurs	ing Conton			DEATH	9c. COUNTY	OF DEATN
RESIDENCE OF DECEDENT	ing center		Hagerstown		Wash	ington
10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d, INSIDE CITY
Maryland Washi	ington	Hag	erstown			LIMITS?
10e. STREET AND NUMBER			101, ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
Walter Towers			21740			USA
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DECENDENT OF HISP	ANC ODICING CO		
1 Never Married 2 Married	FORCES? 1 YES	2 2 NO	If yea, specify Cuban, Maxis	an, Puarto Rican, etc.)	8 OF NO- 14.	RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF TES, GIVE WAN ON DATE	:8	1 YES 2 NO Spec	fty:		Specify: hite
15. DECEDENT'S EDUC	CATION 16	Sa. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working	TOO. KIND OF BO	SINE SS/INDUS	nr
12		interi	or decorator	depar	tment	store
17. FATNER'S NAME (First, Middle, Last)			18 MOTNED'S N	AME (First, Middle, Maiden		-
Charles E. Daley,	Sr.		Estel	le Irene A	lexand	
19a. INFORMANT'S NAME (Type/Print) Rose M. Cline		P.O. B	ox 47, Cavetow	n, Md. 217	n, State, Zip Cod 20	do)
20a. METNOD OF DISPOSITION 1X Burlal 2 Cremation 3 Ramo			DISPOSITION (Name of	DATE 20c. LO	CATION — City	or Town, Stata
4 Donation 5 Other (Specify)		ry, cremetory or other se Hill	Cemetery	7-24 Ha	careto	on, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 4	MINNICH FUNER	ACHITYTTO ME	RETACO	wii, Harytaliu
> 500 x x x x x x x x x x x x x x x x x x	" we record	//				
22 PART I Franch die	70-001-00		415 E. Wilson			
23. PART I. Enter the diseases, or coshock, or heart failure. I	omplicatione that caused th List only one cause on each	ne death, Do not	enter the mode of dying, su	ch ee cerdiec or reep	ratory arrest.	Approximata Interval Between
IMMEDIATE CAUSE (Final						Onset and Death
disease or condition resulting in deeth)	DUE TO (OR AS A CO	and on	a Complete &	goden Foil	AM	
	DUE TO (OR AS A CO	INSEQUENCE OF:	,)		
C	Devalual .	new men	a / matari	whice Conci	- norm	
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A 69	HSEOUENINE OF	1			
cause, Enter UNDERLYING	Corcinon	0 1	rathere			-
CAUSE (Diseese or Injury that initieted events	DUE TO (OR AS A CO					
resulting in death) LAST						
	*					
PART II. Other significent conditions	contributing to death but r	not resulting in ti	he underlying ceuse given in			24b. WERE AUTOPSY FINDINGS
				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 🗆 YES 2	NO	OF DEATH?
						1 YES 2 NO
				- 1		
25. WAS CASE REFERRED TO MEDICAL						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	28, PLACE OF DEATH (C	heck only one)		
EXAMINER? 1 YES 2 NO	1 Inpatient 2 ER/Outpatie		28. PLACE OF DEATN (C			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		nt 3 DOA 28b, TIME OF	DIER: ☐ Nursing Nome 5 ☐ Residence F 28c. INJURY AT		NJURY OCCURE	SD SD
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	1 Inputient 2 ER/Outputies 28a. DATE OF INJURY	nt 3 🗆 DOA	DIER: Nursing Nome 5 ☐ Residence F 28c, INJURY AT	6 Other (Specify)	NJURY OCCURE	SD .
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 3 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY — /	28b. TIME OF	MER: Nursing Nome 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE NOW II 28f. LOCATION (Street &		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending 1 Accident Investigation	1 Inpatient 2 I ER/Outpatie	28b. TIME OF	MER: Nursing Nome 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify)		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Matural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	1 Inpetient 2 ER/Outpetie: 28a. DATE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY — A building, etc. (Specify)	28b. TIME OF INJURY	MER: Nursing Nome 5 Residence To Sec. INJURY AT WORK? M 1 YES 2 NO R, factory, office	6 Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street & City or Town, State)	and Number or R	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only CERTIFYINO PNYSIC	1 Inpetient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY — A building, etc. (Specify)	28b. TIME OF INJURY At home, farm, stree	MER: Nursing Nome 5 Residence Reside	6 Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only only) 2 MEDICAL EXAMINER	1 Inpetient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY — A building, etc. (Specify)	28b. TIME OF INJURY At home, farm, stree	MER: Nursing Nome 5 Residence To Sec. INJURY AT WORK? M 1 YES 2 NO R, factory, office	6 Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only CERTIFYINO PNYSIC	1 Inpetient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY — A building, etc. (Specify)	28b. TIME OF INJURY At home, farm, stree	MER: Nursing Nome 5 Residence Reside	28d. DESCRIBE NOW II 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and martitime, data and place, an	and Number or R	ural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only only) 2 MEDICAL EXAMINER	1 Inpetient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Dey. Year) 28a. PLACE OF INJURY — A building, etc. (Specify)	28b. TIME OF INJURY At home, farm, stree is, death occurred at d/or investigation, in	MER: Nursing Nome 5 Residence	28d. DESCRIBE NOW II 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and martitime, data and place, an	and Number or R	urel Route Number, use(s) and manner as stated.
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only only) 2 MEDICAL EXAMINER	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY — building, etc. (Specify) CIAN: To the best of my knowledge: On the basis of axamination and	28b. TIME OF INJURY At home, farm, stree	MER: Nursing Nome 5 Residence Reside	28d. DESCRIBE NOW II 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and martitime, data and place, an	and Number or R	ural Route Number, use(s) and manner sa stated.
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 21b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY — building, etc. (Specify) CIAN: To the best of my knowledge: On the basis of axamination and	28b. TIME OF INJURY At home, farm, stree is, death occurred at d/or investigation, in (ITEM 27) (Typo, Prin	MER: Nursing Nome 5 Residence Reside	28d. DESCRIBE NOW II 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and martitime, data and place, an	and Number or R	urel Route Number, use(a) and manner as stated.



BALTIMORE, MARYLAND 21215-0020	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	1. DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial
215	attendi	Se as
21	Ital or	for u
N	dsou :	rachec
YL	by the	be d
IAR	rained	should
E L	be re	age 5
ORI	6 та	ctor, p
×	Page	direct
ALT	death.	funera
B	after	by the
	hours	ed in
Ų	in 24	ely fill
200	d with	omple
68	pxecute	and c
õ	te be	Sician
0.	ertifica	ng phy
9.	eath c	attendi
DS	the d	y the
OR	s that	ped b
3EC	require	en sig
AL	e law	has by
VIT.	AN: Th	ificate
JE.	NSIC!	is cert
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NG Ph	fter th
SIC	TENDI	TOR: A
NIC.	DR AT	DIRECT
	-1	-

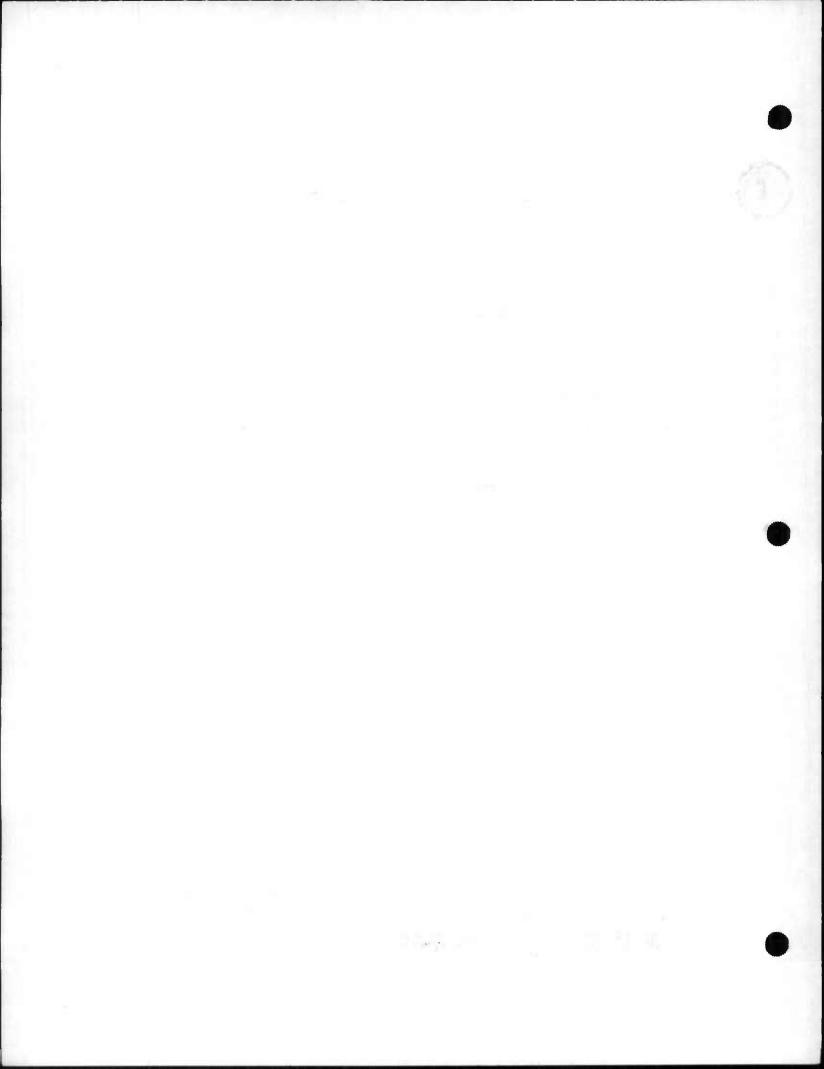
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF		DEPARTMENT				MENTAL	HYGIENE
	CI	ERTIFICATE	OI	F DEAT	H		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTA CERTIFIC			MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Lest)			0.	BERTH	2. DATE OF DEATH		3. TIME OF DEATH		
	JOHN G	ARY DIFILIP	PPO			JUL 9 19		7:35 P M		
			n yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	. BIRTHPLACE (State or Foreign			
	140-38-9081	₩2 □ F 46	YRS	HTHS DAYS	HOURS MIN.	(Month, Day, Year) MAY 27	946	Country) MICHIGAN		
~	9e. FACILITY NAME (If not institution, give street	t end number)	96	L CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH		
DIRECTOR	NATIONAL NAVAL ME	DICAL CENTE	R	BETH	ESDA		MONTO	GOMERY		
JEC	10a. STATE 10b. COUNTY			OWN OR LOCA	TION			10d. INSIDE CITY		
	NEW_JERSEY CA	MDEN			ERTAL			1 X YES 2 NO		
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
FUNERAL	4 LEXINGTON	WAY			08081		UNIT	TED STATES		
5	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 😡 YES		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No- 1	4. RACE — American Indian, Black, White, etc.		
B⊀	3 Widowed 4 Divorced	IF YES, OIVE WAR OR DA	TES		2 NO Specif			Specify:		
G	15. DECEDENT'S EDUCAT	1963 -	18e. DECEDENT'S US	UAL OCCUPATION	ON	16b, KIND OF BU	ISINESS/INDUS	WHITE		
	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done durina ma	st of working	IBEW #4	39 Lo	cal		
AP.	12		ELECTR	TCTAN		Electri	.cal Ur	nion		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Meide	Surneme)			
BE (JOHN DIFTLIPPO	1			GEOR	GINA JOSEI	HINE N	MCKAY		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AO	ORESS (Street a	nd Number or Rural i	Route Number, City or To	vn, State, Zip C	ode)		
	DIANE DIFTLIPPO				WAY, ERT		8081			
	20a METHOD OF DISPOSITION 1 & Burlet 2 Cremation 3 Remova	I from State 20b.	PLACEAND DATE OF D etery, crematory or other	place) Bri	g.Gen.Wi	111am 20c. L		ly or Town, Stata		
	C. Doyle Cemetery 7/14/92 Arneytown, N 21 SHOHATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY ROBERT A. Pumphr									
	Shi I	4/1		Home/Bethesda-Chevy Chase, Inc., 7557						
	Michile Fis	Milla	M00348	Wisco	nsin Ave	nue, Beth	esda, 1	MD 20814-3501		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final disease or condition	Onset and Death								
	resulting in death) a	SMALL CE	LL LUNG CA	ANCER						
2										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
ICA	CAUSE (Disease or Injury									
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	OUENCE OF):						
S	d									
AL	PART II. Other algnificant conditions of	ontributing to death bu	it not resulting in t	he underlyin	g cause given in	Part I. 24a. WAS AI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Dic						1 _ YES		COMPLETION OF CAUSE OF DEATH?		
ME							Λ	1 TES 2 NO		
ä										
PHYSICIAN: MEDIC		OSPITAL:	O	26. PL THER:	ACE OF DEATH (Ch	ack only one)				
14S	1 YES 2 NO 1	inpatient 2 ER/Outpa 28a. DATE OF INJURY	26b. TIME O			6 Other (Specify)				
	1 X Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK? /ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED		
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY - building, atc. (Specia	— At home, farm, stree							
COMPLETED	4 Homicide 8 Could not be		281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)							
2E	294. CERTIFIER 1 X CERTIFYING PHYSICIAL	N: To the best of my knowle	edge, death occurred at	t the time, date	end place, and due	to the cause(s) and ma	noer se stated			
NO.								cause(s) and manner es stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			SIGNED (Month, Day, Year)		
) BE	Marist 6 Wh	1	17					JUL9Z		
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	11)	NATIONAL	NAVAL MEI				
	M. WHEELER, LT, M	C, USNR				, M D 20889				
	31. DATE FILEO (Month, Day, Year)	32, REGISTRAR'S SIGNA	TURE			,				
	JUL 15 '92	Grove Bandy	-HOMELES							

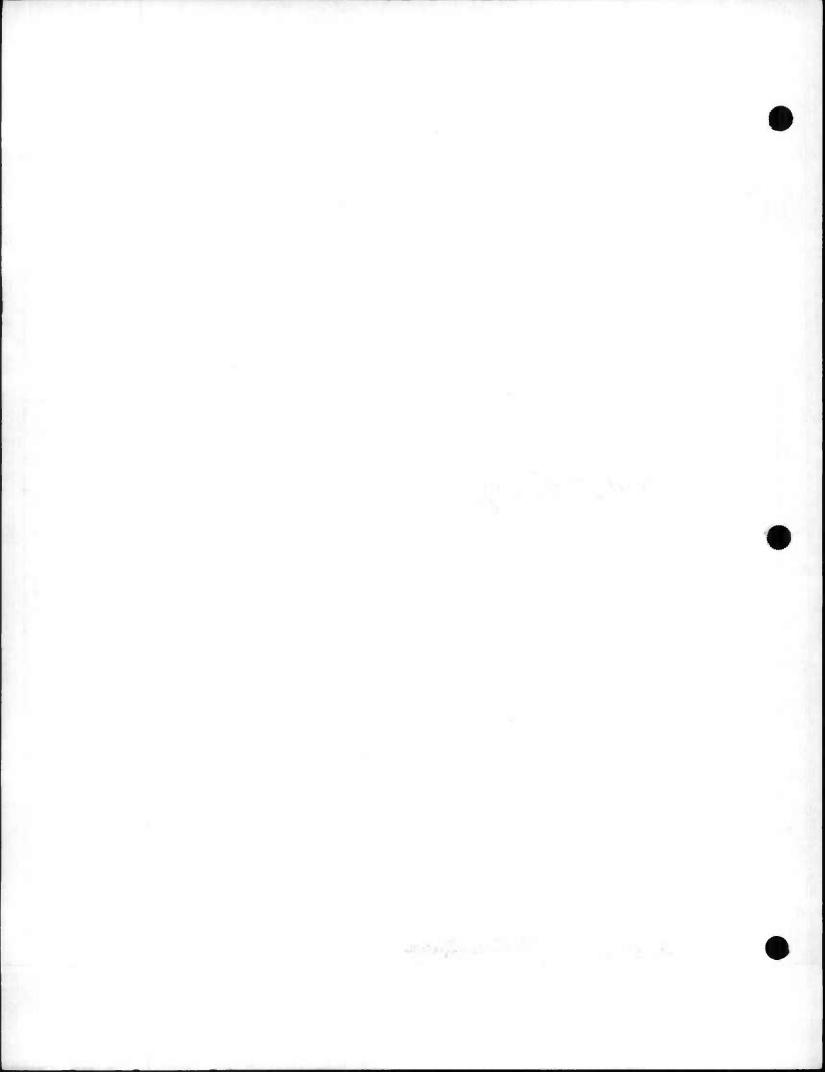




	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		C	ERTIF	ICATE (F DEAT	Н	RE	G. NO.	_		
1	MONTH DAY YEAR									3. TIME OF DEATH		
								July]				18:10 w
	4. SOCIAL SECURITY NUMBER				8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 H				7. DATE OF BIRTH			HPLACE (State or Foreign
1	577-52-7624	1 M 2 D F	55	YRS.	MONTHS DA	rs Hours	MIN.	June 1		027	Count	
	9a. FACILITY NAME (If not institution, g	ive street and number)	- 55		9h CITY TO	VN OR LOCATIO			. / , 1		NTY OF D	
œ	Shady Grove Adv		nital		124	ville	IT OF BEAT			W2 534		
DIRECTOR	RESIDENCE OF DECEDENT		prear		ROCI	ATTIE				Mo	ontg	omery
3EC	10a, STATE 10b, COL	JNTY		10c. CIT	Y, TOWN OR L	CATION						10d. INSIDE CITY
	Maryland Mo	ntgomery]]	otoma							1 YES 2 X NO
AL	10e. STREET AND NUMBER			-		10f. ZIP CODE	*-			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	12008 Smoketree	e Road				208	354			U:	nite	d States
5	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. AF	MED		DECENOENT OF				or No-	14. RAC	E — American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			, specify Cuban YES 2 NO		Puerto Hican,	etc.)		Spec	k, White, etc. """: White
		10/6/55										wiiite
COMPLETED	15. DECEDENT'S (Specify only highest g		16a. Di	CEDENT'S	WORK done durin	ATION most of working	7	16b. KIND	OF BUS	SINESS/INI	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +	-)		nker				Do	nled n	~	
Ā				Da	irei			1		nkin	9	
	17. FATHER'S NAME (First, Middle, Last)							(First, Middle.	Maiden :	Surname)		
BE	John Robson Dunk	oar, Sr.			Siesen II en en en		a St					
٩	19a. INFORMANT'S NAME (Type/Print)	1				et and Number o						
	Elva Gene B. Dur					tree Ro	pad P					
	20a METHOD OF DISPOSITION 1 \(\text{D} \) Burial 2 \(\text{Cremation} \) 3 \(\text{I} \) f	Removal from State			OF DISPOSITIO ther place)		7 /	OATE	20c, LO	CATION —	City or To	own, State
	Cemetery or other place Commetter Cemetery Cem											
	4 4	Bour a			Hom	e/Bethe	sda-	Chevy	Cha	A. P	umph Inc.	rey Funeral
		7	7	0672								yland 20814-
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final	Λ	or on user mi		D (4							Onset and Daath
	disease or condition resulting in death)	. Ke	spirato	HIY	fail	LIE						1 week
		DUE TO	OR AS A CONSE	OUENCE O	F):	1/	0	0.11	_		le fa	
Z	Sequantially list conditions,	I IME	rasyal	uc.	ran	sition	el	(elf	(an	101 1	? Red 1	na 2 yrs
Ĕ	If any, leading to immediate	OUE TO	(DR AS A CONSE	OUENCE O	P): `							
5	CAUSE (Disease or injury	C	OR SE A COMOR	SEQUENCE OF):								
Ē	that initiated events reaulting in death) LAST	502 10	TON AS A CONSE	QUENCE U	r):							i
CERTIFICATION		d										
	PART II. Other algolificant condi	tions contributing to	death but not	resulting	in the under	ying cause gi	iven in Pa		WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
DICAL	Deer Vein	Mrombo	1515					1 1	YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC	- reumo	nia										1 YES 2 NO
ż								_				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICA EXAMINER?					B. PLACE DF OE	ATH (Check	conty one)				
SI	1 TYES 2 TO NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER: 4 Nursing	Home 5 🗆 Res	sidence 6	Other (Spec	cify)			
H	27. MANNER OF DEATH	26a. DATE DF (Month, Di	INJURY ny, Year)	28b. TIM	E OF 26c	INJURY AT WORK?	2	ed. DESCRIBI	E HOW IN	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigati	on			M 1	YES 2	NO					
	3 Suicide 6 Could not	building,	F INJURY — At he atc. (Specify)	ome, farm,	street, factory.	office	2	8f. LOCATION City or Tow	(Street a	nd Number	or Rural I	Route Number,
TE	4 Homicide detarmine	d									No.	
PL	29a. CERTIFIER CERTIFYING PI	HYSICIAN: To the best of	my knowledge, de	eth occurr	ed at the time,	date and place,	and due to	the cause(a)	and man	ner as sta	ted.	
COMPLETED		AINER: Dn the beals of a										s) and manner as stated.
	296/SIGNATURE AND TITLE OF CERT	IFIER				29c. LICE!	NSE NUMB	ER		29d, DAT	E SIGNED	(Mover, Day, Year)
BE	Kelter B. Sherry	mp				1)	2191	10		-	7/18	192
유	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	, Print)	1	1	,			4,0	
	refer b. She	res mo	3947		rara	Dr.	Whi	eaton	Mac		209	106
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE		,)	,,,,,,	1		
	JUL 20 '92	Julia Davi	door Rand	182								
_								_				



8:15

1. DECEDENT'S NAME (First, Middle, Last)

VANCE (VANNCE)DUNCAN

92	2	40	
	3. TIME (OF DEATH	-

1992

100	450	Ď.		
Part 1	aff	肠	A	
Fig.	a,	æ	臣	
18	3.	3	豿	Ŋ
1	787	Z	ø.	
-	State		44	

MARYLAND 21215-0020

BALTIMORE.

P.O. BOX

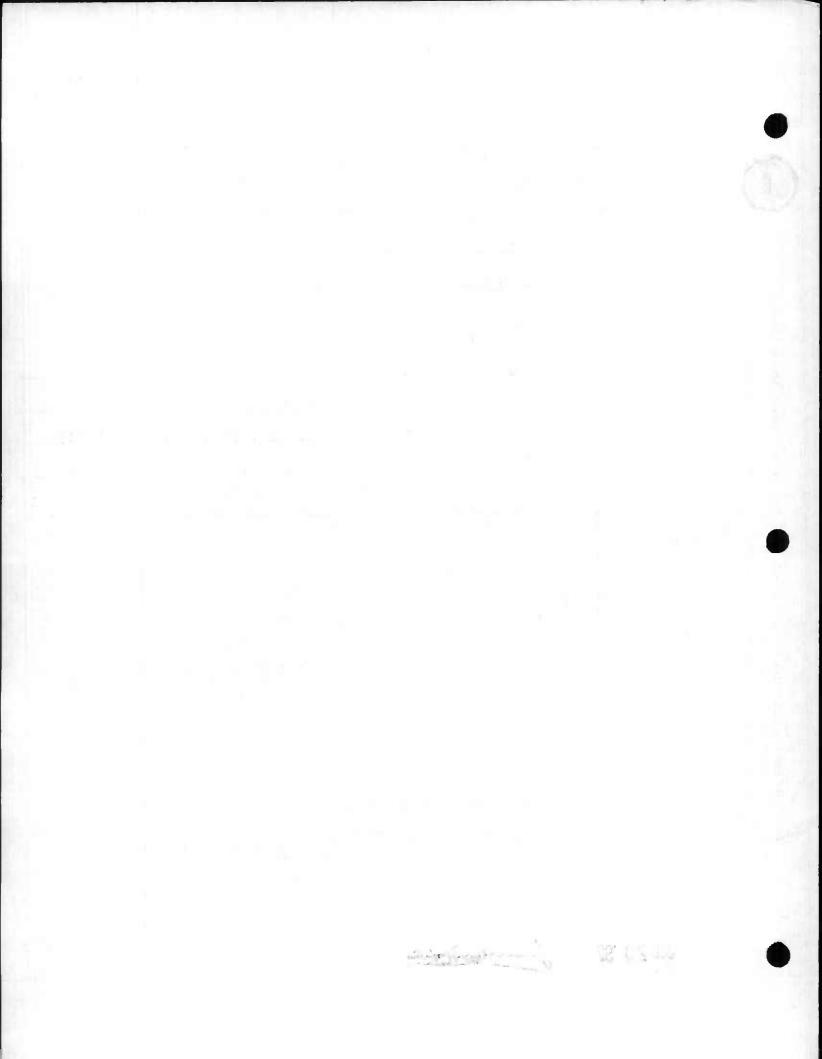
DIVISION OF VITAL RECORDS,

Pages permit. urs after death. Page 6 may be retained by the hospital or attending physician, in by the funeral director, page 5 should be detached for use as the burial-transit in by the funeral director, filled in by the fulion, or removal, completely DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burial, and prior to the attending physician I Mental Hygiene prior to TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 9e. FACILITY NAME (If not institution, give street 20 California 04 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR MANOR CARE WHEATON WHEATON MONTGOMERY 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 3506TWIN BRANCHES COURT 20906 S 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO BY Specify 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) ENGINEER GOVT: 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) to BE notified ; unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LUCILLE ANDERSON SPRING ST SIL. SPR MD.#1123 Pe 20e. METNOD OF DISPOSITION
1 □ Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) METROPOLITAN CREMATORY 718 Alexandria, examiner 21. SIGNATURE OF FUNERAL SURVEY LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funerl HOME Inc. 20901 Md. 500 University Blvd.W.SI1 medical 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, ahock, or heert failure. Liet only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Final** the Onset and Death disease or condition Caralio 1 almonon resulting in death) traumatic event. CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other that initieted events resulting in deeth) LAST Sellew8711 injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS FUNERAL DIRECTOR: After this certificate has been signed by it within 72 hours after death with the State Dept, of Health and ITANT: If Hem 28 is marked, or Hem 23 shows any in AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? rest Fleding 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED Natural BY 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER

(Chack only

1 CERTIFYING PHYStCIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Your) BE auless 2 LETED CAUSE OF DEATH (ITEM 27) (Typo, Print) AW 31. DATE FILED (Month) 92 32. REGISTRAR'S SIGNATURE



4. SOCIAL SECURITY HUMBER

215-01-3575

MARYLAND

11. MARITAL STATUS

10e. STREET AND HUMBER

1 Never Married 2 Married
3 Widowed 4 Divorced

IF UNDER 1 YEAR DAYS

10c. CITY, TOWN OR LOCATION

SILVER SPRING

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

7600 Carroll Avens.

20901

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify

If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 Y HO Specify:

TAKOMA PARK

GENE DILLON

6. AGE (In yrs. last birthday)

EDMUND

1 M2 F

12. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1 ☐ YES 2 ÅHO IF YES, GIVE WAR OR DATES

DMUNI

9a. FACILITY HAME (If not institution, give street and number

75 E. WAYNE AVENUE, #108W

WASHINGTON ADVENTIST HOSPITAL
RESIDENCE OF DECEDENT
10e. STATE

MONTGOMERY

10b. COUNTY

3. TIME OF DEATH

0015

10d. IHSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Specify: WHITE

1 YES 2 NO

8. BIRTHPLACE (State or Foreign Country)

MARYLAND

9c. COUNTY OF DEATH

USA

MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY?

REG. NO.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

2-05-14

	8
1	1
	4
	Ē

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

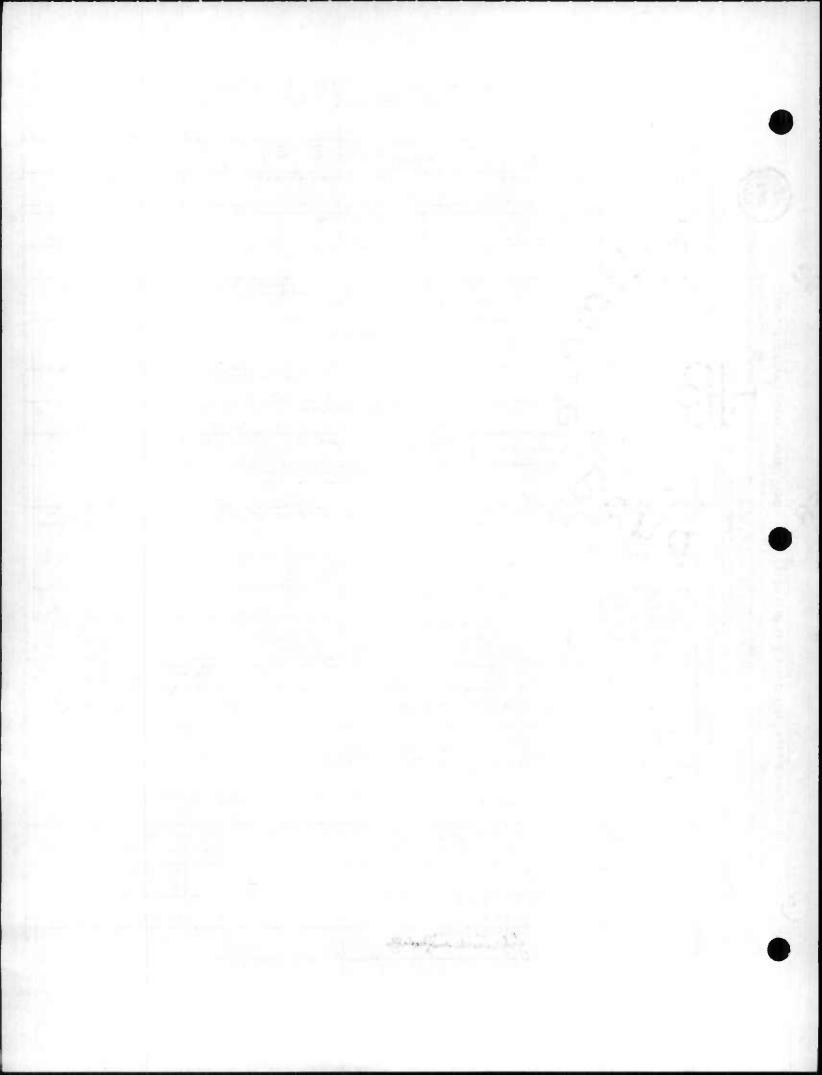
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

8	3 Widowed 4 Divorced	S	1 ☐ YES 2 € HO Specify: WHITE								
ETED	15. DECEDENT'S ED (Specify only highest gra-	DUCATION de completed)	16	a. DECEDENT'S USUA (Give kind of work do	ne during m		16b, KIHD OF	16b. KIHO OF BUSINESS/INDUSTRY			
_	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT use retire	AUTOMO	MOTIVE PARTS					
COMP	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S HA	AME (First, Middle, Meid				
ш	EDMUND DI	LLON				MARGAE			OURT		
9	19a. IHFORMANT'S HAME (Type/Print)			19b. MAILING ADDR	ESS (Street	lown, State, Zip C	Code)				
5	THOMAS DILL	ON		9800 MAP	LE L	RSBURG,	MD 20879				
	20e_METHOD OF DISPOSITION 1	movat from State	cemeter	ACE AND DATE OF DISPOSITION (Name of 17), cremetory or other place) TE OF HEAVEN CEMETERY 7/22 SILVER SPRING, MI							
	21. BIGNATURE DE FUHERAL SERVICE I		1011	. / F	RANC.	IS J. COL	LINS FUNE	ERAL HO	ME, INC. . SP., MD 2090		
	23. PAHT I. Enter the diseases, of ahock, or heart feilure	complications that ceus c. List only one ceuse or	sed th	e deeth. Do not en							
	disease or condition resulting in death)	a. DUE TO (OR A)	JY	Rev	101	Fall	J/c		Zdays		
z		. 106	7	Ventri	110	Fail	UVe		1 go dans		
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	JE	MY 3			farehon		90 days		
ERTIFI	that initiated events resulting in death) LAST	0		osclerok			Disean		5 years		
MEDICAL C	PART II. Other eignificent condition	Respirent	cry	Failur	0	ng ceuse given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO		
				0	10				10100		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatie	nt 3 DOA 4	ER:	PLACE OF DEATH (Ch					
ву рну	27. MAHHER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IHJUR (Month, Day, Year	TY.	28b. TIME OF IHJURY	JURY AT ORK? YES 2 HO	6 Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be determined	28a PLACE OF IN III	IRY — / Specify)	At home, farm, street,	lectory, offi	Ca	28t. LOCATION (Stre City or Town, Ste	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET		SICIAN: To the beat of my kn), cause(a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFI		,			29c, LICENSE NUI	MBER	29d, DATE 1	SIGNED (Month, Day, Year)		
BE	(Stia	// hunzs		M)		D 1258	32		14 20 1992		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Taxoma Park MD



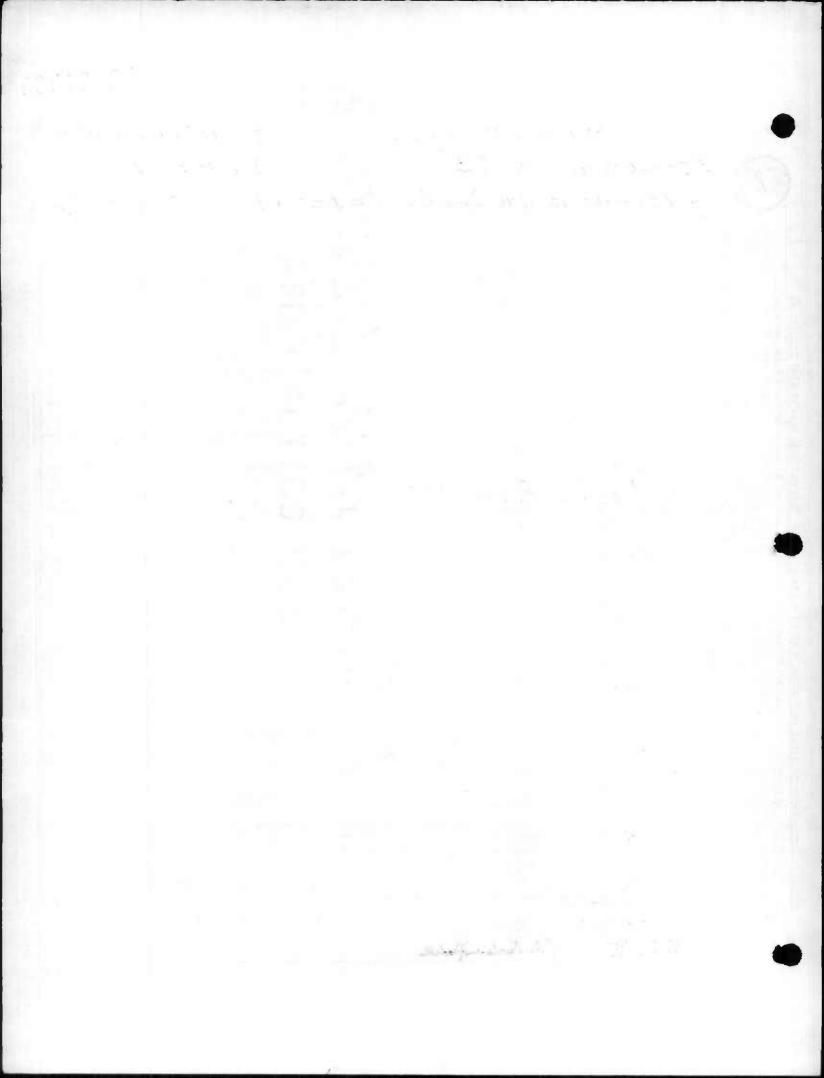
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFICATE	0	F DEAT	THE		DEC	NO

THE COORDINATE PLANS LAND LOCAL SECURITY MOMERY 1. SEX LAND PLANS LAND PLANS LAND 1. SEX LAND PLANS LAND PLANS LAND PLANS LAND PLANS LAND PLANS LAND LAND LAND LAND LAND LAND LAND LAND		1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	MENT OF HEALTH AN		IYGIENE REG. NO.	26 61403					
4. SCOAL SCOUNT NUMBER 213-42-5948 1		1			ONI E OF DEATH	2. DATE OF	OEATH	YEAR 3. TIME OF OEATH					
THE SUBJURBAN HOSPITAL SUBJURBAN HOSPITAL BETHESDA SUBJURBAN HOSPITAL BETHESDA SUBJURBAN HOSPITAL BETHESDA SUBJURBAN HOSPITAL BETHESDA MONTGOMERY No. 51712													
SUBURBAN HOSPITAL BETHESDA MONTCOMERY 100. ROCCOUNTY MD MONTCOMERY MN ROCCOUNTY MD MONTCOMERY MN ROCCOUNTY MD MONTCOMERY MN ROCCOUNTY MN ROCCOUNTY MD MONTCOMERY MN ROCCOUNTY MD MONTCOMERY MN ROCCOUNTY MD MONTCOMERY MN ROCCOUNTY MD MONTCOMERY MN ROCCOUNT			- 02	YRS.		DAYS HOURS MIN. (Month, Day, Year) 9/28/09							
199. STREET AND NUMBER 190. STREET AND NUMBER 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 12. WAS DECEMBENT OF RIBERANC ORIGINIT (Speechy, Year or No.—) 13. MARINA STATUS 14. MARINA STATUS 15. DECEMBENT'S BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBE	-					F DEATH							
199. STREET AND NUMBER 190. STREET AND NUMBER 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 12. WAS DECEMBENT OF RIBERANC ORIGINIT (Speechy, Year or No.—) 13. MARINA STATUS 14. MARINA STATUS 15. DECEMBENT'S BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBE	E	RESIDENCE OF DECEDENT	-		DETHESDA	MONTG	HONTGOTERT						
199. STREET AND NUMBER 190. STREET AND NUMBER 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 11. MARINA STATUS 12. WAS DECEMBENT OF RIBERANC ORIGINIT (Speechy, Year or No.—) 13. MARINA STATUS 14. MARINA STATUS 15. DECEMBENT'S BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBENT BUILDATION 15. DECEMBE	E	/ A 2	MEDV					10d. INSIDE CITY LIMITS?					
South Sout			ALKI	KUCK			10a, CITIZE						
Society Society Society Society Society Society WHITE	IER/	6121 MONTROSE RD			20852								
Sequentially list conditions, and contributing to death but not resulting in death) Approximate re		1 Never Married 2 Married	FORCES? 1 YES 2		If yes, specify Cuben, Mexican, Puerto Rican, etc.) I VES 2 NO Specify: Specify:								
MARK BOORSTEIN Sea, INFORMANT'S NAME (TypePrint) 19th. MAILING ADDRESS (Street and Number or Rural Robute Number, City or Rown, State, Zip Code)		15. DECEDENT'S EDUC	ATION 16a. D	WHITE									
MARK BOORSTEIN Beauting The conditions	E	(Specify only highest grade completed) (GMs kind of work done during most of working											
MARK BOORSTEIN GERTRUDE (UNKNOWN) 198. MAILING ADDRESS (Street and Number or Rural Problet Number, City or Town, State, Zip Code) 13708 NORTH CATE DR., SILVER SPRING, MD 20906 200. METHOD OF DISPOSITION 1 (Burlet 2 Cremetion 3 Removel from State 4 Donaton 5 () Other (Spocht) 21. SIGNATURE OFF USERAL SERVICE LICENSEE 22. PART I_ESTITE the disables, or complice from the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwee Ones and Das disease or conditions, and an account of the cause of the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwee Ones and Das disease or conditions, and an account of the cause of the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwee Ones and Das Due to (one as a Consequence of): 23. PART II. Other significant conditions, and accommodate of the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Betwee Ones and Das Due to (one as a Consequence of): 24. Due to (on as a consequence of): 25. Was case reference to medical Examined? 26. Was case reference to medical Examined? 27. Was case reference to medical Examined? 28. PLACE OF DEATH (Chack only one) 29. PLACE OF DEATH (Chack only one) 29. PLACE OF DEATH (Chack only one) 29. PLACE OF DEATH (Chack only one) 29. PLACE OF DEATH (Chack only one) 29. DUE TO (OR AS A CONSEQUENCE OF): 1 YES 2 NO 29. PLACE OF DEATH (Chack only one) 29. PLACE OF DEATH (Chack only one) 29. DUE TO (OR AS A CONSEQUENCE OF): 20. PLACE OF DEATH (Chack only one) 29. PLACE OF DEATH (Chack only one) 29. DUE TO (OR OR OR OR OR OR OR OR OR OR OR OR OR O	MP		BUS	SINESS	WOMAN/PROPRI	OP							
198. INFORMANT'S NAME (**)**par**print** E. LYNN COOPER (DAUCHTER) 13708 NORTH GATE DR., SILVER SPRING, MD 20906 209. METHOD OF DISPOSITION 1													
E. LYNN COOPER (DAUGHTER) 13708 NORTH GATE DR., SILVER SPRING, MD 20906 200. HETHOO OF DISPOSITION 1			10	9b. MAJLINO A									
Name Part	2	E. LYNN COOPER (D											
22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPELS, INC. 1.70 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23. PART Letter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, lineral Between Onset and Das disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A		1 X Burial 2 - Cremation 3 - Remo	val from State 20b. PLACE cemetery, cr	AND DATE OF	ty or Town, State								
DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23. PART Letter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, interval Batwee Ones and Dash disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL POPULATION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL POPULATION OF CAUSE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 YES 2 NO 28. DATE OF INJURY AT NUMBER OF DEATH (Check only one) 28. DATE OF INJURY AT NUMBER OF DEATH (Check only one) 28. DATE OF INJURY AT NUMBER OF DEATH (Check only one) 28. DATE OF INJURY AT NUMBER OF DEATH (Check only one) 28. DATE OF INJURY AT NUMBER OF DEATH (Check only one) 28. DATE OF INJURY AT NUMBER OF DEATH (Check only one) 28. DATE OF INJURY AT NUMBER OF DEATH (Check only one)				DAVID			FALLS CHU	RCH, VA					
23. PART I. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER-OF OBJATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCURED INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCURED INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCURED INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCURED INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCURED INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCURED		· fary	. Tui		DANZANSKY-GO 1170 ROCKVII	OLDBERG LLE PIKE	, ROCKVILI	LE, MD 20852					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A		Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): CANCELTIVE HEART FAILURE											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. Was CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. Was CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. PLACE OF DEATH (Check only one) 22. PLACE OF DEATH (Check only one) 24. Was AN AUTOPSY FINDING AMAINABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)	ATION	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. Was CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. Was CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. PLACE OF DEATH (Check only one) 22. PLACE OF DEATH (Check only one) 24. Was AN AUTOPSY FINDING AMAINABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)	ERTIFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one)	11	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTODOSY 24th WEDE AUTODOSY 24th WED AUTODOSY											
						1[COMPLETION OF CAUSE OF DEATH?					
	AN				26. PLACE OF DEATH	(Check only one)							
	Sic				ecify)								
A Academia M 1 YES 2 NO	E	/	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT			RED					
	à	2 Accident Investigation	28a PLACE OF INJURY — At N	ome form etc									
3 Suicide a Could not be detarmined 3 Suicide a Could not be detarmined 288. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 289. PLACE OF INJURY — At home, farm, street, factory, offica city or Town, State)		e Could not be	building, atc. (Specify)	ome, lettil, ett	out, factory, office	Hurel Route Number,							
3 Suicide 4 Homicide 4 Homicide CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.	OMPLE	(Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		0 -	0.10			_	29d. DATE S	SIGNED (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		T CANDON			D36	552	1 7	117192					
(ANNATI TALWAR, 6121 MONTROSE FOAD ROCKVILLE MD. 20852		PANKAT PAL	WAR, 6121	to Ro									
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													

11223 112 11 (1

		REGISTRAR		CERTIFICAT	E OF DEATH		REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)	nne M.	Dugge		2. DATE OF MONTH		3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER			ER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF	13 9 BIRTH 8	BIRTHPLACE (State or Foreign			
	1	579-20-5346	1 - M 2 F 7	3 YRS. MONTH		Month, D		Penn.			
	DIRECTOR	Grosvenor Residence of Decedent		are Ctr				tgomery.			
ges 1	デ	10e. STATE 10b. COUNTY		10c. CITY, TOW	OR LOCATION	10d. INSIDE CITY					
. P.				Washir	ngton, D.C.			1 💢 YES 2 🗌 NO			
n. ansit permit.	FUNERAL	307 Quackenbos S	St.,N.W.		10f. ZIP CODE	11		United States			
AND 21203-3146 the hospital or attending physician. detached for use as the burial-transit once.	BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2/3(NO	3. WAS DECENDENT OF HI If yes, specify Cuben, M 1 YES 2 NO S			RACE — American Indian, Black, White, etc. Specify: Black			
203-	E	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16e. DECEDENT'S USUAL	OCCUPATION be during most of working	16b. Ki	ND OF BUSINESS/INDUS				
212 sital or d for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Registere		U	.S. Govern	nent			
AND 21: the hospital o detached for once.	OME	12 17. FATHER'S NAME (First, Middle, Last)	4		16. MOTHER		lle, Maiden Surname)				
TLA Be a st	111	Mervyn Ma	rshall				na Harris				
MARYLAND re retained by the host e 5 should be detache notified at once.	5	190. INFORMANT'S NAME (Type/Print) Anthony Thompso	n		est Rd., Ch						
BALTIMORE, A sifer death. Page 6 may be y the funeral director, page hoval.		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem 4 Donatton 5 Other (Specify)	oval from State	Suburban Co	Name of cemetery, cremetor cematory	y or	Silver Sp				
ALTIM death. Pag funeral dir i.		21. SIGNATURE OF PUMPING SERVICE LIC	ENSEE & U/	2	2. NAME AND ADDRESS OF MCGuire F	uneral S	ervice Inc				
BAL ler death the fune wal.	1	Marve	e C. Ha					gton, D. C. 2001			
S, withir mus ; pletely filled in by cremation, or ren		23. PART I. Enter the diseases, or o shock, or heart fellure. MMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	d the deeth. Do not and sech line. A CONSEQUENCE OF:				Interval Between			
OX 131. e be execute sician and co	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b								
th certification of Hygies	ERTIF	that initieted events resulting in death) LAST d.									
CORD ires that th signed by the Health and ws any In	DIC	PART II. Other algorificant condition	a contributing to deeth to		undariying cause give		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AL RE law requested that been Dept. of a 23 sho											
2 F 2 8 5	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	OTH	26. PLACE OF DEAT						
OF PHYSIC This ce with th		27. MANNER OF DEATH Netural 6 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d, DEŞCF	IBE HOW INJURY OCCUI	RED			
DIVISION OR ATTENDING I DIRECTOR: After hours after death ttom 28 is mai	0	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, atreet, i		26f. LOCATI	ON (Street and Number or Town, State)	Rural Route Number,			
DIN TAL OR TAL DIRI TZ hour	3	ann)	CIAN: To the best of my know					euse(s) and memor as stated.			
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Sanleym	2	29c. LICENS	B546	29d. DATE S	IGNED (Month, Day, Year)			
4	TO	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE		218/00	Scons	N DUR	Bettons			
		31. DATE FILED (Month, Day, Year) JUL 21 92	32. REGISTRAR'S SIGN	NATURE							



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYG		- 41 1 800			
1. DECEDENT'S NAME (First, Middle	Roger Clif	ton EYLE	R	2. DATE OF DEA MONTH June 3	TH 0 DAY 1992 YEA	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 216-22-8398 90. FACILITY NAME (If not institution	1 M 2 □ F	63 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	Sept. 2	Ź, 1928 °	RTHPLACE (State or Foreign Duntry) Maryland			
Frederick Memo		96	Frederic		sc. county o	derick			
Maryland	Frederick	10c. CITY, TO	DWN OR LOCATION Fre	derick		10d, INSIDE CITY LIMITS? 1 YES 2 NO			
	an Springs Road		101. ZIP CODE 2170	2	U.S.A.				
11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced	IF YES, GIVE WAR OR E	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 — YES 2 NO Spec	icen, Puerto Rican, at	c.) E	ACE — American Indian, Black, White, atc.			
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	neering								
17. FATHER'S NAME (First, Middle, L.	ast)	Technical		NAME (First, Middle, M		meerrug			
Charles Frede	•			elen Hack					
19a. INFORMANT'S NAME (Type/Prin	or Town, State, Zip Code								
Mrs. Sara Ann		8587-	A Indian Spri	ngs Road,	Frederic	k, Md. 21701			
4 Donation 5 Other (Specific	20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Removal from State 4 Donature of Runeral Service Licensee 20b. PLACE AND DATE Of DISPOSITION (Name of certificity, crametor, of other place) 3 Removal from State 4 Donature of Runeral Service Licensee 20b. PLACE AND DATE Of DISPOSITION (Name of certificity of certificity, crametor, of other place) 3 Removal from State 4 Donature of Runeral Service Licensee								
21. SIGNATURE OF BUNERAL SERV	C.C. bufu	M00021	Keeney and	Basford F		me rick, Md. 21			
shock, or heert feilure. Llat only one ceuse on each line. Interval Between Onset and Desth disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Late only one ceuse on each line. Interval Between Onset and Desth year. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
	ditions contributing to death the		ne underlying ceuse given	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDI EXAMINER?			26. PLACE DF DEATH	Check only one)					
1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		HER: Nursing Home 5 Resident	e 8 🗆 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investig	ation	28b. TIME OF INJURY	M 1 YES 2 NO	20d. DESCRIBE HOW INJURY OCCURED					
3 Suicide 6 Could a determine	building, atc. (Spe	Y At home, ferm, stree cify)	t, fectory, office	281. LOCATION (S City or Town,	troet end Number or Rural Route Number, State)				
	PHYSICIAN: To the best of my know (AMINER: On the basis of exemination					se(s) and menner es stated.			
29b, SIGNATURE AND TITLE OF CE	han	MD	29c. LICENSE N	UMBER	29d, DATE SIGN	GNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Sherman Kahan, M.D., 915 Toll House Ave., Frederick, Md. 21701 31. DATE THE (Mont Comp. 1092 July 22 Trainst are single that the complete of the com								

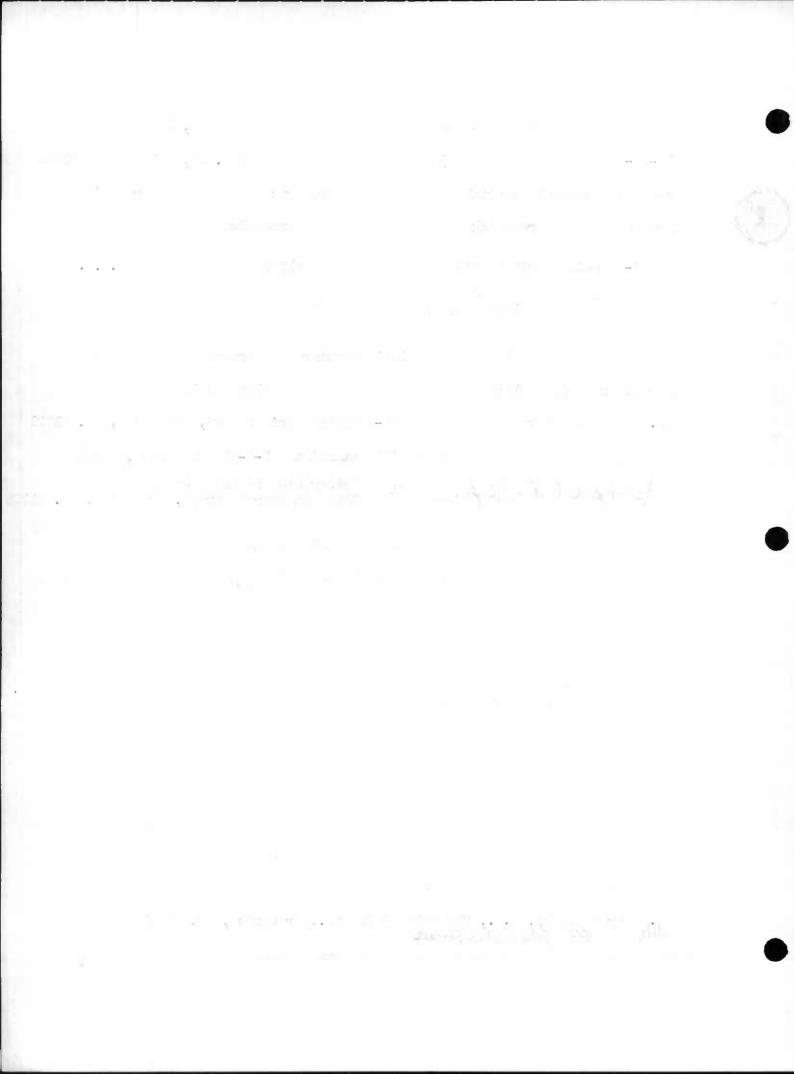
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit p be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlai, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATT	THE FUNERAL DIRECTO	PORTANT: If item 2
F	FA	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)

JUL 2 7 1992

												9:)	2140
	1 - STATE REGISTRAR		MARYLAND C	DEPAR	RTMEN	TOF H	DEA	AND I	MENT	AL HYGIEN				-: 90
	1. DECEDENT'S NAME (First, Middle, Last)		E 4.0.T	5554	.,				2. DAT	E OF DEATH		100000	3. TIM	E OF DEATH
		CONRAD EASTERDAY							J	ÜLY 2	Ď, 1	992		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDI	ER t YEAR	IF UNDER	1	7. DAT	E OF BIRTH		8. BIRTH	PLACE	(State or Foreign
	216-09-5981	X(X) M 2 [] F	89	YRS.	MONTHS	DAYS	ноона	MIN.	SEPT 19,1902 County					YLAND
œ	9a. FACILITY NAME (If not institution, give					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
0	1732 EDGEWOOD	HILL C	TRCLE		Н	IAGE	RSTO	WN			W	IASHI	ING	TON
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y. TOWN	TOWN OR LOCATION								
DIRECTOR	MARYLAND WA	SHINGTO	N			AGERSTOWN							L	ISIDE CITY
	10e. STREET AND NUMBER	AUL	101, ZIP CODE					100 CI	1X YES 2 NO					
ER	1732 EDGEWOO	D HILL	CIRCLE			21740						U.S.		JOHINT
FUNERAL	11. MARITAL STATUS	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RAC							erican Indian					
ВУР	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X	NO	if yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 No. Specify.						14. RACE — American Indian, Black, White, atc. SpecifyWHITE			
										opacii,	'WH	TIF		
(Give kind of work done during most of working										BUSINESS/INDUSTRY				
7	Elementary/Secondary (0-12)	College (1-4 or 5	•) "			MAN				DV.	IRY			
NO.	17. FATHER'S NAME (First, Middle, Last)			111	L. IX	18. MOTHER'S NAME (First, Middle, Maiden								
		WILLIAM RICHARD EASTERDAY BESSIE VIRGINIA											Н	IMES
BE	19a. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	AODRES	SS (Street a				nber, City or Tow				11120
2	RUSSELL E. EA			1724	9 L	APP	NS	ROAI	D,	HAGER	STOW	N,MD).	21740
	20a. METHOD OF DISPOSITION 1/ Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	CHRT'S	THE SY OR	EFOF	SITION (Na	me of CEME	TERY	7-2	1E 20c. LO	CATION —	City or Tow	vn, Stat	RED.,MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	13								FUNER				
	· R. hore				4	10 E.	ANT	IETA	M ST	r., HAG	ERST	OWN, M	1D.	21740
	23. PART I. Enter the disasses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.											pproximata		
	IMMEDIATE CAUSE (Final disease or condition			1	1 .						nterval Between Inset and Death			
	resulting in desth)	. 140	DEN	UR	777	-	- h	01	75					
			OR AS A CONSE				_							
CERTIFICATION	Sequentially list conditions,	b. I TO IS A	BUR 1	140Cd	THE COST	1176	EV	ENT	-				-	
Ä	if sny, leading to immediate cause. Enter UNDERLYING					DI	CEAS	20					1	
띮	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSE	OUENCE OF	7:	10	104	25					-	
E	resulting in death) LAST	ASC											İ	
- 11	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 24s. WAS AN AUTOPSY FINDINGS													
₹	C O A C	a contributing to	death but not	resulting I	n the u	nderiying	cause g	iven in F	Part t.	24a. WAS AN PERFOR	AUTOPSY MED?			UTOPSY FINDINGS ILE PRIOR TO
ă										1 TYES 2	THO		COMPLE OF DEAT	TION OF CAUSE
Σ									_			1	1 🗌 YE	S 2 NO
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) The property of the property														
泛	EXAMINER?	HOSPITAL:	1317773		OTHE	R:	11							
Ĭ	27. MANNER OF DEATH	1 Inpatient 2		28b. TIME	7	28c. INJL	_	sidenca 8						
	1 Natural 5 Pending	(Month, De		INJU		WOF			28d. DE	SCRIBE HOW II	JURY OC	CURED		
BÁ	2 Accident Investigation 3 Suicide	28a. PLACE OF	INJURY — At he	me, farm. =	treet fee				281 101	ATION (Owner)	ad More	es Burni S	. 4- 44	
	4 Homicide 8 Could not be	building,	rtc. (Specify)	,		, one			City	ATION (Street a or Town, State)	nd Number	or Hurai Ro	ute Nun	1001,
١٣	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	mu knowledge de	ath ac-	4 -4 -5									
OMPLET	(Check only one) 2 MEDICAL EXAMINE	R: On the besis of ex	amination and/or	Investigation	, in my o	opinion, de	ath occure	and due 1 d at the 1	o the ca Ime, date	use(a) and man and place, and	ner an atat I due to th	ed. e causels) :	end me	Oner sa stated
III										, 2000		aala) s	111E	······· == etateu.

29d. DATE SIGNED (Month, Day.

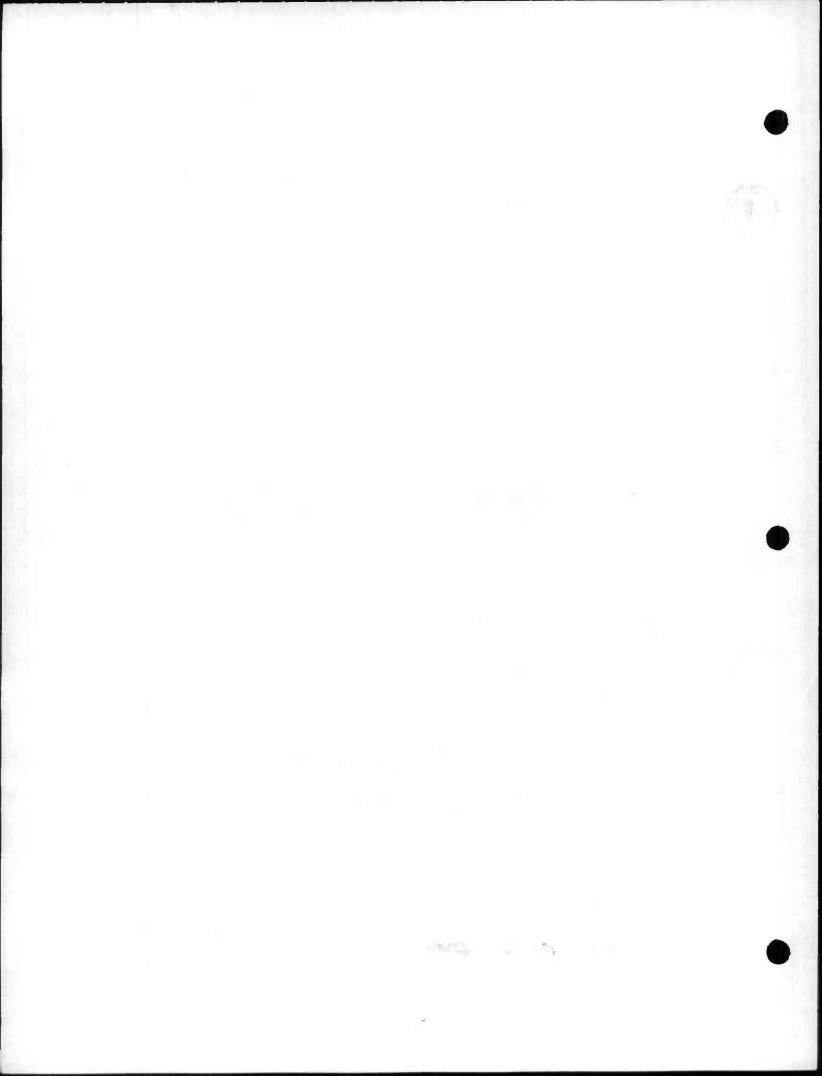
21742

29c. LICENSE NUMBER 13 71

HHUERS JOHN

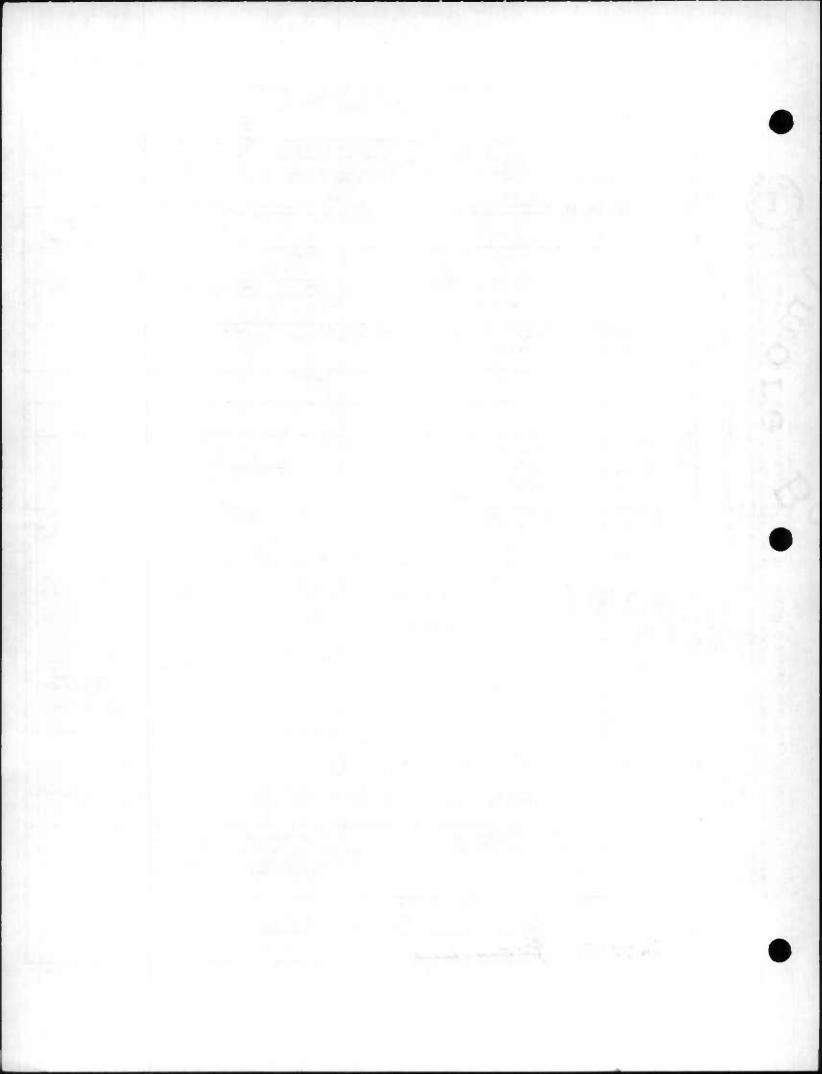
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2A 124310AU HILLAU.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plane 6 may he retained hy the howests	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in his distribution of commental director, page 5 should be detached in his distribution of comments.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
The law requires that	te has been signed by	am 23 shows any	
ENDING PHYSICIAN:	R. After this certifical	is marked, or ite	
THE HOSPITAL OR ATT	D THE FUNERAL DIRECTO	WPORTANT: If Item 28	
-	F 2	, =	

	1 - STATE REGISTRAR	STATE OF M	IARYLAND C	DEPAR	TMENT	OF HE	ALTH AND DEATH	MENTA	REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Lest)			ne Th		ELLI		2. DATE	E OF DEATH		YEAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-09-5414 De. FACILITY NAME (If not institution, give si	5. SEX 1 ☐ M 2 💢 F	6. AGE (In yrs. Ia	yrs.	IF UNDER	DAYS F	F UNDER 24 HRS. HOURS MIN.	June	E OF BIRTH (th, Day, Year)	914	Mary Mary			
DIRECTOR	Washington Count	y Hospita	1		96. CITY, TOWN OR LOCATION OF DEATH Hagerstown						was hington			
	Maryland Wa:	shington		10c, CI		agers	town			10d. INSIDE CITY LIMITS?				
FUNERAL		#102	T EVER IN U.S. AI	RMFD	113		217		IN Parelle Ve	U.S.A. Ify Yes or No. 14. RACE — American Indian.				
B≼	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO		If yee, speci	ty Cuban, Mexi	can, Puerto						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Give kind of n. Do NOT u	ve kind of work done during most of working Do NOT use retired.)						F BUSINESS/INDUSTRY					
	17. FATHER'S NAME (First, Middle, Last) David L. Stouffe				Maniai				Reta Middle, Maiden	Sumame)				
TO BE	19a. INFORMANT'S NAME (Type/Print) Frank H. Elliott						Number or Run	al Route Nun	Zeignber, City or Town	n, State, Zip C		21740		
	20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		20b. PLACE cemetery, cri	AND DATE	of Dispos	SITION (Name	of 7 2	DA.	TE 20c. LO	CATION - CH	y or Town,	State		
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	vi "		22.	NAME AND	ADDRESS OF	FACILITY	Minnic	h Fune	eral	Home Md. 21740		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) S. CARCINOMA OF BREASTWITH METASTASIS Due to (or as a consequence of):											Approximate interval Between Onset end Death		
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART II. Other significant condition	resulting	in the un	nderlying o	euse given i	n Part i.	PERFOR	4a. WAS AN AUTOPSY PERFORMED? VES 2 NO 24b. WERE AUTO AMAILABLE COMPLETIC OF DEATH? 1 YES						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	R:	E OF DEATH (0							
ву рну	27. MANNER OF DEATH T Natural 5 Pending Accident Investigation	26a. DATE OF I	INJURY	26b. TIN		28c. INJUR WORK 1 YES	Y AT	7	er (Specify) EŞCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATI									TION (Street and Number or Rural Route Number, Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURS 2 MEDICAL EXAMINER											d manner se stated.		
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER FATIMA · M 30. NAME AND ADDRESS OF PERSON WHO		LUDDIN	fr	~	21	Dc. LICENSE N	UMBER		29d. DATE S	19 (Mo)	nth, Day, Year)		
		MICCOURTE	1125 81			L WUI	RT JHA	6ERS	M MARET	P 217	12			
	JUL 22 1992	22. REGISTRAF	en ful	il										



1. DECEPENT'S NAME (First, Midd			ATE OF DEATH	MENTAL HYGIENE REG. NO.		
SOHN	R Elphai	26.		2. DATE OF DEATH	YEAF	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 120-48-3294	1X M 2 🗆 F 78	1 404	UNDER t YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.	7. DATE OF BIRTIN (Month, Dey, Year) 12/31/13	Con	ATTHPLACE (State or Foreign unity) Guyana
9a. FACILITY NAME (If not institute Washington A RESIDENCE OF DECEDE	dventist Hospita		caty, town or Location of D Takoma Park	EATN	9c. COUNTY OF	
10e. STATE 10b.	COUNTY Montgomery			10d. INSIDE CITY LIMITS? 1 7 YES 2 NO		
10e. STREET AND NUMBER	Avenue, Apt. 40		101. ZIP CODE 20912			F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	N U.S.ARMED	13. WAS DECENDENT OF NISPAL If yes, specify Cuban, Mexica 1 YES XX NO Specify	an, Puerto Rican, atc.)	or No- 14. R/	ed States ACE — American Indian, ack, White, etc. White
(Specify only high Elementary/Secondary (0-12)	IT'S EDUCATION est grade completed) Cottege (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
12 17. FATHER'S NAME (First, Middle, Simeon Elpha		Electr		Eng: ME (First, Middle, Meiden S Lpina Willia		g Firm
190. INFORMANT'S NAME (Type/Pr Mrs. Clothi			DRESS (Street and Number or Rural uston Avenue,			Park, MD
29a. METHOD OF DISPOSITION Burlel 2 Cremetton 3 Donation 6 Other (Spec		S.PLACE AND DATE OF DI metery, cremetory or other, g George Was		7/20/92 GLITY Funeral Ho	ome	MD
23. PART I. Enter the disease shock, or fleat is iMMEDIATE CAUSE (Final disease or condition resulting in death)	es, pr complications that cause failure. List only one cause on e	d the death. Do not a sech line.	anter the mode of dying, suc	th as cardiac or respire	tory arrest,	Approximate Interval Between Onset and Desth
Sequentisity list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEDUENCE OF): c. DUE TO (DR AS A CDNSEOUENCE OF): d.						
CAUSE (Disease or Injury	CDUE TO (DR AS A	A CDNSEOUENCE OF):				Musily
CAUSE (Disease or Injury that initiated events resulting in death) LAST	c		ne underlying cause given in	DEDECORA	ED0	4b. WERE AUTOPSY FINDINGS
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d		ne underlying cause given in	Part i. 24a. WAS AN A PERFORM 1 YES 2 [ED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETE PRIOR OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant co	d. onditiona contributing to death b	out not resulting in the	26. PLACE DF DEATH (Ch	PERFORM 1 YES 2 [ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant co	d. Donditional contributing to death by the property of the pr	out not resulting in the	26, PLACE DF DEATH (Ch HER: Nursing Home 5	PERFORM 1 YES 2 [NO NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant co	d. DICAL HOSPITAL: 1 Pinpetient 2 EN/Outs 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Soe	patient 3 DOA OT A DOA 100 INJURY	26. PLACE DF DEATH (Ch MER: Nursing Home 5 Residence 26. INJURY AT WORK? 1 YES 2 NO	PERFORM 1 VES 2 (eck only one) 8 Other (Specify)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant co 25. WAS CASE REFERRED TO MEDIE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi 2 Accident 3 Suicide 8 Could detern 290. CERTIFIER (Check only)	d. DICAL HOSPITAL: 1 Pinpetient 2 EN/Outs 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Soe	patient 3 DOA 4 DOA 28b. TIME OF INJURY	26. PLACE DF DEATH (Ch HER: Nursing Home 5 Residence 26c. INJURY AT WORK? M 1 YES 2 NO	PERFORM 1 YES 2 [ock only one) 8 Other (Specify) 28d. DESCRIBE NOW IN. 281. LOCATION (Street en City or Town, Stete)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant or EXAMINER? 1	DICAL HOSPITAL: 1 Pinpetient 2 ENOute Month, Dey, Year) 1 Representation of the mined 28e. PLACE OF INJURY building, atc. (Special Control of the mined) 28e. PLACE OF INJURY building, atc. (Special control of the mined)	patient 3 DOA 4 Determined by the city) The dege, death occurred at an end/or investigation, in	26. PLACE DF DEATH (Ch. THER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO Laterdry, office the time, date end place, end due my opinion, death occured at the	PERFORM 1 YES 2 [eck only one] 8 Other (Specify) 28d. DESCRIBE NOW IN. 201. LOCATION (Street enciry or Town, Stele) to the cause(e) end mann time, date end place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant or EXAMINER? 1	d. DICAL HOSPITAL: 1 Pinpetient 2 EN/Outp 1 Pinpetient 2 EN/Outp 1 Pinpetient 2 EN/Outp 28a. DATE OF INJURY (Month, Day, Year) 1 Pinpetient 2 EN/Outp 28a. DATE OF INJURY (Month, Day, Year) 1 Pinpetient 2 EN/Outp 28a. PLACE OF INJURY (Month, Day, Year) 1 Pinpetient 2 EN/Outp 28a. PLACE OF INJURY (Month, Day, Year) 1 Pinpetient 2 EN/Outp 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year)	patient 3 DOA 4 DOB 1 STEEL CITY OF THE OF INJURY 28b. TIME OF INJURY (A At home, ferm, street city) 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	26. PLACE DF DEATH (Ch. THER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO Laterdry, office the time, date end place, end due my opinion, death occured at the	PERFORM 1 YES 2 [eck only one] 8 Other (Specify) 28d. DESCRIBE NOW IN. 201. LOCATION (Street enciry or Town, Stele) to the cause(e) end mann time, date end place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO All Route Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

in to see the

With James 2007 Fr. I.E. R. I.E. R.

hos	ache	9
the	det	O.
3	2	20
Ded	pino	pai
etair	SH	i i
pe	90	-
33	pa	4 6
9	ctor,	PUS
age	dire	16
9	rai	in
leath	fune	хап
ler (the wal.	To the
Saf	E E	dica
DOR	din	me
13	fille on.	he
Pil.	tely mati	1, 1
W.	and and a	Ven
uted	ia S	0
2000	and o	nati
2	or to	ant
ate	hysid	H to
rtific	iene	the
83	E Sign	0 10
deat	atte ut	×
the	Me the	마
hat	a d	II I
es t	ghe	8
quir	T He	MO
A	bee t.	5
8	Dep	23
E	ate	lem
AN	Tiffic Be S	10
Sic	th th	p.
F	this will	rrke
NG	Ufter	E
SNB	R. A	-59
TW	S affe	28
OR	DIRE	tem
M	AK Z	=
SPIT	NER PHI	H
H	5.4	TA
王	五	04
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

John T.

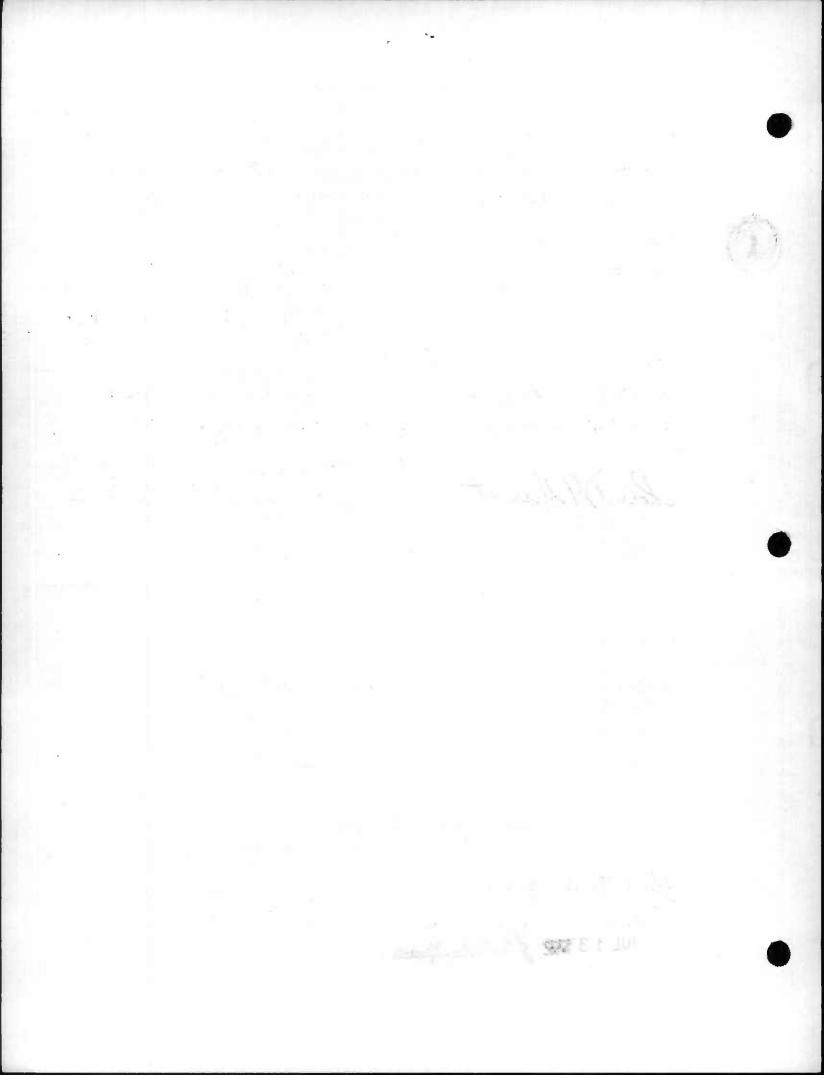
3

31. DATE FILED (Mant) Day,

Turski

	FOR STATE OF MARYLAND	/ DEPAF	RTMENT OF I	IEALTH AND	MENTAL	HYGIENE				
	REGISTRAR	ERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						Y Y	EAR 3.	TIME OF DEATH	
	Thelma Louise Filsinger		T		7	11	9:		2:00 A M	
	216-22-5052 1□M2 1 F 65	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	3 2	BIRTH Day, Year)	27 P	Country)	ACE (State or Foreign ylvania	
LOB	99. FACILITY NAME (If not institution, give street end number) Country Comfort Care Home RESIDENCE OF DECEDENT		Friend	or location of D	EATH		9c. COUNTY Garr		TH	
DIRECTOR	10e. STATE 10b. COUNTY Maryland Garrett		Y, TOWN OR LOCA	TION					d. INSIDE CITY LIMITS?	
RAL I	10e. STREET AND NUMBER 10th Street			1. ZIP CODE 21550			10g. CITIZE	N OF WHA	AT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Morried 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		If yes, s	CENDENT OF HISPAN Decify Cuben, Mexico S 2 X NO Specif	NIC ORIGIN?		or No- 14	. RACE — Black, V Specify:	American Indian, white, etc. White	
COMPLETED	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +)	Give kind of fe. Do NOT u	work done during me retired.) worked		16b. I	(IND OF BUS	INESS/INDUS	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Carl (NMI) Filsinger			18. MOTHER'S NA		ddle, Maiden S Bessi		niga	ın	
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10th Street Oakland, Maryland 21550									
	20e. METHOD OF DISPOSITION 1 K Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Deer Park Cemetery Deer Park, Maryland									
	21. SIGNATURE OF FACILITY 22. NAME AND ADDRESS OF FACILITY P.O. Box 243 Durst Funeral Home - Oakland, Md. 21550									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Betwee Onset and Death									
	disease or condition reaulting in death) a. Cardiac Dysrhtthmia DUE TO (OR AS A CONSEQUENCE OF):								immediate	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								immediate	
CERTIFICATION	CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	EOUENCE C	PF):		_					
BY PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. chronic schizophrenia, parkinson's disease, tardive dyskinesia 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ☑ NO							CO	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	3 DOA	OTHER:	LACE OF DEATH (C			rsona	l ca	re home	
ЗУ РНУ	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence a XOther (Specify) P C 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Pending Investigation Pending Pendin									
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm,	street, factory, offi	ce		TION (Street e Town, State)	nd Number or	Rural Rou	te Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 (**X CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 (**MEOICAL EXAMINER: On the basic of examination end/or								nd manner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER		29d. DATE S	IGNED (M	fonth, Day, Year)	
TO BE	30. WE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (IT	FEM 27) (Typ	Print)	Н37231			▶7/1	1/92		

I, D.O., P.O. Box 67, Friendsville, MD 21531
32. BEGISTRAR'S SIGNATURE



TO BE COMPLETED BY FUNERAL DI

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ì	y th	90	5
	d be	Dia	pe s
	etain	sho	otiff
1	Pe	300 5	e u
	may	 Q	ust L
	9 90	linect	E
	2	la d	in a
	death	fune	ХЭП
ì	after	y the	jes Cal
	MIS	r ren	per
	24 hg	filled on, o	he m
	瞳	natio	t, th
	M P	I. cre	eve
	ecute	nd co	rtic
	8	an a	E S
	afe	hysical prior	F IT
	ertific	ng pl	othe
	the co	tendi al Hy	9
)	e de	Went	LLY,
	at th	and a	y in
)	as th	gned afth	8 30
	dulre	on sign	how
	JAN TE	s bee	3 8
	The	te ha	m 2
	AN:	tificat Sta	r lte
	SICI	th the	d, 0
	PH	r this	arke
	DING	Afte	E
	TEN	after after	28
	OR A	OUIS OUIS	E
	M	MAZ	=
	OSP	UNE	N.
	포	五百五	OHT
	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Debt. of Health and Mental Hyglene prior to burial, cremation, or removal.	MP
			_

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. JUL 27 1992

- STATE REGISTRAR	STATE OF MARY			F DEATH		i. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Field	ds			2. DATE OF DEA	I'8 9	YEAR 2	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. leal birthday)	IF UNDER 1 YEA		7. DATE OF BIFT (Month, Day, V	TH.	8. BIRTH Country	PLACE (State or Foreign
243 26 8955 Se. FACILITY NAME (If not institution, give	1 M 2 D F	69 YRS.	MONTHS DAY	B HOURS MIN.	Oct 2			cton, N.C.
			9b. CITY, TOW	N OR LOCATION OF D			NTY OF DI	
Washington Count	y Hospital		Hager	stown		Was	hing	ton
RESIDENCE OF DECEDENT	ry	100 0077	r, TOWN OR LO				····	
	nklin						- 1	10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER	nach	G/L	eencas:	101. ZIP CODE		10000		1 TYES 2 NO
	Ditakan II		1			10g. CITI	ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS	Pitcher Hwy.			17225			USA	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	S 2 NO	If yea,	Specify Cuben, Mexico ES 2 X NO Specific	an, Puerto Rican, e	Ify Yes or No— Ic.)	Black	- American Indian, , Whita, etc. y: White
16. DECEDENT'S EDI (Specify only highest grad	JCATION is completed)	16a. DECEDENT'S	USUAL OCCUPA	ATION	16b. KIND (F BUSINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT use	e retired.)	nivos ur wursing				
* 8		Caspen	ter		Con	structi	on	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, A	faiden Surname)		
19a. INFORMANT'S NAME (Type/Print)	ielda				lartha			
1991. INFORMANT'S NAME (Type/Print) Mrs. Zelda	1. Fields	19b. MAILING	ADDRESS (Street	st and Number or Rural 3 Molly T	Route Number, City	or Town, State, Zip	Code)	
			1 3/70-1	3 Morry				
29a. METHOD OF DISPOSITION Disposition 2 Greenation 3 Green Donation 5 Other (Specify)	noval from State Co	Db. PLACE AND DATE O	F DISPOSITION					1/7/5
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE ST	emetery, cremetory or oth withs bwcg	her place)		CILITY-92	Smithsbu	via.	MD 21783
23. PART I. Enter the diseases, or	complications that cause on	ed the death. Do no each line.	521 ot entar the	S Washi	Minn Minn Maton S.	Smiths build	vig, Ler-N	MD 21783 May Funeral Castle DA 11 Approximate Intervel Between Onset and Death
23. PART I. Enter the diseases, or ahock, or heart failure.	conglications that cause use that cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of t	nithsburg	ot enter the r	S Washi	Minn Minn Maton S.	Smiths build	vig, Ler-N	MD 21783 May Funeral Pastle PA [1-interver Bestween
23. PAYT I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. OUE TO (OR AS c. DUE TO (OR AS d	ed the death. Do no each line. A CONSEQUENCE OF	ot enter the r	S. Washinde of dying, aud	Minn Minn Minn Minn Minn Minn Minn Minn	Smiths build	Dig, ler-h reencest,	MD 21783 May Funeral Castle DA 11 Approximate Intervel Between Onset and Death
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d	ed the death. Do no each line. A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in	ot entar the r	S Washinde of dying, aud	Part I. 24a. W	Smiths building the et Giran autopsy arr	Dig, ler-h reencest,	MD 21783 May Funeral May Funer
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	complications that cause contributing to death DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do no each line. A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in	ot enter the r	S. Washinde of dying, audited of dying, audited of dying, audited of dying, audited of dying, audited of dying cause given in the dy	Part I. 24a, W PP 1 U V	AS AN AUTOPSY RES 2 NO	Dig, ler-h reencest,	MD 21783 May Funeral May Funer
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition.	Complications that cause contributing to death DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do not each line. A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in the part of th	n the underly 26. OTHER: 4 Nursing H	S. Washinde of dying, auditorial of dying, auditorial of dying, auditorial of dying, auditorial of dying cause given in the dy one of Death (characteristics).	Part I. 24a, W P P 1 U V V V V V V V V V V V V V V V V V V	AS AN AUTOPSY PER 2 NO	org, ler-h reencest,	MD 21783 May Funeral May Funer
23. PA/TT I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. If the condition of the c	complications that cause contributing to death DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do no each line. A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in the part of the	n the underly The place of the	Ing cause given in	Part I. 24a, W P P 1 U V V V V V V V V V V V V V V V V V V	AS AN AUTOPSY RES 2 NO	org, ler-h reencest,	MD 21783 May Funeral May Funer
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditions	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do no each line. A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in Pulmon A CONSEQUENCE OF Dut not resulting in Pulmon A CONSEQUENCE OF Dut not resulting in Pulmon A CONSEQUENCE OF Dut not resulting in Pulmon A CONSEQUENCE OF DOAR DOAR DOAR DOAR DOAR DOAR DOAR DOAR	n the underly OTHER: 4 Nursing H	Ing cause given in CLUZ PLACE OF DEATH (C) PLACE OF DEATH (C) OTHER S Residence NJURY AT WORK?	Part I. 24a. WPI 1 V V V V V V V V V V V V V V V V V V	AS AN AUTOPSY PROPERTY OF THE	Ler-Areencest,	MD 21783 May Funeral Ast le PA Apargumate Interve/Between Onset and Death 36 A and Pargumate Monath Were autopsy findings Were autopsy findin
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	Complications that cause List only one cause on List only one cause on OUE TO (OR AS D. DUE TO (OR AS d. DUE	ed the death. Do no each line. A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in Polyment 1 DOA A CONSEQUENCE OF DUT NOT SERVE A CONSEQUENCE OF DUT NOT SERVE A CONSEQUENCE OF DUT NOT SERVE A CONSEQUENCE OF DOA CONSE	n the underly 26. OTHER: 4 Nursing H E OF 28c. HY M 1 Treet, factory, of	Ing cause given in CAUZ	Part I. 24a. W Plant I Deck only one) 8 Other (Specific City or Town, City or Town,	AS AN AUTOPSY REFORMED? ES 2 NO Now INJURY OCC.	Drg, Ler-N reest,	MD 21783 May Funeral Ast le PA Apargumate Interve/Between Onset and Death 36 A and Pargumate Monath Were autopsy findings Were autopsy findin
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	Complications that cause contributions of the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of th	ed the death. Do no each line. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in Pulmon A CONSEQUENCE OF A CONSEQUENCE	n the underly 26. OTHER: 4 Nursing H 1 1 1 1 1 1 1 1 1 1	Ing cause given in CAUZ PLACE OF DEATH (CAUX) PLACE OF DEATH (CAUX	Part I. 24a. W PI 1 V V V V V V V V V V V V V V V V V V	AS AN AUTOPSY REFORMED? TO WINJURY OCCUPANTS AND AUTOPSY RES 2 NO	Drg, Ler-N recirc est, 24b.	MD 21783 May Funeral Astle D Intervel Between Onset and Death 36 A arr Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

clormock

1799

9
68760
×
BOX
0
0
08
Œ
0
M
L RECORDS, P.O.
TAL
5
OF
ISION
S
-

atte	use as		
pital o	of for		
e hos	etache		nce.
by th	d be d		at o
stained	Shoul		otified
y be n	age 5		be no
6 may	ctor, p		nust
Page	al dire		iner 1
death.	funer		ехат
after	by the	вточа	lical
hours	lled in	1, 07 11	1 THE
thin 24	nely fi	татіо	it, the
ted wit	comple	al, cre	ever
EXECU	pue !	to buri	matic
ate be	ysician	prior	r trau
ertifica	ing ph	rgiene	othe
leath c	attend	rtal H	y, or
the d	y the	od Me	Injus
s that	ned b	alth ar	s any
requir	een si	of He	show
e law	has b	Dept.	1 23
AN: Th	ficate	State	r Item
NSIC!	is cert	ith the	ed, o
NG Pt	fter th	eath w	mark
TENDI	TOR: A	ther d	S 18
DR AT	DIRECT	SUDON	tem ;
PITAL	ERAL	121	THE
SOH 3	E FUN	1 with	RTAN
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		_	97

HOLY CROSS HOSPITAL RESIDENCE OF OECEDENT 10a. STATE 10b. COUNTY MARYLAND MONTGOMERY SILVER SPRING 10c. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION SILVER SPRING 10d. CITY, TOWH OR LOCATION Ind. STREET AND NUMBER 10d. CITY, TOWH OR LOCATION If yes of No. If yes o								
4. SOCIAL SECURITY NUMBER 5. SEX 1. M 2 2 F 6 5 YRS. 6. SEX 5. SEX 1. M 2 2 F 6 65 YRS. 6. SEX 1. M 2 2 F 6 65 YRS. 6. SEX 1. M 2 2 F 6 65 YRS. 6. SEX 1. M 2 2 F 6 65 YRS. 99. CITY, TOWN OR LOCATION OF DEATH 100. FILVER SPRING 101. ZIP CODE 102. SILVER SPRING MO 104. STATE 105. STATE 106. COUNTY MARYLAND 106. STREET AND NUMBER 8. SEX 106. COLVITY MARKER (If not institution, pive street and number) 106. STATE 106. COUNTY MARYLAND 107. ZIP CODE 117. MARITAL STATUS 108. STATE 109. STREET AND NUMBER 8. SLVER SPRING 107. ZIP CODE 109. STREET AND NUMBER 8. SLVER SPRING 108. STATE 109. STREET AND NUMBER 8. SLVER SPRING 109. STREET AND NUMBER 8. SLVER SPRING 101. ZIP CODE 119. MARITAL STATUS 119. MARITAL STATUS 120. MARITAL STATUS 121. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XINO IF YES 2 XINO Specify: 122. WAS DECEMBENT OR DIATES 123. WIldowed 4 Divorced 124. DECEMBENT'S EDUCATION (Dive keed of weak drong during most of working in test charmed during most of working i	POLAND INTY OF DEATH NTGOMERY 10d. INSIDE CITY LIMITS? 1 YES 2 NO FIZEN OF WHAT COUNTRY? NITED STATES 14. RACE — American Indian, Black, White, etc. Specify: WHITE							
HOLY CROSS HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND MONTGOMERY 10c. CITY, TOWN OR LOCATION SILVER SPRING 10f. CITY TOWN OR LOCATION SILVER SPRING 10g. CITY TOWN OR LOCATION SILVER SPRING 10g. CITY TOWN OR LOCATION SILVER SPRING 10g. CITY TOWN OR LOCATION SILVER SPRING 10g. CITY TOWN OR LOCATION SILVER SPRING 10g. CITY TOWN OR LOCATION SILVER SPRING 10g. CITY TOWN OR LOCATION SILVER SPRING 10g. CITY TOWN OR LOCATION SILVER SPRING 10g. CITY TOWN OR LOCATION SILVER SPRING 10g. CITY TOWN OR LOCATION 10g. STREET AND NUMBER 11d. MAS DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANIC ORIGINT (Specify Wes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11d. Mas DECEMBENT OF HISPANI	IOd. INSIDE CITY LIMITS? 1 X YES 2 NO FIZEN OF WHAT COUNTRY? NITED STATES 14. RACE — American Indian, Black, White, etc. Specify: WHITE							
100. STREET AND NUMBER 815 LAMBERTON DRIVE 11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 WES 2 NO If Yes 2 NO If Yes 2 NO If Yes 2 NO Specify Cuben, Maskean, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) 19. INFORMANT'S NAME (Ryperprint) 20. INFORMANT'S NAME (Ryperprint) 20. METHOD OF DISTRICE OCENSEE 19. INFORMANT'S NAME (Ryperprint) 20. DATE Completely crematory of other place) 20. DATE Completely crematory of other place) 21. SUCHATURE OF FUNCTION STATE CONTROLLED FOR CONTROL	ILMITS? 1 YES 2 NO FIZEN OF WHAT COUNTRY? VITED STATES 14. RACE — American Indian, Black, White, etc. Specify: WHITE							
Specify Specify only highest grade completed 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b.	VITED STATES 14. RACE — American Indian, Black, White, etc. Specify: WHITE DUSTRY							
Specify Specify only highest grade completed 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of work done during most of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b. KIND OF BUSINESS/III (Give kind of working kite. Do NOT use retired.) 16b.	Black, White, etc. Specify: WHITE DUSTRY							
MORRIS GROSSMAN 199. INFORMANT'S NAME (TyperPrint) JACK FREUND 209. METHOD OF DEPOSITION We Burlai 2 of smellon 3 or Removal from the place of t								
MORRIS GROSSMAN 199. INFORMANT'S NAME (TyperPrint) JACK FREUND 209. METHOD OF DEPOSITION We Burlai 2 of smellon 3 or Removal from the place of t								
MORRIS GROSSMAN 199. INFORMANT'S NAME (TyperPrint) JACK FREUND 209. METHOD OF DEPOSITION We Burlai 2 of smellon 3 or Removal from the place of t								
JACK FREUND 815 LAMBERTON DRIVE—SILVER SPRING, 20e. METHOD OF prodiction 20e. LOCATION 20e. METHOD OF prodiction 20e. LOCATION 20e. METHOD OF prodiction 20e. LOCATION 20e. METHOD OF prodiction 20e. LOCATION 20e. METHOD OF prodiction 20e. LOCATION 20e. METHOD OF prodiction 20e. LOCATION 20e. METHOD OF prodiction 20e. LOCATION 20e. METHOD OF prodiction 20e. LOCATION 20e. METHOD OF prodiction 20e. LOCATION 20e. LOCATI								
Donation Dether (Specify) JUDEAN MEMORIAL GARDENS 7/15 OLNEY, 22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL 1170 ROCKVILLE PIKE, ROCKVI 23. PART I. Enter the discusse, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory a shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	MARYLAND 20902							
DANZANSKY-GOLDBERG MEMORIAN 1170 ROCKVILLE PIKE, ROCKVI 23. PART I. Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory a shock, or heart fieldure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	City or Town, State MARYLAND							
23. PART I. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory a shock, or hear deliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	J.E. MD. 20852							
DUE TO (OR AS A CONSEQUENCE OF):	Approximate interval Between Onset and Death							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):	•							
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 NO ES 2 NO 1 Input lent 2 PERFORMED? 26. PLACE OF DEATH (Check only one) OTHER: 1 Input lent 2 PERFORMED? 27. MANNER OF DEATH 28. DATE OF INJURY AT WORK? 28. INJURY AT WORK?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
	OCCURED							
2 Accident investigation	office 281. LOCATION (Street and Number or Rural Route Number,							
3 Suicide 8 Could not be determined 28s. LOCATION (Street end Numb City or Town, State) 28s. CENTIFIER (Check only onle) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as at only only only a medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as at only only only only only only only only	r or Rural Route Number,							
One) 2 DINEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED								

AUR

ed Toe The

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

20 Year Ser Six

31. DATE FILED (Month, Day, Year)

16 '92

JUL

32. REGISTRAR'S SIGNATURE

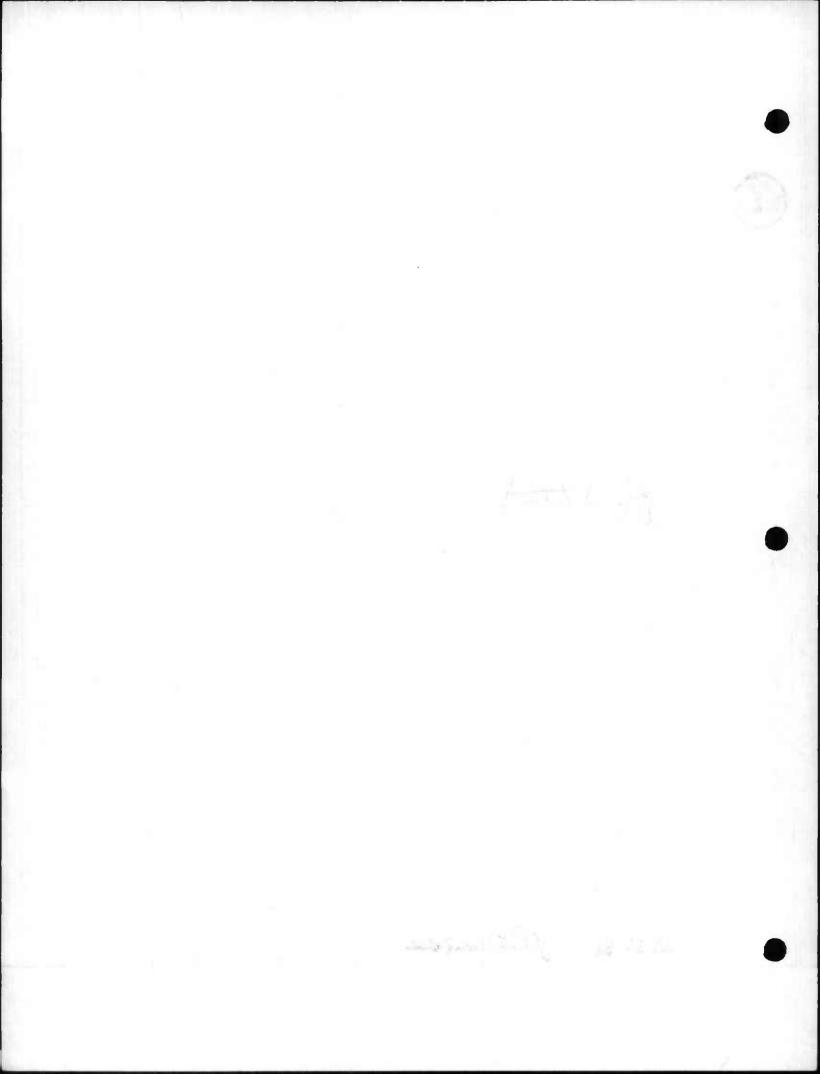
ELE THORNAL TENENTS STATE

0
BO
o
0
۵
S
B
E
Ö
H
RECOF
_
4
>
OF
0
Z
0
S
>
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the control of t	De lind within 12 hours are treat with the Date Dept. Or regulation maintain thousand the medical examiner must be notified at once.
Page 6 ma	al director, i	iner must
after death.	by the funer	lical exam
hin 24 hours	ntely filled in	it, the med
executed with	and comple	matic even
ertificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tentral stands the property of the stands of the stands that the control of the stands that th	other trau
the death c	y the attend	injury, or
requires that	een signed b	shows any
N: The law	ficate has b	r item 23
NG PHYSICI/	fter this cert	marked, or
OR ATTENDIP	HRECTOR: A	em 28 is r
HOSPITAL O	FUNERAL D	TANT: If Ite
TO THE	TO THE	IMPORT

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
A STATE OF THE STA		

	1 - STATE REGISTRAR	SIAIE UF	MAKYLAND / DE CER				DEAT		MENTA	REG. NO.	E	26	21412
	1. DECEDENT'S NAME (First, Middle,	Middle, Last) 2. DATE OF DEATH							3. TIME OF DEATH				
	JOHN	JOHN C. FAIRCHILD						7 - DA	-	9Z	738 Pu		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth					OF BIRTH			PLACE (State or Foreign		
	400 14 7151	1 🗷 M 2 🗆 F	76 y	RS.	MONTHS	DAYS	HOURS	MIN.	Jan.	8,191	6	rucky	
	9a. FACILITY NAME (If not institution,				9b. CITY,	TOWN C	R LOCATIO	ON OF DE	ATH		9c. COI	JNTY OF DI	EATH
9	Suburban Hospi				В	ethe	sda				Mon	tgome	ery
ᇤ	RESIDENCE OF DECEDEN		1 100	c CITY	TOWN C	P LOCAT	ION					- 1	40.4 MINING OUTV
DIRECTOR	Maryland Mo	ontgomery	1				ion						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	negomery		PC	toma		ZIP CODI	e			1 ☐ YES 2 ☒ NO		
8	11715 Enid Dr	ive					2085			United Stat			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARMED		13. 1				IIC ORIGI	N7 (Specify Yes			
	1 Never Married 2 X Married		1 ☑ YES 2 ☐ NO WAR OR DATES		1	f yes, spe		n, Mexice	n, Puerto	Rican, etc.)		Black Specif	— American Indian, , White, etc.
ВУ	3 Widowed 4 Divorced	World W					-460	opouny				- Space	White
COMPLETED	15. DECEDENT'S (Specify only highest		16a. DECEDE	ENT'S U	JSUAL O	CCUPATIO	ON st of working	a	160	b. KIND OF BUS	INESS/IN	DUSTRY	
Ü	Elementary/Secondary (0-12)	College (1-4 or 5	+)					•					
₹	_	4	Civil	En	gine	eer			Corps of Engine				ers
	17. FATHER'S NAME (First, Middle, Las Cyrus Fairchil	•								Middle, Meiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		The same					ora		stle	_		
2	Mildred C. Fai									ber, City or Town			- 4
	204, METHOD OF DISPOSITION	Tenitia				_		POL		, Mary		-	
		1 X Burlei 2 Cremetion 3 Removal from State											
ì	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A DUMPHROY FUNDERAL												
	Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805									ontgomery			
		Dan			Αī	7enu	e, Ro	ockv:	ille	, Mary	land	2085	50-2805
	23. PARTILIENT the diseeses shock, or heart fail	ure. List only one ce	use on each line.	Do no	ot enter	the mo	de of dyl	ng, suci	h as cer	diac or respin	ratory a	rrest,	Approximate Interval Setween
										Onset and Death			
	resulting in death)	a. Pruyo	COLOR AS A CONSEQUEN	CE OF	ya	100	un						3 days
_		- Com	man Cin	to		10%	200	100.					10.
<u>ō</u>	Sequentielly list conditions, if any, leading to immediate	b. DUE TO	O (OR AS A CONSEQUEN	CE OF	71-1	00	yeu						10 yr
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	e.	O		V								
E	thet initiated events	DUE TO	OR AS A CONSEQUEN	CE OF):								
CERTIFICATION	resulting in death) LAST	d											
C	PART II. Other significant cond	ditions contributing to	death but not result	ting ir	the un	derivino	COUSE C	olven in	Part I	24a. WAS AN	AIITOPSV	246	WERE AUTOPSY FINDINGS
CAL		ionema				our yang	, 00000 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	Pore	J. Bas	My							1 TES 2	NO		OF DEATH?
2	- Trouce	money	U										1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDIC	AL				28. PL	ACE OF D	EATH (Che	ack only o	ne)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ D		OTHER	t:				er (Specify)			
Ħ	27. MANNER OF DEATH	28s. DATE O	F INJURY 28t	. TIME	OF	28c. INJI	JRY AT	aloenca		SCRIBE HOW IN	JURY OC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investiga		Day, Year)	INJU	M M	1 🗌 Y	RK?) NO					
	3 Suicide 8 Could no	28e. PLACE	OF INJURY — At home, for atc. (Specify)	erm, st	reet, facti	ory, office				CATION (Street a	nd Numbe	r or Rural A	loute Number,
E	4 Homicide detarmin	ed	(Openiny)						CRY	or Town, State)			
PLE	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the beat o	f my knowledge, death o	ccurre	st the ti	me, date	and place,	and due	to the ca	use(s) and man	ner aa ste	rted.	
COMPLETED		MINER: On the beals of											and manner as stated.
	296, SHONATURE AND VITLE OF CER							NSE NUM					(Month, Day, Year)
BE	0. (x)	Jains 1	n				0	321	192		•	7/1	102
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	JSE OF DEATH (ITEM 27)	(Туре,	Print)		11	Jed 1	D			1/11/	7 4
	DOUGLAS R.	ROSING.	MO 6410	R	ock	CEC	6E	OK	25	VITED	00	BETI	WESOA, MD
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE						,				2047
	ANT 17 25	The rank	ACCES TO STATE OF THE PARTY OF										



		phods	,
BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permitoval.	as avaminar must be notified at east

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending process. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the to be filled within 72 hours after death with the State Dept. of Heath and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

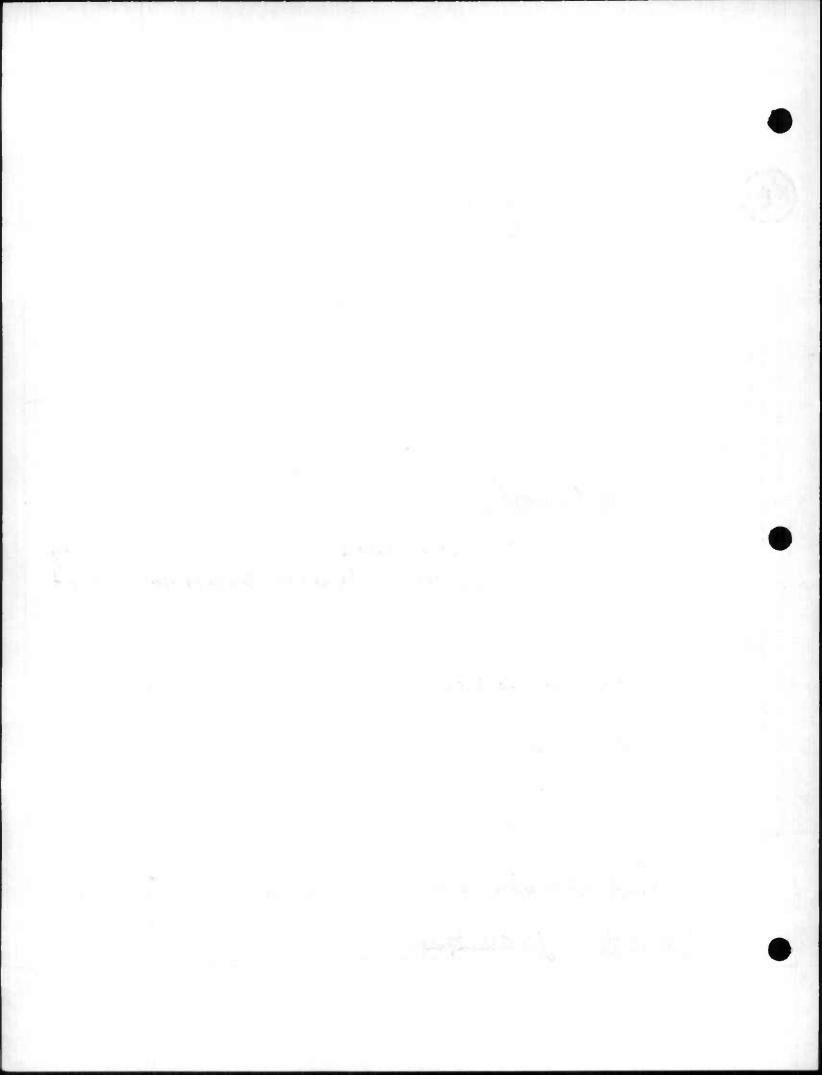
\neg					97111	- 01	<u> </u>		. n	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lost) ANNE DAVIS FA									2. DATE OF DEATH DAY YEAR			TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	l birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B			8. BIRTHPL	ACE (State or Foreign	
	578-07-0794	1 □ M 2 万 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	O9	0 2		VIRGI		
~	Se. FACILITY NAME (If not inetitution, give street end number)				9b. CITY	TOWN C	PR LOCATI	ON OF DEA	тн		9c. COUP	NTY OF DEAT	ГН	
DIRECTOR	MOLY (1055 HOSPITAL				Silver Opring Martgurery									
Ä.	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.						d. INSIDE CITY							
	100. STREET AND NUMBER				Silver Sprin				lay				YES 2 NO	
FUNERAL	10205 CHERRY TREE LANE				20901			•	USA			AT COUNTRY?		
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. WAS DECENDENT OF HISPANIC ORI				C ORIGIN? (Sp	RIGIN? (Specify Yes or No. 14. RACE - An			American Indian.	
	1 Never Married 2 Married FORCES? 1 YES 2 No						specify Cuben, Mexican, Puerto Rican, etc. ES 2 NO Specify:			, etc.)	Siack, White, etc.			
) BY	3 Midowed 4 Divorced				1 YES 2 XNO Specify: WHIT:						WHITE			
밀	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(G	CEDENT'S	vork done o	CCUPATIO	N st of worldi	ng	16b. KINI	D OF BUS	INESS/IND	USTRY		
COMPLET	Elementary/Secondary (0-12) Cottege (1-4 or 5 +) Iffe. Do NOT use in 1.2					ALC D'				מיזי כד א כ	TWENT CHOPE			
8	17. FATHER'S NAME (First, Middle, Leel)				BUYER			UPO'S MAN	DEPARTMENT STORE					
	IRA DAVIS							18, MOTHER'S NAME (First, Middle, Maiden CARRIE VTC						
BE	19e. INFORMANT'S NAME (Type/Print)			b. MAILINO	ADDRESS	(Street a			ude Number C			CERS State, Zip Code)		
2	ROBERT E. FARME	R							ROCKV					
	20a. METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	val from State	20b. PLACE	Matory or of	her plece)	ITION (No	me of	DV	1			City or Town,	1000	
	1 M Burdal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL PERVICE LICENSEE Commetery, crematory or other piece) CATE OF HEAVEN CEMETERY 7/21 SILVER SPRING. 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC										, MD			
	1 -6 km DB	In			500	NCT:	S J. IVERS	COLL	INS FU BLVD.,	JNERA W.,	AL HO	ME, I . SP.	NC. , MD 20901	
	23. PART I. Enter the diseases, or co	omplications that	caused the de	eth. Do n	ot enter	the mo	de of dy	Ing, such	aa cardlec	or reapli	atory arr	eat,	Approximate	
	shock, or heart failure. L IMMEDIATE CAUSE (Final	lat only one caus	se on each line	1.									Interval Between Onset and Death	
	disease or condition									murate				
	resulting in death)	DUE TO	OR AS A CONSE	DUENCE OF):		-						2 head and	
z I	Sequentially list conditions b						,							
CERTIFICATION	Sequentielly list conditione, If any, leading to immediate cause. Enter UNDERLYING													
임	CAUSE (Disease or Injury	DUE TO	OR AS A CONSE	DUENCE OF	· · · · · · · · · · · · · · · · · · ·									
Ē	that initiated events resulting in death) LAST			JOE 100 01	<i>,</i> .								j	
빙														
4	PART II. Other algnificent conditions contributing to deeth but not res				ulting in the underlying cause given in F			given in Pa	Part I. 24s. WAS AN AUTOPSY PERFORMED?				ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
EDICAL									_ 1 [1 YES 2 NO		00	MPLETION OF CAUSE DEATH?	
ME													YES 2 NO	
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Checi	k only one)					
Si		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 □ Re	reidence 6	Other (Spe	icify)				
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF (Month, De	INJURY W. Year)	28b. TIME		28c. INJ	URY AT	- 2	28d. DEŞCRIB	E HOW IN	JURY OCC	URED		
BY	1 Netural 5 Pending 2 Accident Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		М		ES 2] NO						
	3 Suicide 6 Could not be determined	28s. PLACE Of building,	FINJURY — At ho	me, ferm, s	treet, facto	ory, office		1	28f. LOCATION City or Tox	(Street early), State)	nd Number	or Rural Rout	e Number,	
E														
29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ea stated.									id.					
									nd menner es stated.					
BE	196. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED Month JORY, N													
- 14	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) M (STON KOCH FIFT) MSD. PK. DR (S. M. D. 20902													
-														
		39 RECOSTRAI	'S SIGNATURE	V = /	/ l. t.				- 0					
	31. DATE FILED (Month, Day, Year)	The David		176										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTME				IENE . NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	тн	3. TIME OF DEATH	
	JOHN EMOR	Y FULLER	R JR.			July		7:30 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н Та	BIRTHPLACE (State or Foreign Country)	
	577-10-7460	1X M 2 □ F 7	3 YRS. MONT	HS DAYS	HOURS MIN.	9-14-1	918	Wash., D.C.	
	Se. FACILITY NAME (If not institution, give stre	et and number)	9b. (CITY, TOWN O	R LOCATION OF E	DEATH	9c. COUNT	Y OF DEATH	
DIRECTOR	Doctors Communit	y Hospital		Lanha	am		Princ	ce George's	
RE	10a. STATE 10b COUNTY		10c. CITY, TOV	WN OR LOCAT	ION			10d. INSIDE CITY	
		erick	Wood	sboro				1 K YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?	
NE	11419 Keymar Roa				21798		US	JSA	
FU	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U. FORCES? 1 YES				NIC ORIGIN? (Speci an, Puerto Rican, et		4. RACE — American Indian, Black, White, etc.	
BY	3 Widowed W Divorced	IF YES, GIVE WAR OR DATE	S	1 TES				Specify: White	
	15. DECEDENT'S EDUC	ATION 16	Ba. DECEDENT'S USUA	L OCCUPATIO	oN .	16h KIND O	F BUSINESS/INDU		
E	(Specify only highest grade completed) (Glvs kind of work of the content of the				st of working	IOU, KIND O	T BUSINESS/INDU	DIN	
4	12	Conege (1-4 of 5+)	Self-Em	ployed	1	Man	ufacture	er	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	AME (First, Middle, M	aiden Surneme)		
BE C	John E. Fuller S	r.			Unknow		,		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	RESS (Street or		Route Number, City of	or Town. State. Zio C	(ode)	
2	John E. Fuller I	II				sda, Md.	20814		
	20a. METHOD OF DISPOSITION 1 □ Puriel 2 □ Cremation 3 □ Remov		ACE AND DATE OF DIS	POSITION (Na	me of		c. LOCATION — CI	ly or Town, State	
	4 Donation 5 Other (Specify)	Ft	 Lincoin 	Cemet	ery 7	-11-92	Brentwoo	d, Maryland	
	21. SIGNATURE OF PUBLICAL SERVICENLICE	yest 1		22. NAME AN	D ADDRESS OF F	ACILITY			
	· NAMON K	udh.	- 1			i Funera			
	23. PART I. Enter the disesses, or co	mplications that caused to	he desth. Do not en	ter the mo	de of dvino su	mpsnire	Ave. Sil	ver Spring, Md	
	shock, of heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. DIE TO							Interval Between Onset and Death	
_	Sequentially list conditions, b. Consequence of: Sequentially list conditions, b. Consequence of: Manual Consequence of: Ma								
2	Sequentially list conditions, If any, leading to immediate								
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury								
E	that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):						
ER	resulting in death) LAST d.								
AL C	PART II. Other significant conditions	contributing to death but	not resulting in the	underlylno	cause given in	Part I 24s W	S AN AUTOPSY	24b, WERE AUTOPSY FINDINGS	
₹	Ceille-	Spelin				PE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		- Proposition				1 □ Y	ES 2 NO	DF DEATH?	
Σ						_		1 TYES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C)	back only one)			
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (CI				
Ĭ	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIME OF	28c. INJU		8 Other (Specify	OW INJURY OCCU	950	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOI	RK?		011 11100111 000001	neb	
BY	2 Accident Investigation 1 YES 2 NO						Rural Bruta Number		
	4 Homicide 6 Could not be determined	building, etc. (Specify)				City or Town,		The art to the track,	
W.	29e. CERTIFIER	AN					-		
COMPLETED		AN: To the best of my knowledge On the beels of examination or							
	29b. SIGNATURE AND TITLE OF CERTIFIER								
#	1/1/	1.k. A.	D		29c. LICENSE NU	101	29d, DATE S	RIGHED (Month, Day, Year)	
٩	30, MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type Print)		141		- 1/	1116	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	IRE						
	JUL 15 '92	Ashia Davidora Ra	milett						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



68760,
D. BOX
DS, P.
RECORDS
VITAL
ON OF
DIVISION

	ž	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E	6 61412		
	1. DECEDENT'S NAME (First, Middle, Last) JOSEF	FREMD				2. DATE OF DEATH		EAR 3. TIME OF DEATH M		
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	215-62-5410	X⊠ M 2 □ F 7]	YRS.		- 88% CTIF	Nov. 28,		Poland		
œ	99. FACILITY NAME (If not institution, give				R LOCATION OF DE	ATH	9c. COUNTY			
57	11356 Cherry Hill Rd., #203 Beltsville						Princ	e George's		
DIRECTOR	1100 0001	10b. COUNTY Prince George's 10c. CITY, TOWN OR LOCATION Beltsville					10d. INSIDE CITY LIMITS? 1 ☐ YES ②XX NO			
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
FUNERAL	11356 Cherry Hil	1 Road, #203		2	20705	United States				
F	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECE	ENDENT OF HISPAN	IC ORIOIN? (Specify Yes, Puerto Ricen, etc.)	or No 14	. RACE American Indian, Black, White, stc.		
BY	Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES				Specify: White		
	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S			16b. KIND OF BU	SINESS/INDUS			
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mos retired.)	at of working					
MP	12 years		Dental T	echnicia	an	Dentis	try			
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Sumame)			
BE	Nathan Frend 190. INFORMANT'S NAME (Type/Print)		The second		unknown					
2		on)				loute Number, City or Tow				
	20g, METHOD OF DISPOSITION		PLACE AND DATEO		est 68 La		, Flor	ida 33183		
	1 X Yurlai 2 Cremation 3 Ther 4 Departion 5 Other (Specify)	noval from State cem	etery, crematory or other Lebano:	n Cemete		1		Maryland		
	21. BIGNATURE OF FUNERAL BERVICE L		771	22. NAME AN	D ADDRESS OF FAC	HILTY				
	totala la	KROUL) OV	44	Donald	V. Borg	wardt Fun	eral Ho	ome, P.A.		
	23. PART I. Enter the disesses, or	complications that caused	ths dasth. Do no	ot antar tha mod	de of dying, such	TI KO. BE	ITSVII.	le, Md. 20705		
	ahock, or heart feilure. IMMEDIATE CAUSE (Final	. List only one cause on a	ech line.					Onset and Death		
ı	disease or condition resulting in death)	Hyderleneur	co arteri	challen	Two alone	is Mount	of des	ei.		
	DUE TO (OR AS A CONSEQUENCE OF):									
N	Sequentially list conditions,									
ATI	th sity, leading to immediate course. Due to (or as a consequence of):									
FI	CAUSE (Disease or Injury that initiated events	se or Injury C.								
CERTIFICATION	resulting in death) LAST	d								
	PADT II Other cignificant condition									
8	PART II. Other aignificent condition	ns contributing to death be	ut not resulting in	the underlying	cause given in f	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						1 YES 2	NO	OF DEATH?		
Σ								1 TES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Che	ck only one)				
SIC	EXAMINENT?	HOSPITAL: 1 Inpatient 2 ER/Output		OTHER:	5 Reeldence					
늦	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	JRY AT	28d. OESCRIBE HOW I	NJURY OCCUR	ED		
ВУ	1 Netural 5 Pending 2 Accident Investigation	(morali, bay, leary		M 1 7						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, st	rest, factory, office		281. LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,		
COMPLETED		SICIAN: To the best of my knowle								
00		ER: On the basis of examination	and/or investigetion	, in my opinion, de	ath occured at the t	lime, date end place, en	d due to the c	euse(e) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	uds beel Mis	5		29c. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)		
2	39 NAME NO ADDRESS OF PHISON WI	HO COMPLETED CAUSE OF DE	TH (ITEM 27) (Terr	Print	Dolds	30	1-1	20-42		
	maus R.P. Da	ent ass M.	0,5789	Laybu	smCt, G	Sm. M	120	748		
	JUL 21 92 (M 920). Year)	Jula Devices	W. K.		/	7				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	FICATE C	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					MONT	OF DEATH	NA .	YEAR	3. TIME OF DEATH
			ERT		Ju.	ly 24,	1992	S. BIRTHPLACE (State or Foreign Pennsylvania COUNTY OF DEATN Washington 10d. INSIDE CITY LIMITS? 1	
4. SOCIAL SECURITY NUMBER 220-16-3049		E (In yrs. lest birthday)	MONTHS DA		(Moo	of BIRTH th, Day, Year)	1926	Countr	y)
90. FACILITY NAME (If not institution, give 12029 Greendale	· ·		1	wn or Location of D			9c. COUI	NTY OF D	EATN
12029 Greendale RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Wasi		10c. CI	ITY, TOWN OR L	OCATION					10d, INSIDE CITY
	nington		Hagerst						1 TES 2 X NO
100. STREET AND NUMBER 12029 Greendale	Drive			101. ZIP CODE 21740			10g. CITI		
11. MARITAL STATUS 1 Never Married 2 Married 3 SWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR	B 2 X NO	If yes	DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 NO Speci	en, Puerto	N? (Specify Yes Rican, atc.)	or No—	Speci	fy:
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)			aircı		USTRY		
17. FATHER'S NAME (First, Middle, Last)		l data	a proce		AME /Eirot				····
Cleveland Edgar	17. FATHER'S NAME (First, Middle, Last) Cleveland Edgar Imes Verona Constance Acord								
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Str	reet and Number or Rural	Route Nun	nber, City or Tow	n, State, Zip	Code)	
Gregory K. Gilbe					, Hag	gerstow	m, M	aryl	and 21740
20e. METHOD OF DISPOSITION © Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LO							
21. SIGNATURE OF THE ERAL SERVICE LI	CENSEE	ich		NICH FUNE			0000	t or m	M4 21744
disesse or condition resulting in death) Sequentially list conditions,	b	A CONSEQUENCE	OF):	cilona					9 month
if any, laading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other aignificant condition	ns contributing to deeth	but not resulting	in the under	lying cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b,	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL				e BLACE OF DEATH (C)	h t h				
EXAMINER? 1 ☐ YES 2 ☐ NO	HOSPITAL:	tostlent 3 DOA	OTHER:	8. PLACE OF DEATH (C)					
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c	INJURY AT WORK?	1	SCRIBE NOW II	NJURY OCC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State					or Rural R	loute Number,		
	SICIAN: To the best of my kno								and manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE Michael 1.	Milamil			29c. LICENSE NU	110		29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	M Completed cause of D		oo, Print)	1 do ne l		ad	the	ah	n. hp. 217
31. DATE FILED (Menny Day, Year) 100	32. REPISTRAR'S SIG							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



- - T. C. T.

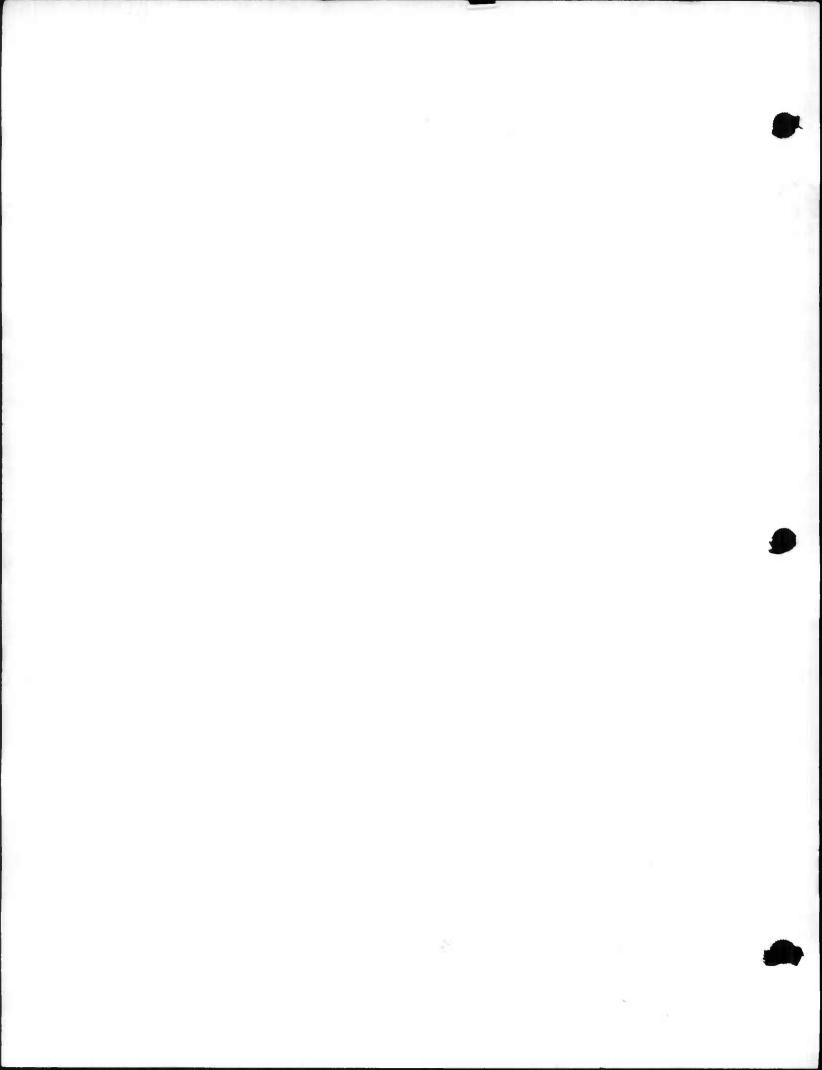
THE RESERVE OF THE PARTY OF THE

BALTIMORE, MARYLAND 21203-3146

fter death. Page 6 may be retained by the hospital or attending physician,	r the funeral director, page 5 should be detached for use as the burial-tran oval.	al examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	THE OF MARKET				DEATH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	MONTH DAY YEAR						3. TIME OF DEATH			
	Margaret Ca	Catherine Grossnickle				07 22 92		5:00 A			
	4. SOCIAL SECURITY NUMBER 5. S	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				7. DATE OF BIRTH 8. BIRTHF (Month, Day, Year) Country,		PLACE (State or Foreign			
	218-38-1208	□ M 2 □XF 7 €	YRS.	MONTHS	DAYS	HOURS MIN.	01/1				yland
	9e. FACILITY NAME (If not institution, give street a	and number)		9b. CITY,	TOWN	OR LOCATION OF DE			9c. COU	NTY OF D	
DIRECTOR	Washington Coun	ty Hospi	tal	На	age	rstown			Was	shin	gton
	10e. STATE 10b. COUNTY		10c. C	O NWOT ,YTK	R LOCA	ATION					10d. INSIDE CITY LIMITS?
吉	Maryland Frede	rick		Myers	svi	lle					1X YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
	ll Poplar Stree	t				2177	3			U	.S.A.
5		WAS DECEDENT EVER				CENDENT OF HISPAN			or No-	14. RACE	— American Indian,
BY F		FORCES? 1 TYES IF YES, GIVE WAR OR D				pecify Cuban, Mexical S 2 NO Specify		1, etc.)			white, etc. White
	15. DECEOENT'S EDUCATIO	DN .	16a. OECEOENT	'S USUAL OC	CCUPAT	ION	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
<u></u>	(Specify only highest grade comp	ollege (1-4 or 5+)	life. Do NOT	use retired.)	ouring m	ost of working					
뢰	13.1.000		Baby	Sitte	tter Child Ca				d Ca	re	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S NA	ME (First, Middl	e, Maiden	Sumame)		
اي	Welty Caleb H	arshman				Mary	Ethe	1 1	Hauv	er	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS	(Street	and Number or Rural F	Route Number, C	City or Tow	n, State, Zi	p Code)	
2	Roy E. Grossnic	kle	11	Popl:	2 75	St., My	ozezzi	110	MI	21	772
	20. METHOD OF DISPOSITION	20	b. PLACE OF DISF			emetery, crematory or	CISAT	20c. LO	CATION -	- City or To	wn, State
	Burial 2 Cremation 3 Removal 1	from State	rossni	ckle	Ch	of Bre	thren	Maze	2797	7i 11	e Marula
	Grossnickle Ch of Brethren Myersville, Maryland 21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 504 Main St.										
	For y Di	6.77.1		R	ick	etts Fu	neral	Ног	ne M		Maın St. sville, M
\neg	23. PART I. Enter the diseases, or comp	plications that ceuse	d the deeth. De								Approximata
	ehock, or heert fellure. List	only one cause on	eech line.						•	,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	72 7	1 . 1								sudden
	e. Pulmonary embolus Due to (or as a consequence of):							Sudden			
	FX of hip										
5	Sequentielly list conditions, Due To (or as a consequence of):										
4	If any, leeding to immediate ceuse. Enter UNDERLYING	fall at h	nome								
를	CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE	OF):							
CERTIFICATION	resulting in deeth) LAST										
5	d										
	PART II. Other eignificant conditione co			_	derlyli	ng cause given in	Part I. 24		AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL		Parkinson's disease, alzheimer's							COMPLETION OF CAUSE OF DEATH?		
	fx hip at home	9									1 YES 2 NO
							_				
3	25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF DEATH (Ch	eck only one)				
2		SPITAL:	tpatient 3 DO/	OTHER		me 5 🗆 Residence	8 Other (S	oecify)			
PHYSICIAN: ME	27. MANNER OF DEATH	28s. DATE OF INJURY	28b.	TIME OF	28c. IN	IJURY AT	28d, DESCRI		NJURY O	CCURED	
	1 Natural 5 Pending	07720792		INJURY M		YES 2 NO		fel:	1 at	home	2
B	a C autota	28e. PLACE OF INJUR	Y — At home, farr	m, street, fact			26f. LOCATIO				
<u> </u>	3 Suicide 4 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) at home 28f. LOCATION (Street and Num City or Town, Street) address										
4	29e. CERTIFIER								-		
M	(Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Or										->
COMPLETED		II the base of againment	Or allow livestig	ation, in my c	эриноп,		and the second	piaca, ar			
BE	29b. SIGNATURE AND TITLE BY CERTIFIER	DA				D1126			29d. DA	O7 /	22/92 (Month, Day, Year)
2	/ DEGULA	John The State of the State of				D11200	0			0//2	1) -
-	30. NAME AND ADDRESS OF PERSON WHO CO				Hag	gerstown,	Md. 2	1742			
	31. DATE FILED (Month, Day, Year)	39. REGISTRAR'S SIG	NATURE								
- 1	00L 60 133L	7 mm waren	- special	Q.							



- 1	U	SF.	M
- 3	P.	S.	¥
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit and or removal.	le medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

0

DIRECTOR: A L hours after d

TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 hr

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1992 25 JÜLY DENNIS MICHAEL GEARY 11:50 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) (Morth, Day, Year) APRIL 16,1941 DAYS 162-34-7562 1 🛛 M 2 🗆 F HOURS 51 YRS. Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NIH. THE CLINICAL CENTER BETHESDA, MARYLAND MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND Washington BOONSBORO 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 9202 CRYSTAL FALLS 21713 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

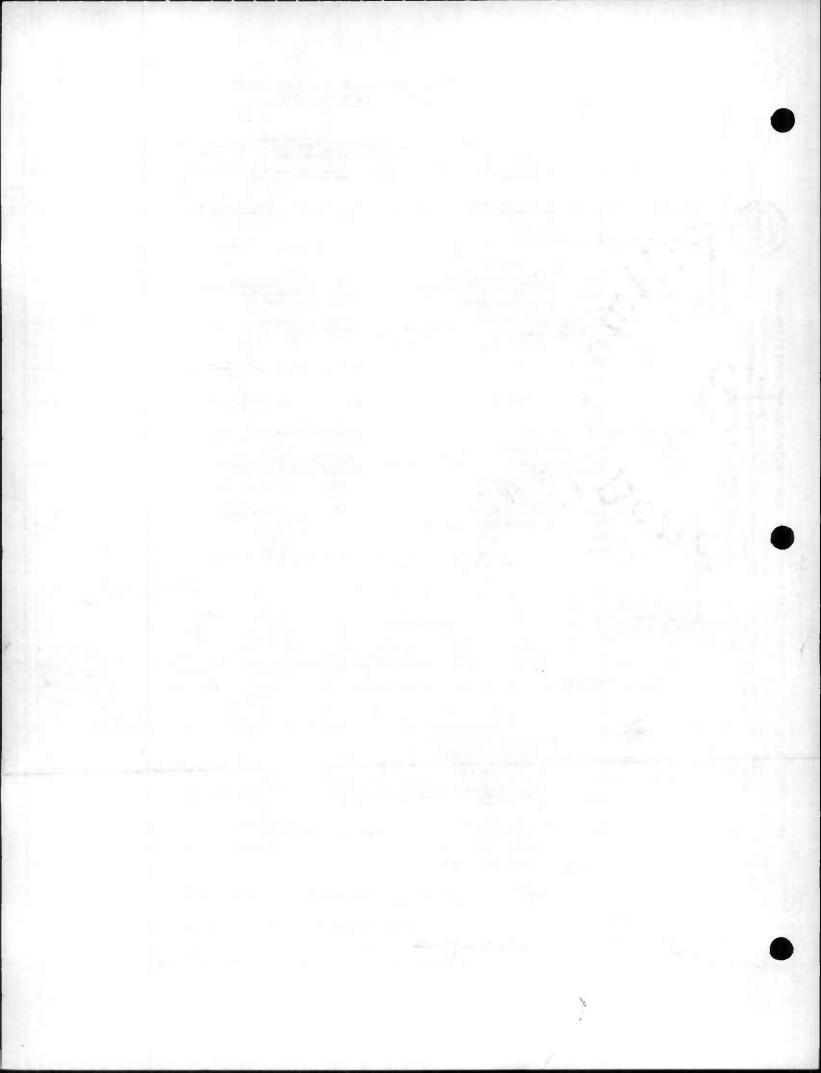
1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) 0 - 12quality assistance aircraft 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Ralph Geary Maxine Brown B 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) YVONNE GEARY SAME 9202 Crystal Falls Drive, Boonsboro, MD 21713 20a. METHOD OF DISPOSITION
1XD Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Rocky Gap Cemetery 4 Donation 5 Other (Specify) 7-29 Flinstone, Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, MD 21740 estal 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Candida funaemia 5 DAYS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Non Hodakins Lymphoma 6 YEARS Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 X YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 N Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nun ng Home 6 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 🔯 Netural 5 Pending 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be 4 Homicide determined 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Mont) 032696 k USE OF DEATH (ITEM 27) / Type. Print) NIH CLINICAL CENTER Mr Mar 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 32. REGISTRAR'S SIGNATURE

whentere

ALL STEERS IN

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Deut, of Health and Mental Horiene prior to burial, command.	IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	intificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dent, of Health and Mental Monlene order to burial, cremation, or remova-	other traumatic ever	
ECORDS, P.(quires that the death ce	n signed by the attendir f Health and Mental Hyd	ows any injury, or	
OF VITAL R	PHYSICIAN: The law re-	this certificate has been with the State Deof. of	rked, or Item 23 sh	
DIVISION	PITAL OR ATTENDING	ERAL DIRECTOR: After in 72 hours after death	T: If item 28 is me	
1	TO THE HOS	TO THE FUN be filed withi	IMPORTAN	

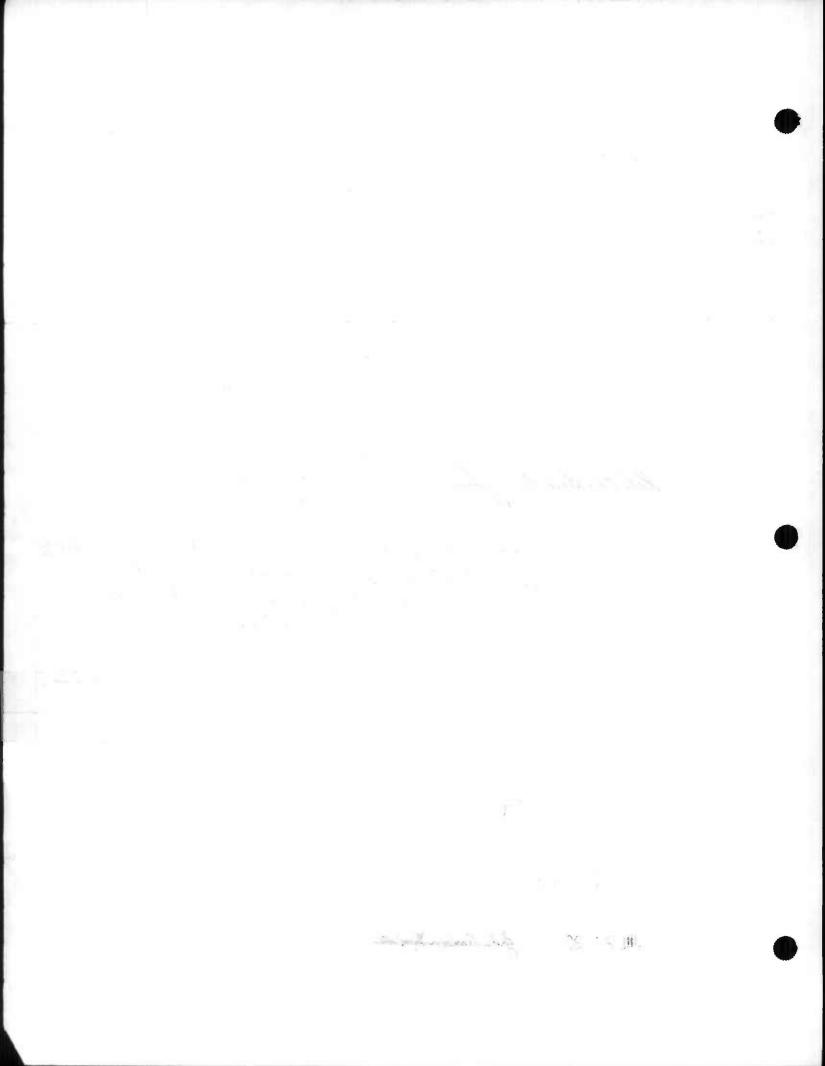
1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTM CERTIFIC	MENT OF HEAL CATE OF DE		MENTA	L HYGIENE REG. NO.	2 4	. 21419	
1. DECEDENT'S NAME (First, Middle, Lin	*				2. DATE	OF DEATH	YEA	3. TIME OF DEATH	
Jack	Ke11y	Griffi	th		07	07	1992		
4. SOCIAL SECURITY NUMBER 224-54-4658	1 X M 2 - F	49 YRS. MO	ONTHE DAYS HOU		g-1	OF BIRTH 3-1942	W. 5	HRTHPLACE (State or Foreign ashington, DC	
Anne Arundel Gen	96. FACILITY NAME (If not institution, give street and number) Anne Arundel General Hospital Annapolis Annapolis Anne Arundel								
	airfax	OWN OR LOCATION Annandale				10d. INSIDE LIMITS?			
10s. STREET AND NUMBER				CODE		1		OF WHAT COUNTRY?	
4200 Conally St				22003			US	A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 1 YES, GIVE WAR OF	If yes, specify,	3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y If yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 YES 2 Z NO Specify:			os or No— 14. RACE — American Indian Black, White, artc. Specify: Caucasian			
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		UAL OCCUPATION done during most of working titred.) 16b. KIND OF BUSINESS/INDUSTRY					RY		
12	Barber					Hair Ca			
17. FATHER'S NAME (First, Middle, Last)						Middle, Maiden Sur			
Wilford Callawa	ay Griffith					ene Heat			
19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Nu.						
Elma A Griffith			onally St	reet/		Annanda			
1 Buriel 2 Cremation 3 R. 4 Donation 6 Other (Specify)	amoval from State	cometery, cremetory or other Fort Linco	place)	ry	7/			, Maryland	
21. SIGNATURE OF FUNERAL SERVICE	Smith			e Fun	eral	Homes,	Inc		
disease or condition resulting in death) a. ARTERIO SCLEROTIC CARDIO VAS CULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury c							Oneet and Dasti		
resulting in death) LAST	and initiated dvonta								
	ARSTONE D			24a. WAS AN AUTOPSY PERFORMED? 1 ☑ YES 2 ☐ NO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 OF YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE C	F OEATH (C	heck only on	10)			
1 XYES 2 NO	HOSPITAL:		THER: Nursing Home 5	Residence	5 ☐ Othe	r (Specify)			
27. MANNER OF DEATH 1 X Natural 5 Pending	28a. OATE OF INJUR (Month, Day, Yea	Y 28b, TIME O	F 28c, INJURY A	г		CRIBE HOW INJU	IRY OCCURE	0	
2 Accident Investigatio 3 Suicide 6 Could not be determined	26a. PLACE OF INJU	PRY — At home, farm, stree pecify)			28f. LOC City	ATION (Street and or Town, State)	Number or Ru	ral Route Number,	
	YSICIAN: To the best of my kn							se(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIF	TER		29c.	LICENSE NU	MBER	29	od. DATE SIG	NED (Month, Day, Year)	
Nonald & L	Uright MD			O.C.M	E.	1	07	08 1992	
30. NAME AND ADDRESS OF PERSON OF DONALD G WRIGHT			Street,			Marular			
DONALD G WRIGHT 31. DATE FILED (MONTH, Day, YOU) JUL 17 92	32. REGISTRAR'S SI	GNATURE ACCOUNTS			ANOLE_	. Kar y rai	14 616	01.	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

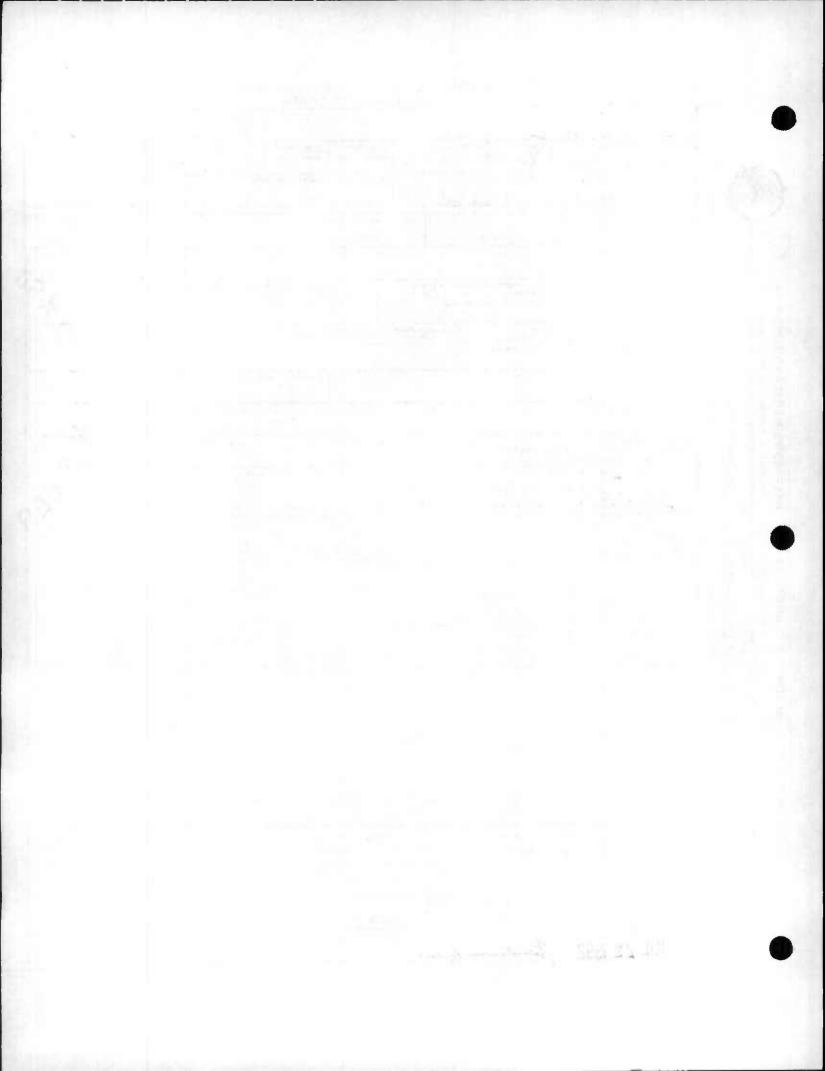
STATE	OF MARYLAND / DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
	CERTIFICAT	E O	F DEAT	ГН		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	RTMENT OF	HEALTH AND !	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last,	BEATRICE JUI		LMES		2. DATE OF GEATH DATE OF July 18	3, 1992	3. TIME OF DEATH 9:00 A. M		
	4. SOCIAL SECURITY NUMBER 214–28–3099	5. SEX 6. AGE (In y.	rs. lest birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) May 22, 1	6. BI	RTHPLACE (State or Foreign Juntry) aryland		
OR	9a. FACILITY NAME (If not institution, give Home - 72 Somer				sfield, M		9c. COUNTY O	erset		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN		I 40 - 017	Y, TOWN OR LO				Last mone oray		
FUNERAL DIRECTOR	Maryland	Somerset	10C. CI	T, TOWN OR LO	Crisfiel	.d		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ERAL	100. STREET AND NUMBER 72 Somers Cove Ap	ots.			101. ZIP CODE 21817		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUN	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Olvorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES			If yes,	DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American India Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of life. Do NOT u		ITION most of working		SINESS/INDUSTR				
	H. S. Graduate 17. FATHER'S NAME (First, Middle, Last) John William Ward		Dietary	Dept.		McCrea ME (First, Middle, Maiden Crice A. Di	Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Debbie A. Laird	(Daughter)			et and Number or Rural	Route Number, City or Tow)		
	20s. METHOD OF DISPOSITION 07-20-92 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)									
	21. SIGNATURE OF AMERICAL SERVICE I	railing	MIYETAC	22. NAME Brac	and address of fa		Home			
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. OUE TO (OR AS A CO	n line.	9	_ R.		4	Approximate Interval Between Onset and Deeth		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Metastitus is 46 TS ones and the cause of the consequence of th									
PHYSICIAN: MEDICAL C	PART II. Other significant condition	RT II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN PERFORM 1 TYPES 2					RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)					
PHYS	1 SYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c.	INJURY AT WORK?	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	D		
ED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide datarmined	28a PLACE OF INJURY	At home, farm,		YES 2 NO	281. LOCATION (Street City or Town, State	N (Street and Number or Rural Route Number, wm, State)			
COMPLETED	(Onbon only	SICIAN: To the best of my knowled NER: On the bests of examination a						use(a) and manner as stated.		
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIF	V		29c. LICENSE NU	MBER 4	29d. OATE SIG	Memorial Hospital Memorial Hospital Memorial Hospital Memorial Hospital Model Hospital Mo			
_	M. D. Barhan, M.				isfield, M	D 21817		,		
31. DATE FILED (Month, Day, Year) 32. REGISTIAN'S SIGNATURE										



JUL 22 1992

1 - STATE REGISTRAR		- 01	ERTIFIC					EG. NO.			
1. DECEDENT'S NAME (First, Middle, La	" 1 1	Ellsw	orth I	Lamar H	IOSE		2. DATE OF D	DAY		YEAR	. TIME OF DEATH
E//SWOYTh	5, SEX	026				-	07	30		192	6:20
	1 M 2 F	8. AGE (In yrs. les		HTHE DAYS	HOURS 24	MIN.	7. DATE OF 8 (Month, De)	(Year)		Country)	ACE (State or Foreig
214-09-5989		8					06-9	7-0			yland
9a. FACILITY NAME (If not institution, gh	ve street and number)		91	b. CITY, TOWN (OR LOCATION	OF DEAT	TH		9c. COUNT	Y OF DEA	TH
Washington Co	outy Hos	pital		Hass	ersto	YOU			D	ash	noton
10e. STATE 10b. COU	NTY O		10c. CITY, T	OWN OR LOCAT	TION					1	od. INSTOE CITY
mp w	lasti and		1	lagerst	OLTO						LIMITS?
10s. STREET AND NUMBER	Shirle	717	1.		. ZIP CODE	_	_		10e. CITIZE		AT COUNTRY?
11824 Patrick R	oad				217	4.0					
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13 WAS DEC	ENDENT OF	-	OBIGIN3 /S	noity Man		.S.A	- American Indian,
1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	If yes, sp	ecify Cuban,	Mexican,	Puerto Rican	, etc.)	DF 140 14	Black, 1	Mhite, etc.
3 - Widowed 4 Divorced	IF TES, GIVE W	IF YES, GIVE WAR OR DATES				Specify:				Specify:	hite
15. DECEDENT'S E (Specify only highest gr	DUCATION	completed) (Give kind of wor							NESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 8+		ive kind of work . Do NOT use re	ork done during most of working							
11			Engin	ineer				Mani	urin	ring	
17. FATHER'S NAME (First, Middle, Last)					18. MOTNE	R'S NAME	E (First, Middle			WI III	
Jacob B. Ho	se				Vir	gini	a Tru	mpowe	r		
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING AD	DRESS (Street a						Code)	
Edward L. H	ose			n Aven							740
20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE OF D	ISPOSITION (Na		agel	DATE		ATION - CH		
1 Surial 2 Cremation 3 R	emovel from State	cemetery, cre	metory or other	nlacel			1			.,	, 0.0.0
		Roca	H-111	Comoto	wir 7.	22	02	TToo		1	f 1 1
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Rose	Hi11	Cemete			ITY				Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- Rose	Hi11	Cemete 22. NAME AN	ND ADDRESS	OF FACIL	Min		Fune:		
23. PART I. Enter the diseases, phock, pr heert failui	or complications that	MMC	Hill	Cemete 22. NAME AN 415 E	. Wil:	of Facil	Min Blvd.	nich Hag	Fune	ral l	Home Marylan
23. PART I. Enter the diseases, p	or complications that re. List only ons cau	MMC	Path. Do not	Cemete 22. NAME AN 415 E	Wil:	SON , such :	Mini Blvd.	nich Hag or respin	Fune	ral l	Home Marylan
23. PART I. Enter the diseases, to shock, pr heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. OUE TO	t ceused the de se on eech line	Hill wath, Do not DUENCE OF:	Cemete 22. NAME AN 415 E enter the mo	Wil:	SON , such :	Mini Blvd.	nich Hag or respin	Fune	ral l	Home Marylan Approximats Interval Betw
23. PAHT I. Enter the diseases, a shock, pr heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. OUE TO	t ceused the de se on eech line	Hill wath, Do not DUENCE OF:	Cemete 22. NAME AN 415 E enter the mo	Wil:	SON , such :	Mini Blvd.	nich Hag or respin	Fune	ral l	Home Marylan Approximats Interval Betw
23. PART I. Enter the diseases, a shock, pr heert failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO DUE TO C.	t ceused the de se on eech line	AUDUENCE OF):	Cemete 22. NAME AN 415 E enter the mo	Wil:	SON , such :	Mini Blvd.	nich Hag or respin	Fune	ral l	Home Marylan Approximats Interval Betw
23. PART I. Enter the diseases, a shock, pr heert failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. OUE TO DUE TO C.	t coused the de se on each line (OR AS A CONSEC	AUDUENCE OF):	Cemete 22. NAME AN 415 E enter the mo	Wil:	SON , such :	Mini Blvd.	nich Hag or respin	Fune	ral l	Home Marylan Approximats Interval Betw
23. PART I. Enter the diseases, processing in the process of the p	a. OUE TO DUE TO DUE TO OUE TO OUE TO	COR AS A CONSEC	DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo	ND ADDRESS Wil: de of dying	of FACIL	Minima Blvd.	nich Hag or respin	Fune	ral l	Home Marylan Approximats Interval Betw
23. PART I. Enter the diseases, on shock, or heert failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO DUE TO DUE TO OUE TO OUE TO	COR AS A CONSEC	DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo	ND ADDRESS Wil: de of dying	of FACIL	Minima Blvd.	Hag or respira	Fune: gerst(atory srres	ral lown,	Approximate Interval Betwoonset and Do
23. PART I. Enter the diseases, processing in the process of the p	a. OUE TO DUE TO DUE TO OUE TO OUE TO	COR AS A CONSEC	DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo	ND ADDRESS Wil: de of dying	of FACIL	Minima Blvd. ss cardiac	Hag or respira	Fune: gersto atory srres	ral lown,	Approximate Interval Betwoonset and Do
23. PART I. Enter the diseases, processing in the process of the p	a. OUE TO DUE TO DUE TO OUE TO OUE TO	COR AS A CONSEC	DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo	ND ADDRESS Wil: de of dying	of FACIL	Minima Blvd. ss cardiac	Hag or respira	Fune: gersto atory srres	ral lown,	Approximate Interval Betwoen and D
23. PART I. Enter the diseases, processing in the process of the p	a. OUE TO DUE TO DUE TO OUE TO OUE TO	COR AS A CONSEC	DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo	ND ADDRESS Wil: de of dying	of FACIL	Minima Blvd. ss cardiac	Hag or respira	Fune: gersto atory srres	ral lown,	Approximate Interval Betwoonset and Do
23. PART I. Enter the diseases, a shock, pr heert failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	or complications that the List only ons cau a. OUE TO b. DUE TO c. DUE TO d	COR AS A CONSEC	DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo	ND ADDRESS Wil: de of dying	SON J, such :	Minimal Minima	Hag or respira	Fune: gersto atory srres	ral lown,	Approximate Interval Betwoonset and Donest a
23. PART I. Enter the diseases, a shock, pr heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	a. OUE TO DUE TO DUE TO OUE TO OUE TO	(OR AS A CONSECTION AS A CONSE	DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo He the underlying 26. PL THER:	MII: de of dying	SON J, such :	Minimal Blvd. ss cardiac art i. 24a	Hagor respiri	Fune: gersto atory srres	ral lown,	Approximate Interval Betwoonset and Donest a
23. PART I. Enter the diseases, a shock, pr heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the conditions i	or complications that the List only ons cau a. OUE TO the DUE TO	t ceused the de se on eech line (OR AS A CONSECTION OR AS A CONSECTION	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo HQ the underlying 28. PL THER: Nursing Nom F 28c. INJI	DE SE RESE	of FACIL SON J, such : 7	Minimal Blvd. ss cardiac art i. 24a	WAS AN A PERFORM YES 2 [Fune: gerst(attry srress utropsy led?	24b. WA	Approximate Interval Betwoonset and Donest a
23. PART I. Enter the diseases, a shock, pr heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of the condi	or complications that e. List only one cau a. OUE TO b. DUE TO c. DUE TO d	t ceused the de se on eech line (OR AS A CONSECTION OR AS A CONSECTION	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo HQ the underlying 26. PL THER: Nursing Nom F 28c. INJ WO	D ADDRESS Wil: de of dying arch g ceuse giv ACE of DEA	of Facilians of Fa	Blvd. ss csrdiac art i. 24a. c only one)	WAS AN A PERFORM YES 2 [Fune: gerst(attry srress utropsy led?	24b. WA	Approximate Interval Betwoonset and Donest a
23. PART I. Enter the diseases, c shock, pr heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the conditions of the conditions o	b. DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. PLACE OF	t ceused the de se on eech line (OR AS A CONSECTION OF AS A CONSECTIO	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo HQ the underlying 28. PL THER: Nursing Nom F 28. IN WO 1 1	D ADDRESS Wil: de of dying g ceuse giv ACE OF DEA	of FACIL SON J, such : 7 Ten in Pa TN (Check	Blvd. ss cardiac ss cardiac collection art i. 24a. conly one) Other (Specied, DESCRIB	WAS AN A PERFORM YES 2 [Fune: gersto atory sress atory	ral lown, st,	Approximate Interval Betwood Onset and D
23. PART I. Enter the diseases, phock, pr heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficiently in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation investigation in the state of the state	b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Inpeliant 2 28e. DATE OF (Month, Den) 28e. PLACE Of building, on the pulliding of the pulliding, on the pulliding of th	coused the de se on each line (OR AS A CONSECTION OR AS A CONSECTION	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo HQ the underlying 28. PL THER: Nursing Nom F 28. IN WO 1 1	D ADDRESS Wil: de of dying g ceuse giv ACE OF DEA	of FACIL SON J, such : 7 Ten in Pa TN (Check	Blvd. ss csrdiac art i. 24a. c only one)	WAS AN A PERFORM YES 2 [Fune: gersto atory sress atory	ral lown, st,	Approximate Interval Betwood Onset and D
23. PART I. Enter the diseases, a shock, pr heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the conditions of the conditions o	b. DUE TO b. DUE TO c. DUE TO d. DUE TO	t ceused the de se on eech line (OR AS A CONSECTION OF AS A CONSECTIO	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo H Q the underlying 28. PL THER: Nursing Nom F 28c. INJ M 1 1 M, factory, official	DADDRESS Wil: de pf dying g ceuse giv ACE OF DEA 6 5 Resk URY AT RKS 2 1	of Facilians of Fa	Blvd. ss csrdiac club and a csrdiac club an	WAS AN A PERFORM YES 2 [OCITY) E HOW IN. A (Street ann. A (Street ann. A (Street ann. A (Street ann. A (Street ann.	Funer gerste atory sress untopsy see? No	ral lown, st, 24b. W A COOL 1	Approximate Interval Betwood Onset and D
23. PART I. Enter the diseases, a shock, pr heert failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the conditions of the conditions o	b. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28a. PLACE Of building, or	t ceused the de se on eech line (OR AS A CONSECTION OF AS A CONSECTIO	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo H Q the underlying 28. PL THER: Nursing Nom F 28c. INJ M 1 M 1 M, factory, offici	g ceuse giv ACE OF DEAL BY STREET	of Facil. SON J, such : The control of the control	Blvd. ss csrdisc ss csrdisc club control con	WAS AN A PERFORM YES 2 [Incity) E HOW IN. In (Street and manny my my my my my my my my my my my my my	Fune: gersto gersto attry stres attry stres attry stres attry stres attry attr	24b. W. A. C. O. O. T. Rep. Porest Route.	Approximate Interval Betwoen and D Approximate Interval Betwoen a
23. PART I. Enter the diseases, prock, pr heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the conditions of the conditions in the conditions of	b. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28e. PLACE OF (Month, De building, of publishing) YSICIAN: To the bast of ax	t ceused the de se on eech line (OR AS A CONSECTION OF AS A CONSECTIO	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo H Q the underlying 28. PL THER: Nursing Nom F 28c. INJ M 1 M 1 M, factory, offici	g ceuse giv ACE OF DEAL BY STREET	of Facil. SON J, such : The control of the control	Blvd. ss csrdisc ss csrdisc club control Other (Special Descries the cause(s)	WAS AN A PERFORM YES 2 [Incity) E HOW IN. In (Street and manny my my my my my my my my my my my my my	Fune: gersto gersto attry stres attry stres attry stres attry stres attry attr	24b. W. A. C. O. O. T. Rep. Porest Route.	Approximate Interval Betwood Onset and Double Interval Betwood Onset and Double Interval Betwood Onset and Double Interval Betwood Interval Betwood Interval Betwood Interval Betwood Interval Interval Betwood Interval In
23. PART I. Enter the diseases, a shock, pr heert failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the conditions of the conditions o	b. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28e. PLACE OF (Month, De building, of publishing) YSICIAN: To the bast of ax	t ceused the de se on eech line (OR AS A CONSECTION OF AS A CONSECTIO	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	Cemete 22. NAME AN 415 E enter the mo H Q the underlying 28. PL THER: Nursing Nom F 28c. INJ M 1 M 1 M, factory, offici	g ceuse giv	of Facil. SON J, such : The Check dence 8 2 NO 2	Blvd. ss csrdiac ss csrdiac collection art i. 24a. 1 [Other (Spring City or Row the cause(a) the cause(a) me, deta and	WAS AN A PERFORM YES 2 [WOLL) WAS AN A PERFORM YES 2 [WOLL) WINCOLD AND THE HOW IN.	Funer gerst (state) altery stress (state) al	ral lown, st, 24b. W RED Rerai Rouse(a) a	Approximate Interval Betwoonset and D Onse



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (FIFS), MIC	(cho, Lun) Sarah Chari	TY HEBB	011		2. DATE OF DEA		YEAR 17 45			
4. SOCIAL SECURITY NUMBER 218-34-2702D			FUNDER I TEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	er)	a. BIRTHPLACE (State or Foreign Country) West Virginia			
9a. FACILITY NAME (If not institut	tion, give street and number)		9b. CITY, TOWN C	OR LOCATION OF DE	Apr. 15,		907 West Virginia 9c. COUNTY OF DEATH			
Washington Co	ounty Hospital		Наде	rstown		Was	Washington			
10a. STATE 108	o. COUNTY		TOWN OR LOCAT				10d. INSIDE CITY			
Maryland	Washington	На	gerstow			1 - YES 2- NO				
17919 Pin Oa	k Drive		101	21740		USA				
11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	2 - 000	If yes, sp	ENDENT OF HISPANI ocity Cuban, Mexican 2 400 Specify:	, Puerlo Rican, et	fy Yes or No-	14. RACE — American Indien, Black, White, atc. Specify: White			
15. DECEDER (Specify only high	NT'S EDUCATION hest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION No.	ON st of working	16b. KIND O	F BUSINESS/IND				
Elementary/Secondary (0-12)	College (1-4 or 5+)	homem	rk done during mo retired.) aker							
17. FATHER'S NAME (First, Middle, Martin Kelly	Last)			16. MOTHER'S NAM Sarah	Dean Ba	elden Sumame) Isterday	y			
19a. INFORMANT'S NAME (Type/F Doris Pitteng	ger	196. MAILING A 10920	Holly	nd Number or Rural R Terrace,	oute Number, City of Hagerst	or Town, State, Zip	d. 21740			
20a. METHOD OF DISPOSITION 1	Removal from State	b. PLACE AND DATE OF metery, cremetory or othe Rest Have:	DISPOSITION (Ne	me of			City or Yown, State			
21. SIGNATURE OF FLINERAL SE	RVICE LICENSEE	nest have	22 NAME AN	D ADDRESS OF FAC CH FUNERA	II ITY	agersu	our, mary cana			
23 PART i Enter the disease	ses, or complications that cause	neck	415 E	. Wilson	Blvd.,	Hagerst	town, Md. 21740			
shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)	fellure. List only one cause on DUE TO (OR AS	A CONSEQUENCE OF):	,	aa or aying, such	as cardiac or i	respiratory sm	Approximate interval Between Onset and Desth			
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c.	A CONSEQUENCE OF):								
PART II. Other significant of	Hart falue	but not resulting in	the underlying	cause given in F	W - PE	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Pixero colita	SOCIPASTO	stor de	sece,	pura	25	ES 2 NO	OF DEATH?			
25. WAS CASE REFERRED TO ME EXAMINER?	DICAL HOSPITAL:		26. PL	ACE OF DEATH (Chec	ck only one)					
1 VES 2 NO	1 Inpatient 2 ER/Out		☐ Nursing Home	6 Residence 6	Other (Specify, 28d. DESCRIBE H		Niero			
1 Natural 5 Pend 2 Accident Inves	(Month, Day, Year)	INJUR	WO!		200. DESCRIBE N	OW INJURY OCC	CORED			
	d not be building, atc. (Spe	Y — At home, ferm, stre offy)	eet, factory, office		261. LOCATION (SI City or Town, S	treet and Number State)	or Rural Route Number,			
	IG PHYSICIAN: To the best of my know									
29b. SIGNATURE AND TYPE OF C	EXAMINER: On the basis of examination	on and/or Investigation,	In my opinion, de							
MI				290 LICENSE NUME	806	29d. DATE	SIGNED (Month, pay, Year)			
SO MANG AND ADDRESS OF PER	MON WHO COMPLETED CAUSE OF DE	OCKY	4/12	2 /kg	MARC	amo	2/742			
" MITTED 50 1003	22. RESISTRAR'S SIGN	ATURE		1						

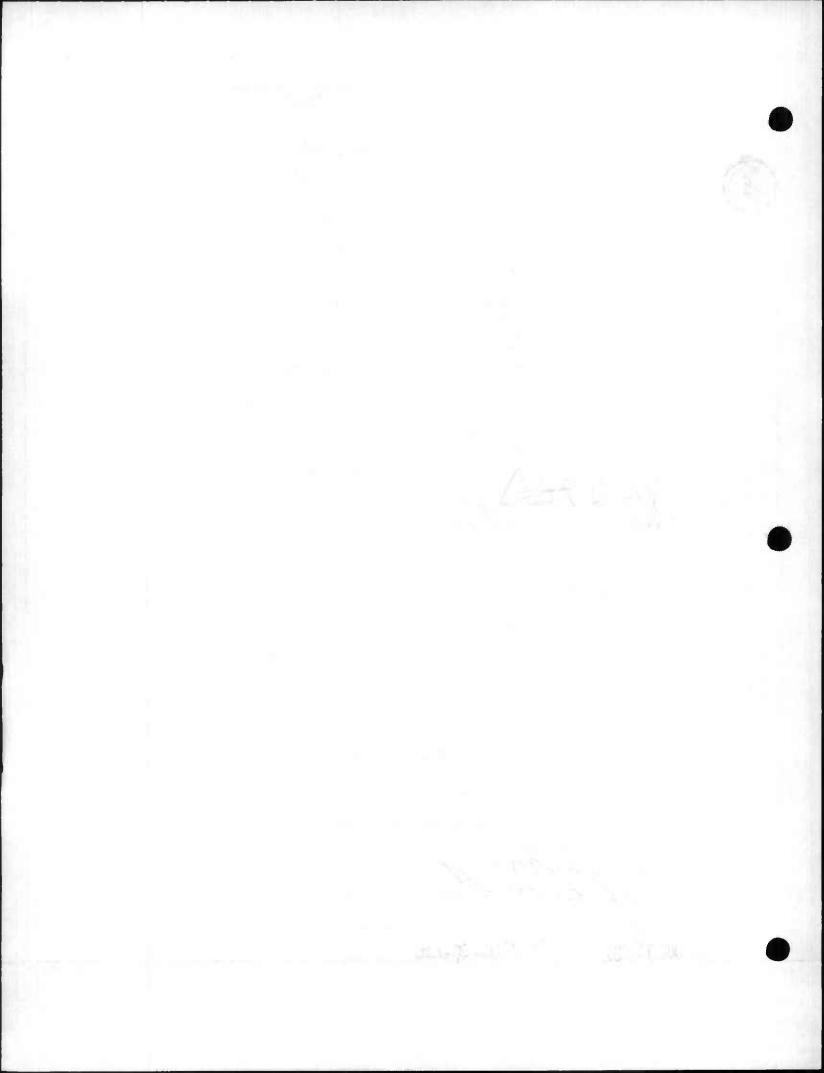
JUL 20 1892 / SECT - ALL

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE	OF DEATH		REG. NO).				
- }	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		Dec.	3. TIME OF DEATH		
	Janet C. Han	ısl				Jul		4, 19	992	04:30	amM	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthde		EAR IF UNDER 24 HI	2 DATE	OE BIRTH		a. BIRTH	IPLACE (State or Fore		
	577 32 6368 A	1 🗆 M 2 🗗 F	68 YRS	MONTHS (MYS HOURS MI	M. Dec	Day, Year) 23,1	923	Counti	hington,		
	9a. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, T	OWN OR LOCATION O	LOCATION OF DEATH 9c. COUNTY OF DEATH						
E I	13930 River Road			Pot	omac			mery				
5	RESIDENCE OF DECEDENT							nonegomez j				
DIRECTOR	10a. STATE 10b. COUNT		10c. 0	TY, TOWN OR				10d. INSIDE CITY LIMITS?				
	-	gomery		Potoma	С			1 YES 2 NO				
₹	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF WHAT COUNTE						
剪	13930 River Road				20854			Uni	ited	ed States		
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI FORCES? 1 Y	ER IN U.S. ARMED	13. WA	S DECENDENT OF HIS	SPANIC ORIGIN	? (Specify Ye	or No-	14. RACE	E — Americen Indian	,	
Σ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O			YES 2 2 NO S		ncan, atc.)		Speci			
							_			White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEDENT	"S USUAL OCCI of work done duri use retired.)	JPATION ng most of working	16b.	KIND OF BU	SINESS/INI	DUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)					icro	Modia	C	tome		
W			Secre	cary					a sys	tems		
8	17. FATHER'S NAME (First, Middle, Last) Raymond Clapp	er				NAME (First, A		Sumame)				
BE	1 22	-			Olive		ing					
2	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Ri					OF A		
	Raleigh Hansl				r Road, F							
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE AND DAT	E OF DISPOSITION Of the place	Name of 7-14	-92 OATI	20c. LO	CATION —	City or To	wn, State		
	4 Donation 5 Other (Specify)		cometery, cremetory of Montgomer	y Crem	atorium,	Inc.	Bet	hesda	a, Ma	ryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		HOTH	ME AND ADDRESS OF	F FACILITY R	obert	A. I	umph	rey Fune	ral	
	Man 1		M00689	Wis	consin Av	enue,	Bethe	sda,	Mary	land 208	14	
	23. PART V Enter the diseases, or o	complications that cau	sed the death. Do	not anter th	mode of dying,	such es card	isc or resp	iratory sn	rest.	Approximet	8	
	IMMEDIATE CAUSE (Final	List only one cause o	n each lina.					Interval Bet Onset and I	ween			
	disesse or condition	Metastat	ic Breast	Cance	r					5 Year		
i	resulting in death)	OUE TO (OR	AS A CONSEQUENCE	OF):						_		
z										į		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE	OF):	· · · · · · · · · · · · · · · · · · ·					1		
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
E	that initiated events	DUE TO (OR A	AS A CONSEQUENCE	OF):								
동	resulting in death) LAST											
O	PART II. Other significent condition	e contributing to deal	th hut not enquitin	n la the cost-		to Donate I						
DICAL	ANT II. Other significent condition	s contributing to dist	n but not resultin	g in tha unde	riying cause given	In Part 1.	Part 1. 24s. WAS AN AUTO PERFORMED			WERE AUTOPSY FING AVAILABLE PRIOR TO)	
ă							1 YES 2	(XNO		OF DEATH?	USE	
ME										1 - YES 2 - NO)	
ž												
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH	(Check only on	Sheck only one)					
YSI	1 ☐ YES 2 [¾NO	1 Inpatient 2 I ER/0	Outpatient 3 DOA		Home 5 K Residen	ce 6 🗆 Other	(Specify)					
BY PHYSICIAN:	27. MANNER OF OEATH	(Month, Day, Yea	RY 28b. T	IME OF 28 NJURY	c. INJURY AT WORK?	28d. OES	CRIBE HOW I	NJURY OC	CURED			
≿	1 Natural 5 Pending 2 Accident Investigation			М	YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY — At home, ferm Specify)	, street, factory	office	26f. LOC/	ATION (Street of Town, State)	and Number	or Rural F	loute Number,		
E	4 Homicide determined					5.77	, 10411, O(BIO)					
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my ki	nowledge, death occu	rred at the time	date end piece, and	due to the cau	se(s) end mar	oner sa ste	ad.			
<u> </u>		R: On the basis of examin) end menner es stat	led.	
	296. SIGNATURE AND TITLE OF CERBIFIER	-0-0	./		_							
BE	711	///	4		29c. LICENSE					(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CALLET CO	DEATH ATTENDANCE	Delea:	D 2.	2086		J	иту	14, 1992		
					nuo M	1.7= =	h i m - t-		0	20075		
- 1	Frederick P. Smi 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S		ern Ave	inue, N.W	., was	ningto	on D.	C.	20015		
	JNI 15 '97	4										
	ער כו שנ	The Davidson	- House Bl									



DHMH-16 Rev 1/89

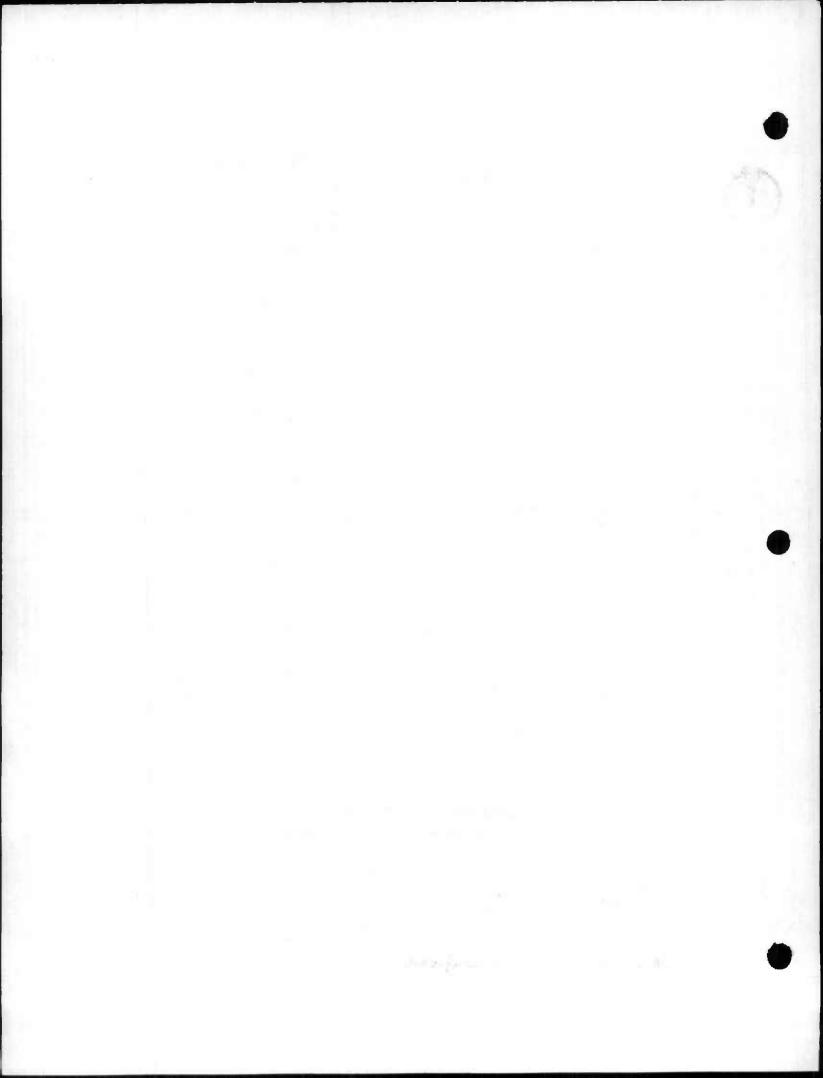


FOR

TO BE COMPLETED BY	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the trail.	TO THE TURKFULLY. HIS UNIX CHIMICAIR TAS DEEN SIGNED BY THE ATTENDING PRYSICIAN AND COMPRESSY THEO IN BY THE FUNERAL DIRECTOR, page 5 should be detached for use as the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
or death. Page 6 may be retained by the hospital or attending p	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending p
BALLIMOHE, MARYLAND 21215-00	Civilian of VIAC hecohos, F.O. Box 88180,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL INVOICEME

	1 - STATE REGISTRAR	OINIE OI I	CE	ERTIF	ICATE (F DEALIN	TH	MENIAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)				TOATE	, DLA		2. DATE OF DEATH	0.		3. TIME OF DEATH	
	KELVIN	н.		HUNT	FR			MONTH	DAY	YEAR		
		5. SEX	8. AGE (In yrs. les		IF UNDER 1 YE	AR IF IMPR	R 24 HRS.	7. DATE OF BIRTH	. 19	92	8:5] A M	
	528-05-7053	1 ₩ 2 □ F		87 YRS.		rs Hours	MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give stre	et and number)	07				ION OF DE	JAN. 10,		UTAH		
Œ			9b. CITY, TOWN OR LOCATION OF DEA					CO COCONT OF DEATH			АТН	
DIRECTOR	15101 GLADE DR	IVE, #1-	-A		SIL	VER SP	RING	MONTGOME			IERY	
JE (10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
	MARYLAND MONT	GOMERY	SILVER SPRING					LIMITS? 1 YES 2 NO				
AL	10e. STREET AND NUMBER		101, ZIP CODE						10g. CIT		OF WHAT COUNTRY?	
ER	15101 GLADE DRI	VE, #1-A	1			20	906			USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS	DECENDENT	OF HISPAN	IIC ORIGIN? (Specify Y			- American Indian	
	A	FORCES? 1		Ю	If yes	SPECITY Cub	m, Mexica	n, Puarto Rican, etc.)		Black,	- American Indian, White, atc.	
84	3 Widowed 4 Divorced		27-1961		'-	120 222 110	арвену			Specify	WHITE	
Ш	15. DECEDENT'S EDUCA (Specify only highest grade co	TION moleted)	16a. DE	CEDENT'S	USUAL OCCUP	ATION		16b, KIND OF B	USINESS/INC	USTRY		
<u> </u>		College (1-4 or 5 +		Do NOT u	se retired.)	most or work	עיי	· · · · ·				
MP		4	MI	LITA	RY OFF	CER		U.S.	ARMY			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	ME (First, Middle, Maide	n Sumame)			
BE	HUGH HUN'	ΓER				EL	IZAB	ETH	HUNTI	ER		
10	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Str	et and Numbe	r or Rural F	loute Number, City or To	wn, State, Zip	Code)		
-	ARVILLA K. HUNTER		1.	5101	GLADE	DRIVE	, #1.	-A, SILVE	R SPR	ING.	MD 20906	
	20a. METHOD OF DISPOSITION 1 Decided 2 Commented 3 Remove	14	20b. PLACE A	NDDATE	OF DISPOSITION				OCATION -			
	4 Donation 8 Other (Specify)	ii from State	METRO	POLI'	ran CRI	MATOR	Y	7/21 AR				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /						TITY.	LINGIC	V.V.	A	
	► / /ADD/1011 / //	200			FRANC	TO J.	COL	LINS FUNE	RAL H)ME,	INC.	
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not anter the mode of dying, such as cardiac or respiratory street, Approximate											
	ehock, or heert failure. Lis	nplicationa that it only one ceu	coused the dec se on each line.	eth. Dor	not anter the	mode of dy	ing, suct	as cardiac or res	piratory srr	est,	Approximsta intervsi Between	
	IMMEDIATE CAUSE (Final disease or condition	/	2			11		-			Onset and Deeth	
	resulting in death) s.		ander			1 47	res				Mutes	
		DUE TO	OR AS A CONSEC	UENCE O	F):							
NO.	Sequentially list conditions, b.											
F	if any, lesding to immediate csuse. Enter UNDERLYING	DUE TO	OR AS A CONSEC	UENCE O	F):							
CERTIFICATION	CAUSE (Disease or Injury	DUE TO	OR AS A CONSEO	UENOE O								
E	that initieted events resulting in death) LAST	502 10	ON NO N COMBEO	UENCE O	-):							
E	d										-	
7	PART il. Other significant conditione d	contributing to	deeth but not re	suiting i	in the underly	ing cause	given in I	Part I. 24a. WAS A	N AUTOPSY	24b. Y	VERE AUTOPSY FINDINGS	
DICAL	Africal -c	brilley	un						RMED?		WAILABLE PRIOR TO	
MED	Cornaus A	Rey	Jeslas	20				1 YES	2 🖂 NO		OF DEATH?	
1	· Piccone ne	LATO A	11	1	Lin	40.5		-		1	YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL	potaca	a yu	fac	eten	198						
2	EXAMINER?	IOSPITAL:			OTHER:	PLACE OF D						
¥	27. MANNER OF DEATH	28e. DATE OF	ER/Outpatient 3				sidence (Other (Specify)				
	1 Natural 5 Pending	(Month, Da		28b. TIM	URY	INJURY AT WORK?		28d. DEŞCRIBE HOW	INJURY OCC	URED		
BY	2 Accident Investigation	280 BLACE OF	THI HIPPY AND A			YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	building,	INJURY — At hon etc. (Specify)	ne, ferm, s	rimet, factory, o	ffice	- 1	281. LOCATION (Street City or Town, State	and Number	or Aural Rou	ute Number,	
<u> </u>	DA CENTIFIED											
를	29e. CERTIFIER (Check only one)	N: To the best of	ny knowledge, des	th occurre	d at the time, d	ata and placa,	and dua t	o the cause(a) and mi	nner aa slate	нd.		
COMPLETED	2 MEDICAL EXAMINER: (On the basis of ax	amination and/or in	rveatigatio	n, in my opinio	, death occur	ed at the t	ime, data and place, a	nd dua to the) CBUSO(8) 1	and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICE	NSE NUM	BER	29d. DATE	SIGNED (Aonth, Day, Year)	
	hotelu ms					()	419	18	•	21 /.	~	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)		101			(,		
	WHENEN OFFIRE					LOR.	10	SILVEN SI	INU	401	20904	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	'S SIGNATURE) €	2.7	7	7	-17		
	III 15 °02	Lilia Nois	In Buch	in.								



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIFIC	CATE	F DEATH		REG. NO				
1. DECEDENT'S NAME (First, M					-		2. DATE	OF DEATH	ıv	YEAR	3. TIME OF DEATH	
Car			gh				7/	16/92			10:07 a.	
4. SOCIAL SECURITY HUMBER 259 60 9991	1	□ M X X XX	4GE (In yrs. Is 97	//	ONTHE DAY	-	(Monti	OF BIRTH h. Day, Year) 2/189	94	6. BIRTH Countr NOT	PLACE (State or Foreign y) th Carolina	
9a. FACILITY HAME (If not instit				100	b. CITY, TOV	VN OR LOCATION OF D	EATH	ATH 9c. COL			EATH	
Montgome RESIDENCE OF DECE	DENT GE	eneral H	ospi			ney			Montgomery			
Maryland	Montgo	mery			lver	Spring				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
100. STREET AND NUMBER 15101 Interl	achen	Drive #21	1	101. ZIP CODE 20906						ited States		
11. MARITAL STATUS 1 Never Married 2 Me 3 Wildowed 4 Divorce	2. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR (YES 2X	RMED SNO	If yes	DECEMBENT OF HISPA , specify Cuben, Mexic YES 2 X HO Speci	en, Puerto I	N? (Specify Yes Rican, etc.)	or Ho-	14. RACE — American Indian, Black, White, etc. Specify: White			
	ENT'S EDUCAT		16e. D	ECEDENT'S US	SUAL OCCUP	ATIOH a most of working	16b	. KIHD OF BUS	SINESS/IHD	USTRY		
Elementary/Secondary (0-12 12		College (1-4 or 5+)	iii		maker	most of working		Ov	vn Hor	me		
17. FATHER'S HAME (First, Midd James Lee S		s				18. MOTHER'S HA		Middle, Meiden Knight	Sumame)			
194. INFORMANT'S HAME (Type	/Print)		- 11	Pb. MAILINO AL	DDRESS (Str	eet end Number or Rural	Route Numb	ber, City or Tow	n, State, Zip	Code)	20906	
Edith Long G											pring, Md.	
1 Surial 2 Cremation 4 Donation 5 Other (S)	3 🗆 Ramova	I from State	cemetery, cr	ematory or other Creek	r place)		DAT		cation - c hingt			
21. SIGNATURE OF FUHERAL S	SERVICE LICEN	SEE	моо	689							rey Funera. 7557 land 20814	
Sequentially list condition if arry, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ata G	DUE TO (OR	AS A CONSE	FOUENCE OF):	Show	chon						
PART II. Other significant	d	contributing to dea	th but not	resulting in	the under	ying cauaa givan In	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO	
25. WAS CASE REFERRED TO					28	. PLACE OF DEATH (C)	neck only on	00)				
1 TYES 2 NO	H	OSPITAL: Kinpetient 2 - ER	/Outpatient		THER:	Home 5 - Residence	8 Othe	er (Specify)				
27. MAHHER OF DEATH 1 Heturel 5 Per	nding estigation	26a. DATE OF INJU (Month, Day, Ye	JRY ear)	28b. TIME O	Y	IHJURY AT WORK?	26d. DES	CRIBE HOW I	HJURY OCC	URED		
3 Suicide 6 Co	uid not be termined	28e. PLACE OF IN- building, etc.	JURY — A1 h (Specify)	ome, term, atre			28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
						date end place, and due) end manner ee stated.	
290. SIGNATURE AND TITLE OF	1 /	, W		5		29c. LICENSE HU D35261					(Month, Day, Year)	
30. HAME AND ADDRESS OF P	RSON WHO C	OMPLETEDICAUSE OF	DEATH (ITE	S. Marie M.	3801 International Drive #210 Silver Spring, Maryland 20906							
21. OATE VIEW TOLL 2	92	Samuel Samuel	EIGNATURE (CLACK)	adelle			3 /					

BALTIMORE, MARYLAND 21215-0020

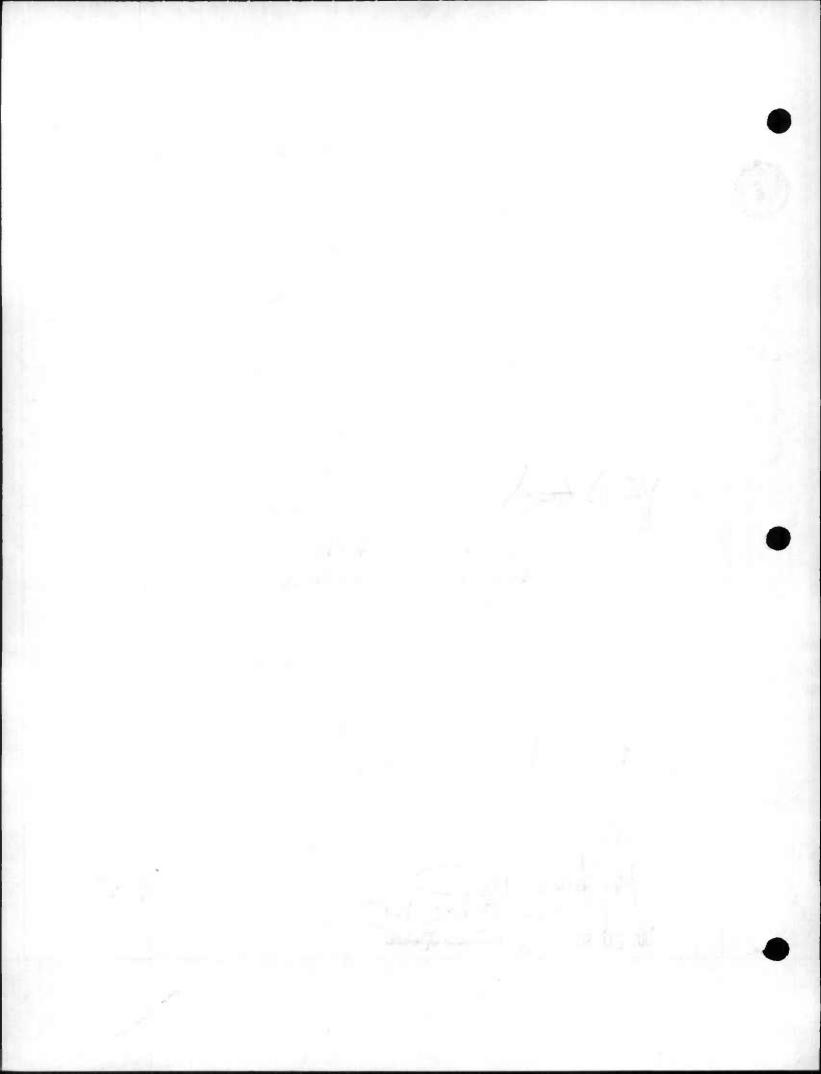
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

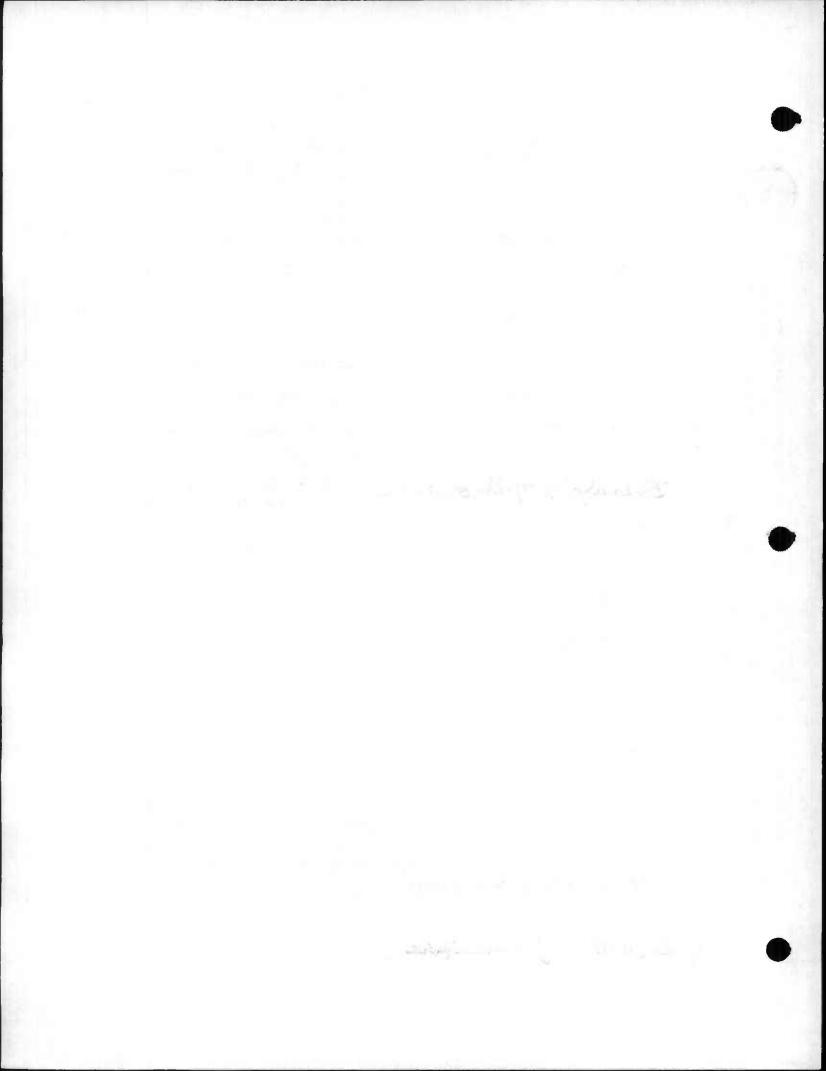
DHMH-16 Rev 1/89



0	\$	8
DIVISION OF VITAL RECOI	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha	FUNERAL DIRECTOR. After this certificate has been signed
m	nbe	en.
	WE	S De
A	he	100
	1	cate
>	CIAI	ertif
Ö	1XSI	is c
-	à	=
Õ	DING	Afte
S	ENC	S.
5	A	E
5	OR.	PH
	IAL	31
	SPI	NE I
1	웃	3
All contra	144	644 4

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE
. 0	DECEDENT'S NAME (First, Middle, Lest)	a par	OF DEATH

	1 - STATE REGISTRAR	SIAIE UF I	/ MARYLAND CI	DEPAI ERTIF					WENT/	AL HYGIENI REG. NO.	E			
- 1	1. DECEDENT'S NAME (First, Middle, Last)						1	2. DAT	E OF DEATH			3. TIME OF DEATN		
	John Seymour Hende	erson, S	Sr.						.T11 7		1992	YEAR	11:55 A.M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	it birthday)	IF UNDE	R t YEAR	IF UNDER	24 HRS.	7. DATI	E OF BIRTN		8. BIRTI	NPLACE (State or Foreign	
	579-24-1183	1 🔀 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	1.5	Count	(γ)	
	Se. FACILITY NAME (If not institution, give stre	et and number)	//		May 16, 1915 Virg					rginia				
2	6206 Wilson Lane	CARLA SAS			96. CITY, TOWN OR LOCATION OF DEATN Bethesda								gomery	
읽	RESIDENCE OF DECEDENT												J 1	
DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?			
ā	Maryland Mon	tgomery		Bethesda						1 TES 2 T NO				
	10a. STREET AND NUMBER			DUCI	7	ZIP CODE			10g. CITIZEN OF WNAT COUNTRY?					
FUNERAL	6206 Wilson Lane						208	17		United States			C4 - 4	
5			T EVER IN U.S. AR		13.	WAS DEC	ENDENT O	F NISPAN	IC ORIG	IN? (Specify Yea	or No—		E - American Indian.	
	1 Never Married 2 Married	FORCES? 1	YES 2 TO	40		if yes, spe	2 NO	1, Mexicer	n, Puerto	Rican, etc.)		Spec	k, White, atc.	
BY	3 Wildowed 4 Divorced						MY	оргону				upot.	White	
	15. DECEDENT'S EDUCA (Specify only highest grade or			CEDENT'S					16	b. KIND OF BUS	INESS/INC	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 8	- His	Do NOT u	se retired.)	ourng mo								
P P	9		P1	aste	r Co	ntra	ctor			Contr	acti	ng		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTN	ER'S NAI	ME (First,	Middle, Maiden	Sumame)			
BE	James Gordon Hen	derson					L	ucv	Sant	Ford				
2	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRES	S (Street a	nd Number	or Rural R	loute Nur	nber, City or Town	State, Zip	Code)		
-	Maggie L. Henders	on	6	206	Wils	on L	ane.	Bet	heso	la, Mar	vlan	d 2	0817	
	20a. METNOD OF DISPOSITION XIX Burial 2 ☐ Cremation 3 ☐ Remov	el from State	20b. PLACE /	AND DATE	OF DISPOS	SITION (Na			DA	TE 20c. LOC		City or To	rwn, Sfata	
	4 🗆 Donation 5 🗆 Other (Specify)		Natio				Parl	7-1	8-92	Fall	s Ch	urch	Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	MQ083	1	22. D	NAME AN	D ADDRES	S OF FAC	Phr					
	Barbara Jo Mo	c mulls	m daw	renc	e B	ethe	sda-0	Chev	y Ci	lase, I	nc.	7557 2081	Wisconsin	
	23. PART i. Enter the disease, or co	mplicationa tha	t ceused the de	eth. Do i	not enter	the mo	e Be	erne ng. auch	sda	Mary I	and ar	2081		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) a. METASTATIC DATICAL CARCINOMA OF RIFFICULAY 21 MUST are condition.													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
MEDICAL	PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH? 24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									AVAILABLE PRIOR TO COMPLETION OF CAUSE				
Σ													1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				-	28 Pt	ACE OF OE	ATN /Ch-	ok anti-	1000				
2		HOSPITAL:	ED/Outpetlant 2	□ 004	OTHE	R:					-			
≝ I	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3	28b. TIM	-	28c. INJU		sidence (er (Specify) SCRIBE NOW IN	BIDY OO	CHRED		
	1 Natural 5 Pending	(Month, D		INJ	URY	WOI	ES 2		200. 00	SCHIBE NOW IN	JUNT OC	COMED		
à	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE O	F INJURY — At ho	me ferm	tract for			-	201.10	CATION (Street or	and 64 and 64	D / C		
	4 Nomicide 6 Could not be	building,	etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	511 001, 100	tory, ornes			City	or Town, State)	ia ivumber	or Hurai r	loure Number,	
W	29a. CERTIFIER 4 55 CERTIFICATION ON THE CONTROL OF	AN. 7. 0. 1. 1.									_			
COMPLE	(Check only one) 200. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:													
3		01111100000001	California (Correction of Correction ntrol of the Cont	m, in my t	opinion, or	win occur	HO MY THE Y	time, dat	a and place, and	due to th	le ceuse(s) and manner as stated.		
N N	296. SGNATURE AND TITLE OF CERTIFIER			1			29c. LICE						(Month, Day, Year)	
2	Junis 4	. 193	Really	ull			D(728	5		▶Ju	Ty 1	5, 1992	
	30. NAME AND ADDRESS OF PERSON WHO					uite	203	3-A		7 7 0	203.4			
	James A. Brown, M			edar	Lan	e Be	thes	ia, l	Mary	Tand 2	J814			
	31. DATE FILED (Month, Day, Year)	2	R'S SIGNATURE											
	JUL 20 '92	JULIA Day	dron Rand	186										



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2

			4. SOCIAL SECURITY NUMB	ER	5, SEX	6. AGE (In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 H
1	3				1 M 2 DF		,	YRS.	MONTHS	DAYS	HOURS	MI
	1000		None	all along along	X					4		
	篇3)	~	Sa. FACILITY NAME (If not ins	stitution, give s	treet and number)				9b. CIT	Y, TOWN C	R LOCATIO	N C
10		BY FUNERAL DIRECTOR	NATIONAL RESIDENCE OF DEC	NAVAL	MEDICAL	CENT	ER			BET	HESDA	_
	Pages		10a. STATE SOUTH	10c. CIT	Y, TOWN	OR LOCAT	ION					
	il.		CAROLINA	REEN	VILLE	1						
	burial-transit permit.		10e. STREET AND NUMBER	10f. ZIP CODE								
	usit		12	FURMAN	N STREET						296	1
0 3	al-tra		11. MARITAL STATUS		12. WAS DECEDEN				13.		ENDENT O	F HI
02	bun		43	Married	FORCES? 1	YES	ATES N	0			ecify Cuber 2½ NO	n, Me
MARYLAND 21215-0020	one nostrate of autonomy projections detached for use as the burial-tran		3 Widowed 4 Divor	rced			100				A	
21	Se al	COMPLETED		EDENT'S EDU						CCUPATIO	ON at of working	7
2 2	10,0	<u>-</u>	Elementary/Secondary (0-		College (1-4 or 5	+)	Ilfe.	Do NOT us	se retired.)		or or mortaling	,
	ped 4	4 P	0				1	ONE				
A 3	detach once.	Ö	17. FATHER'S NAME (First, Mi	ddle, Last)							18. MOTH	ER"
Z 2	ं व व	BE C	SCOTT ANTHO	NY HOI	DEN							RI
MAR	5 should notified		19a. INFORMANT'S NAME (%)				19b	MAILING	ADDRES	S (Street a	nd Number	_
-	2 2	2	SCOTT A. HOL	DEM				12 FI	TDMA	N ST	गचचव	- (
ב ע	2 2		20g. METHOD OF DISPOSITI			20b				SITION (No		
ORE	funeral director, p		1 N Burial 2 Cremation 4 Donation 5 Other		oval from State	cam	etery, gren	natory or o	ther place	1	Park	
M S			21. SIGNATURE OF FUNERAL		ENSEE	_	10083		_			_
-	funeral din		70.1	1200	mullen i				R	OBER	D ADDRES	PI
BALTIMORE,	the fu		Containa	10/1/cl	Mulley !	Nuc	N STA				E, BE	
BALT	d in by the or removal		23. PART I. Enter the di		complications the				not ante	r the mo	de of dyin	ng,
	or me		IMMEDIATE CAUSE (Fin		List Only One Cat	Jae On e	ach nne.					
200			disesse or condition	_	. HYPOXI	C TO	CHEN	ATC I	יאורים	DUAT	טייי א מרט	v
68760,	omplete d, cremi event,		resulting in death)	,		(OR AS A				PHAL	JEAL	1
20 1	nd con burlal,	7	U									
0	ng physician and co giene prior to burla other traumatic	CERTIFICATION	Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A	CONSEC	UENCE O	F):			
S a	physician ne prior to	Ā	csuse. Enter UNDERLYI	NG								
H.	phy ane p	Ĕ	CAUSE (Disesse or injustinat initiated events	TY I	DUE TO	(OR AS A	CONSEC	UENCE O	F):			
J 5	attending phy mail Hygiene Y, or other	E	resulting in deeth) LAST		4							
DS, P.O. BOX	the atter Mental	핑										
RECORDS, P.O. BOX 68760, requires that the death cartificate he emerged with	heen signed by the atternant of Health and Mental shows any injury.	A	PART ii. Other aignificat	nt condition	e contributing to	death b	ut not re	euiting	In the u	nderlyin	g ceuse g	íve
RECOR	any	MEDICAL										
	been signed t. of Health shows an	WEI										
		AN:										
AL		A	25. WAS CASE REFERRED TO	MEDICAL						28. PL	ACE OF DE	ATE
- F	State	SICI/	1 YES 2 NO		HOSPITAL: X Inpatient 2 [ER/Outo	ationt 3	□ DOA	OTHE		e 5 🗆 Rai	oldo
DIVISION OF VI	the st	H	27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIM		28c. INJ		HUU
S E	fter this eath with marked	۵		Pending	(Month, L	Day, Year)	ļ	IN	IURY M	1 🗆	RK?	l NC
Z SA	After Jeath	ВУ	T - PECIONIII	nvestigation	28a. PLACE C	E INJURY	- At hor	no form	etraat fa			-
NEW DEFENSE	after 28 is			Could not be determined	building.	atc. (Spec	cify)	tro, tarrit,	otropt, rac	otory, orne		
>	OIRECT hours a	E	A									
ב כ	AP DI	집	one)		CIAN: To the best of							
CDIT	FUNERAL within 72 TANT: If	COMPLETED	one) 2 MEDI	CAL EXAMINE	R: On the besis of a	xaminatio	n and/or le	rveatigatio	on, In my	opinion, d	eath occur	ed a
THE HOSPITAL	THE FUNER filed within PORTANT:	EC	296. SIGNATURE AND TITLE	OF CENTUFIE	1						29c, LICE	NSE
1	TO THE be filed	0	711	I'm	wen It		m/)		_		
F	=	0 1	V									_

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

S. CLEMENTS,

31. DATE FILED (Month, Day, Year) JUL 20 '92

LT, MC, USN

102. REGISTRAR'S SIGNATURE

Silvia Davidson Render

JENNA LEIGH HOLDEN

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

92 21427

CERTIF	CATE OF	DEATH		REG. I	VO.		-	616	161
			2. DATE	OF OEATH	DAY		EAR	3. TIME OF DE	
EN				JUL 1	-			6:54	P
rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH)	8.	BIRTHE	PLACE (State or	Foreign
YRS.	4	HOOKS MIN.		L 11	199	2		RYLAND)
	9b. CITY, TOWN	OR LOCATION OF DE	ATH		90	COUNTY	OF DE	ATH	
R	BET	HESDA				MONT	'GOM	ERY	
Inc. CIT	r, TOWN OR LOCAT	ION						10d. INSIDE C	TV
100.								LIMITS?	
	GREEN	ZIP CODE			10.	CITIZE	U OF W	1 TYES 27	
					"				
S. ARMED	19 WAS DEC	29611 ENDENT OF HISPAN	IIC OBIGI	N2 (Panelly	You ou b			STATE - American in	-/
NO	If yes, sp	ecify Cuban, Mexica	n, Puerto			10-	Black,	White, etc.	KOHBITI,
3	1 YES	2X NO Specify	<i>/:</i>				Specify	WHITE	
a. DECEDENT'S	USUAL OCCUPATION	ON	164	b. KIND OF	BUSINE	SS/INDUS	TRY		
ille. Do NOT us	vork done during mo e retired.)	st of working							
NONE				NOT	APP	LICA	BLE		
		18. MOTHER'S NA	ME (First,	Middle, Maid	den Surn	ame)			
		RHO	NDA	LEIGH	PI	TTMA	N		
19b. MAILING	ADDRESS (Street a	and Number or Rural I	Poute Num	ber, City or	Town, St	ete, Zip Co	rde)		
12 FI	IRMAN ST	REET. GR	EENV	ILLE.	SC	296	11		
	F DISPOSITION (Na		DAT	TE 20c.	LOCATI	DN — CIF	or Tov	vn, Stata	
dlawn M	her place) lemorial	Park 7,	/19/	92 G	ree	nvil	le,	SC	
0831	ROBER	T A. PUM	CILITY PHRE	Y FUN	IERA	L HC	ME/		
ence	BETHE	SDA-CHEV	Y CH	ASE,	INC	. 7	557	WISCO 4-3501	NSIN
e deeth. Do n		E, BETHE: de of dying, auc				_	-	Approx	_
line.							,	Interval	Between and Death
								Onset a	na Death
HEMIC F	ENCEPHAL	OPATHY						-	
	,							1	
NSEQUENCE OF	j:							1	
NSEQUENCE OF	ን፡								
							_		
not reculting i	n the underlyin	g ceuse given in	Part I.	24a. WAS PERI	FORMED			WERE AUTOPSY AVAILABLE PRIN	OR TO
				1 🗌 YES	2 X	NO		OF DEATH?	F CAUSE
				ł				1 YES 2	NO
	28. PI	ACE OF DEATH (Ch	eck only o	ne)					
nt 3 🗆 DOA	4 - Nursing Horn	e 5 🗆 Rasidence	6 🗆 Oth	er (Specify)					
28b. TIMI INJ		URY AT PRK?	28d. DE	SCRIBE HO	W INJUR	N OCCUI	RED		
	M 1 🗆	YES 2 NO							
At home, farm, a	street, factory, offic	•		CATION (Street or Town, St.		lumber or	Rural R	oute Number,	
									-
je, death occurre	od at the time, data	and place, and due	to the ce	use(a) and	manner	es stated.			
		and place, and due						and mannar a	n stated.
			time, dat		, and du	a to the c	ause(a)	and manner a	
		eath occured at the	time, dat		and du	e to the d	ause(a)		
	n, in my opinion, c	eath occured at the	tlme, dat	a and place.	and du	a to the d	igned Lu	(Month, Day, Ye	
nd/or investigatio	n, in my opinion, c	eath occured at the	time, dat	a and place	and du	i to the control of t	igned Luc	(Month, Day, Ye	



BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR After this certificate has been singed by the attending physician and completely filled in by the financial diseases now is changed by the attending to the single by the singl
RYLAND	ned by the hospit	noted he debashed
MORE, MA	ge 6 may be retai	rantor one E ob
BALTII	rs after death. Pa	b length of the funderal of
760,	ted within 24 hou	namelately filled i
). BOX 68	tificate be execu-	n physician and
RDS, P.C	hat the death cer	I hy the attendin
AL RECC	he law requires t	has been sinner
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NG PHYSICIAN: 1	for this certificate
DIVISIO	L DR ATTENDII	DIRECTOR- AL

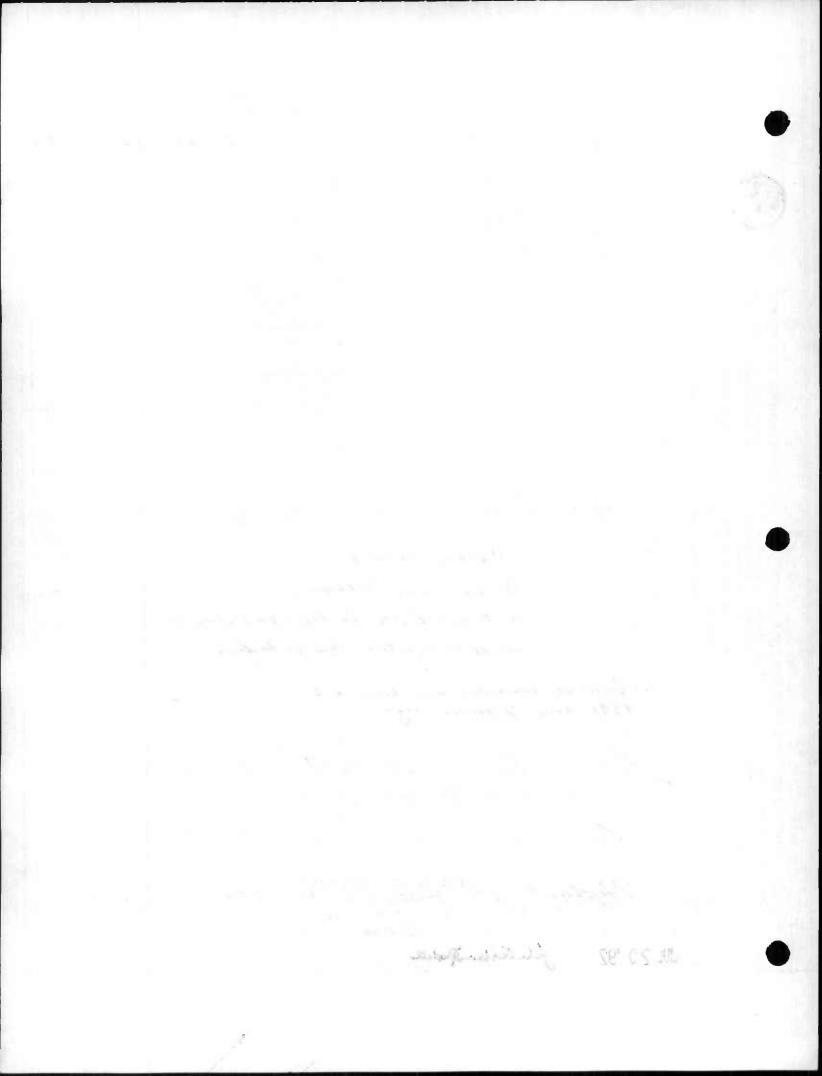
director, page 5 should be detached for use as the burial-transit permit TO THE HOSPITAL DR ATTENDING PHYSIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last) MATO OFFET	THIROTHULL II.	HAMMON	01112	DEATH	2. DATE OF OEATH	AY YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER		'in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 - 7. DATE OF BIRTH	6-92	
	215-36-4718	1 □ M 2 以F 91	· // -	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)
	9e. FACILITY NAME (If not institution, give s			9b. CITY. TOWN C	R LOCATION OF D	SEP.29,19	96. COUNTY OF	HINGTON, D.C.
DIRECTOR	6500 TILDEN LANE			ROCKV				GOMERY
H.	10a. STATE 10b. COUNT		10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
		NTGOMERY	R	OCKVILLI	Ε			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE	0852	10g. CITIZEN OF	WHAT COUNTRY?
N.	6500 TILDEN LANE	1						USA
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 2 NO	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Years, Puerto Rican, atc.)	or No- 14, RA	CE — American Indian, ick, White, atc.
BY	3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES			Spe	ecity:
ED	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S L	ISUAL OCCUPATIO	N	16b. KIND OF BUS	SINESS/INDUSTRY	IITE
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we life. Do NOT use	ork done during mos retired.)	st of working			
MP.		4	TEACHER			MONTGOM	ERY COUN	TY SCHOOLS
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		JII BOHOOLS
BE	SAMUEL FAWCE	ΓT			MARGAI	RET BAS	SFORD	
10	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	n, State, Zip Code)	
		(ATTORNEY)	26004	FREDERIC	CK ROAD	CLARKSBURG	G, MARYLA	ND 20871
	20a METHOD OF DISPOSITION 1. □ Suriel 2 □ Cremation 3 □ Rem		PLACE AND DATE OF			DATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify) 21. BIGMATURE DE FUNERIAL SERVICE NO		LINGTON 1	-		7/22 ARL	INGTON, V	IRGINIA
	XX /1	2/			S J. CO	CLINS FUNE	RAT. HOME	TNC
	Dem ()	Charl		500 UN	IVERSIT	BLVD. W.	STL. SPR	. MD 20901
	23. PART I. Enter the diseases, or o shock, or heart failure.	complications that caused List only one cause on ea	the death. Do no	t enter the mod	de of dying, suc	h as cardiac or respi	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Final							interval Batween Onsat and Death
	disease or condition reaulting in death)	Card	CONSEQUENCE OF	est				201
		DUE TO (OR AS A	CONSEQUENCE OF)					
CERTIFICATION	Sequentially list conditions,	h. Oseleses	CONSEQUENCE OF	Edm	rea			3-70
AT	if any, leading to immediate ceuse. Enter UNDERLYING	0.4.		t- Para	1:	- 1 - 1	1.	2
F	CAUSE (Disease or Injury that initiated events	hand to be the real of the real of the said	CONSEQUENCE OF	Costa	ce - pe	scular i	Video Colonia	- 073
H	resulting in death) LAST	and C	negrets	ic The	ant 7	cilen		
	PART II. Other significant condition		/3					
CAL						Pert i. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	100000	d 2 mor	acus	art X	2	1 YES 2	TIME .	COMPLETION OF CAUSE OF DEATH?
Σ	- 1991 an	d 2 mor	v. ags			_	1	1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL							
Sici	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpi		OTHER:	ACE OF DEATH (Che			
H	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME			6 Other (Specify) 28d. DESCRIBE HOW IN	HIRV OCCUPED	
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY WOR		200. DESCRIBE NOW IF	IJUNY OCCURED	
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, str			281, LOCATION (Street e	nd Number or Rural	Route Number
E	4 Homicide determined	building, atc. (Speci	17)			City or Town, Stete)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred	at the time date of	and place, and due	to the enumeral and man		
N N	one) 2 MEDICAL EXAMINE	R: On the beele of examination	end/or investigation,	In my opinion, de	ath occured at the	time, date and place, end	due to the cause	(s) and menner se stated
	29b. SIGNATURE AND TITLE OF CERTIFIER							
BE	Berten	De SIEPH	HOS VIERS	S, M.D., F/	TOP C	745	DATE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETIO CAUSE OF DEA	THANKEN 277 (Type, P	WILL RD.	.000	,,,	11/	172
			762-50					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					
	JUL 20 92	givie Devident	markett.					

OHMH-16 Rev 1/89



-	2 5	2	400	ŀ
Ē	ete et	-	H,	
3	현	3	Se l	
20	00 10	Ē	-	
2	9	5	差	ŀ
33	6	2	E	l
2	ig .	5	36	ı
92	Si	5	=	ı
153	5 8	5	e	ı
erti	Di di	2	8	ı
0	E i	Ē	5	l
eath	atte	9	>	l
p	9 4	Ne	5	ı
€	7 7	2	Ξ	ı
Jat	4	ij.	=	ı
55	9 1	5	9	ı
ire	Sign	20	3	ŀ
90	en les	5	릚	ı
3	B,	5	8	ı
-0	has P	3	2	ı
Ē	9 5	100	E	ı
Z	Eca C.	2	=	l
CIA	To the	2	0	ı
\$	8 1		ò,	ı
포	#	\$	훈	ı
9	ier ier	1	na	ı
ā	A	5	69	ı
E	8	2	00	ı
A	E 3	D	2	ı
8	# 1	ĕ	E a	ı
-	0 1	=	-	L
¥	\$	2	=	ı
SS	Z.	Ē	Ξ	ı
¥	2	\$	M	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	9	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, it	ŀ
0	0	9	莹	ľ
-	F 4		-	
				1

)	
1. OECEDENT'S NAME (First, Middle, Last) Willie J. Hayes	2				2. DATE OF DEATH	DAY CO	3. TIME OF DEATH
		AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7, DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
226-24-6894		57 YRS.	MONTHS DA		(Month, Day, Year) 01-20-2	25	Country)
9a. FACILITY NAME (If not institution, give street			9b. CITY, TO	WN OR LOCATION OF I		-	OF DEATH
DORCHESTER G	en. Ho	spital	Car	ubride	re	DOK	chester
RESIDENCE OF DECEDENT			TY, TOWN OR L	- CATION			
	heste		hode	. 1			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER	NESTE		Mode	101. ZIP CODE		10a, CITIZEI	N OF WHAT COUNTRY?
4908-Maiden	FORO	st Roo	12	1000 1001 1000		7	L.C.A
	. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS		ANIC ORIGIN? (Specify Ye	s or No— 14	I. RACE — American Indian,
1 Never Married 2 Married	FORCES? 1 1			yes 2 NO Spec	en, Puarto Rican, atc.) //y:		Black, White, etc. Specify;
3 Widowed 4 Divorced				-			Black
15. OECEDENT'S EDUCATION (Specify only highest grade com		16a. DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION g most of working	16b. KINO OF BI	USINESS/INDUS	TRY
Elementary/Secondary (0-12)	ollega (1-4 or 5+)		CK ?	Dalvoo			
17. FATHER'S NAME (First, Middle, Last)	. 1	11/100	- 0	18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)	. 1
James	Hayes			Ber.	tha DA	2: che	ett Hayes
19a, INFORMANT'S NAME (Type/Print)	H	Ayes 196. MAILING	G ADDRESS (St	eet and Number or Rure	I Route Number, City or To	wn, State, Zip Co	
Mary Virginia C	oleman	490	8 Maid	EN FORE	st RD.	Rho	lesdale, MD.
20a, METHOR OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name	cemetery, crematory or			y or Town, State
1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	Reid.	S GK	ove Cem	etary Re	2145	GROVE, MD.
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAN	NRY FU	ACILITY	LOME	
* Janelle Ci	Henry				Naton S.	b Ca	MbRidge, MD.
23. PART I. Enter the diseases, Dr CDm			not enter the				t, Appreximsts
shock, or heart failure. List IMMEDIATE CAUSE (Finel	only one cause o	on esch line.					Interval Bstween Onset and Dsath
disesse or condition	SEPTIC	SHOCK	Septi	c Shock			HOURSHO
resulting in deeth) a	SEPTIC OUE TO (OR	AS A CONSEQUENCE OF					HOURSHO
	PERI	TONITIS	Perit	c Shock conitis			DAYS da
Sequentially list conditions, if any, leading to immediate	PERIO (OR	TO NITIS	Perit	conitis	rtio Tlev		
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	TO NITIS	Perit	conitis	ytic Ileu	ıs	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE C	Perit	conitis	ytic Ileu	ıs	
Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR OUE TO (OR	AS A CONSEQUENCE C	Perit	onitis Paral			Days da
Sequentistiy list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions or	PRA OUE TO (OR OUE TO (OR	AS A CONSEQUENCE C	Perit Perit Perit Perit Perit Perit Perit Perit Perit Perit Perit Perit	onitis Paral	n Part I. 24a. WAS A	N AUTOPSY DRMED?	DIAYS da
Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions or the conditions of the condition	DUE TO (OR PARA OUE TO (OR OUTO) OR	AS A CONSEQUENCE OF AS A C	Perit Perit Perit Perit Perit Perit Perit Perit Perit Perit Perit Perit	onitis Paral	n Part I. 24e. WAS A	N AUTOPSY DRMED?	DAYS da 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant conditions or	DUE TO (OR PARA OUE TO (OR OUTO) OR	AS A CONSEQUENCE OF AS A C	Perit Perit Perit Perit Perit Perit Perit Perit Perit Perit Perit Perit	onitis Paral	n Part I. 24a. WAS A	N AUTOPSY DRMED?	DIAYS da 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENOCARCINOM Adenocarcinom	DUE TO (OR PARA OUE TO (OR OUTO) OR	AS A CONSEQUENCE OF AS A C	Perit	Paraly	n Part I. 24e. WAS A PERFC	N AUTOPSY DRMED?	DAYS da 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of Adenocarcinom Adenocarcinom 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR PARA OUE TO (OR OUTO (O	AS A CONSEQUENCE OF AS A C	Perit Perit In the under	Paraly lying cause given i	n Part I. 24a. WAS A PERFC 1 XYES Check only one)	N AUTOPSY DRMED?	DAYS da 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENOCARCINOMA Adenocarcinoma 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR PARA OUE TO (OR ONE TO (OR OR ONE TO (O	AS A CONSEQUENCE C	Perit Prit In the under	Paraly lying cause given i	n Part I. 24a. WAS A PERFC 1 XYES Check only one)	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\sqrt{N} \) NO
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENOCARCINOM Adenocarcinom 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Natural 6 Pending	DUE TO (OR PARA OUE TO (OR OUE TO (OR ONTIBUTING TO des	AS A CONSEQUENCE C	Perit DF: LFUS OTHER: 4 Nursing ME OF 286	Paraly lying cause given i	n Part I. 24a. WAS A PERFC 1 XYES Check only one) 6 □ Other (Specify)	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\sqrt{N} \) NO
Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENOCATE LAST Adenocarcinom 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 6 Pending Investigation	DUE TO (OR PARA OUE TO (OR O	AS A CONSEQUENCE C	Perit DF: LFUS DF: In the under OTHER: 4 Nursing M 1	Paraly lying cause given I 6. PLACE OF DEATH (C Home 5 - Residence INJURY AT WORK? - YES 2 - NO	n Part I. 24a. WAS A PERFC 1 YES Check only one) 6 G Other (Specify) 28d. OESCRIBE HOW	N AUTOPSY PRMED? 2 NO 1 INJURY OCCU	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions or ADENO CARCINOM Adeno Carcinom 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HI YES 2 NO TO YES 2 YES 2 YES 2 YES 3 YES 4 YES 4 YES 4 YES 4 YES 4 YES 5 YES 5 YES 6	DUE TO (OR PARA OUE TO (OR OUE TO (OR OUT TO (OR O	AS A CONSEQUENCE C	Perit DF: LFUS DF: In the under OTHER: 4 Nursing M 1	Paraly lying cause given I 6. PLACE OF DEATH (C Home 5 - Residence INJURY AT WORK? - YES 2 - NO	n Part I. 24e. WAS A PERFO 1 XYES Check only one) 6 □ Other (Specify) 26d. OESCRIBE HOW	N AUTOPSY PRMED? 2 NO 1 INJURY OCCU	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\sqrt{N}\) REO
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENO CARCINOM Adeno Carcinom 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	OSPITAL: Inpetient 2 = EN 28e. DATE OF INJ (Month, Day, W 28e. PLACE OF IN, building, etc.	AS A CONSEQUENCE C	Perit DF): LFUS OFHER: 4 Nursing ME OF 2e IJURY M 1 street, fectory,	Paraly lying cause given i 8. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO	n Part I. 24e. WAS A PERFC 1 YES Check only one) 6 G Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Stree City or Town, State	N AUTOPSY PRMED? 2 NO I INJURY OCCU	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\sqrt{N} \) NO REO
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENO CARCINOM ADENO CARCINOM ADENO CARCINOM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10 10 10 10 10 10 10 1	DUE TO (OR OUE TO	AS A CONSEQUENCE OF AS A C	Perit DF): In the under OTHER: 4 Nursing ME OF 1 street, fectory,	Paraly Iying cause given i 6. PLACE OF DEATH (6. Home 5 Residence. INJURY AT WORK? YES 2 NO office	n Part I. 24a. WAS A PERFC 1 XYES Check only one) 6 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Stree City or Town, Status of the cause(a) and must be the cause(a) and must be cause(a).	N AUTOPSY PRMED? 2 NO 7 INJURY OCCU t and Number or e)	24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENO CARCINOM ADENO CARCINOM ADENO CARCINOM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10 10 10 10 10 10 10 1	OVER TO (OR OUE T	AS A CONSEQUENCE OF AS A C	Perit DF: LFUS DF: In the under OTHER: 4 Nursing M 1 street, fectory, red at the time, ion, in my opini	Paraly Iying cause given I 6. PLACE OF DEATH (C Home 5 Residence NORK7 YES 2 NO office deta and place, and deta on, death occured at ti	24a. WAS A PERF 1 XYES Check only one) 6 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Stree City or Town, Stat	IN AUTOPSY PRMED? 2 NO INJURY OCCU t and Number or e) enner as stated and due to the	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO REO Rural Route Number,
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions or ADENIC CARCINOM Adenocarcinom 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OVER TO (OR OUE T	AS A CONSEQUENCE OF AS A C	Perit DF: LFUS DF: In the under OTHER: 4 Nursing M 1 street, fectory, red at the time, ion, in my opini	Paraly Iying cause given i 6. PLACE OF DEATH (6. Home 5 Residence. INJURY AT WORK? YES 2 NO office	24a. WAS A PERF 1 XYES Check only one) 6 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Stree City or Town, Stat	IN AUTOPSY PRMED? 2 NO INJURY OCCU t and Number or e) enner as stated and due to the	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO REO Rural Route Number, ceuse(a) and manner as stated.
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENO CARCINOM Adeno Carcinom 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 1 YES 2 NO 28. Could not be determined 29a. CERTIFIERY CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: One) 2 MEDICAL EXAMINER: One) 2 MEDICAL EXAMINER: One) 2 MEDICAL EXAMINER: One) 2 MEDICAL EXAMINER: One) 30. Name and adoress of person who could not be determined	OSPITAL: Inpetient 2 ER 28e. DATE OF INJ. (Month, Dey, Ye) In the basis of exami	AS A CONSEQUENCE OF AS A C	Perit DF): In the under OTHER: 4 Nursing ME OF 1 Street, lectory, red at the time, ion, in my opini ICCart M. D.	Paraly Iying cause given I 8. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO office deta and place, and do on, death occured at ti	24a. WAS A PERFC 1 YES Check only one) 6 G Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Stree City or Town, State) us to the cause(a) and may the time, data and place, submitted.	IN AUTOPSY PRMED? 2 NO INJURY OCCU It and Number or e) enner as stated and due to the	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 12 YES 2 NO REO Rural Route Number; Couse(e) and manner as stated. SIGNED (Month, Day, Year) =17=922
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENOCATCINOM Adenocarcinom 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 2 Accident Investigation 3 Suicida Could not be detarmined 29a. CERTIFIER CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: CERTIFIER COULD CERTI	OSPITAL: Inpetient 2 ER 28e. DATE OF INJ. (Month, Dey, Worth the basis of examination of examination of the basis of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examinatio	AS A CONSEQUENCE OF AS A C	Perit DF): In the under OTHER: 4 Nursing ME OF 1 Street, lectory, red at the time, ion, in my opini ICCart M. D.	Paraly Iying cause given I 8. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO office deta and place, and do on, death occured at ti	24a. WAS A PERF 1 XYES Check only one) 6 Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Stree City or Town, Stat	IN AUTOPSY PRMED? 2 NO INJURY OCCU It and Number or e) enner as stated and due to the	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO REO Rural Route Number; Couse(a) and manner as stated. SIGNED (Month, Day, Year) =17=922
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of ADENO CARCINOM Adeno Carcinom 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 1 YES 2 NO 28. Could not be determined 29a. CERTIFIERY CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: One) 2 MEDICAL EXAMINER: One) 2 MEDICAL EXAMINER: One) 2 MEDICAL EXAMINER: One) 2 MEDICAL EXAMINER: One) 30. Name and adoress of person who could not be determined	DUE TO (OR OUE TO	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQ	Perit DF): LFUS DF): In the under OTHER: 4 Nursing ME OF 1, ustreet, lectory, red at the time, ion, in my opini ICCart M. D. P. Print) RM 57.	Paraly Iying cause given I 8. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 NO office deta and place, and do on, death occured at ti	24a. WAS A PERFC 1 YES Check only one) 6 G Other (Specify) 28d. OESCRIBE HOW 281. LOCATION (Stree City or Town, State) us to the cause(a) and may the time, data and place, submitted.	IN AUTOPSY PRMED? 2 NO INJURY OCCU It and Number or e) enner as stated and due to the	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 12 YES 2 NO REO Rural Route Number; Couse(e) and manner as stated. SIGNED (Month, Day, Year) =17=922

The Bulletin St. 198 . .

BALTIMORE, MARYLAND 21215-	h. Page 6 may be retained by the hospital or attendin	eral director, page 5 should be detached for use as th	niner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	REGISTRAR				ERIIF	ICALE	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First		1				0	2. DATE OF	DEATH	,	YEAR	3. TIME OF DEATH
		MIC	MIC	have (Hupp	dley	7	- (6	-9-	2.	H 2000 H
	4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. In	nat birthday)	IF UNDER 1 YE		7. DATE OF (Month, D			8. BIRTHP Country)	LACE (State or Foreign
1	213-78-555	9	XX M 2 □ F	19	YRS.	MONTHS DA	rs HOURS MIN.		6/72			ington DC
	9e. FACILITY NAME (If not is	netitution, give st	reet and number)			9b. CITY, 10	VN OR LOCATION OF D		.,,,,	9c. COU	NTY OF DE	ATH COLO
OR	3301 Glenway	Drive				Kongi	neton.			Mone	+	
5	RESIDENCE OF DE	CEDENT								W	tgomer	У
DIRECTOR		10b. COUNTY			10c. CIT	Y, TOWN OR L						IOd. INSIDE CITY LIMITS?
0	MD	Montgo	mery			Kensing	ton					YES 2 NO
FUNERAL	10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
ij	3301 Glenwa	v Drive					20895			Ih	ited S	tates
5	11. MARITAL STATUS	-	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	AMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. BACE -	- American Indian, White, etc.
ВУ	3 Widowed 4 Dive		IF YES, GIVE W	AR OR DATES			YES 2 NO Speci		ri, etc.j		Specify.	
												MILLOS
COMPLETED		EDENT'S EDUC ly highest grade		1	Give kind of a	Work done during	ATION most of working	16b. Ki	ND OF BUS	INESS/IND	USTRY	
اي	Elementary/Secondary (0-12)	College (1-4 or 5 +) "	e. Do NOT us	-						
\$	10 17. FATHER'S NAME (First, A				Studer	nt			Stude			
							18. MOTHER'S NA	ME (First, Mide	lle, Maiden S	Surname)		
H	Thomas E. Him	dley					Barbara	I. Him	lov			
2							eet and Number or Rural				Code)	
	Barbara J. H			1	3385 5	rersvil	le South, La	M Legu	207	2/	_	
	20a. METHOD OF DISPOSIT Burlel 2 Crematic Denation 5 Dahe	on 3 Peme	oval from State	cemetery, cr	ematory or o	OF DISPOSITION ther place)		DATE	20c. LOC	ATION -	City or Town	n, Stata
	21. SIGNATURE DO TUNERA			1 Onlow	ood Cen	etery	7/20/92 E AND ADDRESS OF FA		Falls	Chun	ch. VA	
	21. SIGNATURE OF TURESO	I service de	1/ 11				Rinaldi Fun				,	
	* X/1141	NI	weelth	7*		11900	KIIRIUI FUN	eral Ho	ne Gu	1		
	23. PART I. Enter the d	isesses, or c	omplications that	caused the d	esth. Do n	not enter the	mode of dylng, aug	h es cardiac	or reapir	atory arr	ont no	Approximate
	anock, gr n	eert fallure. I	lst only one caus	se on each lin	e.		,			,	,	Interval Between
	IMMEDIATE CAUSE (Fig. disease or condition_	191	1	1		_						Onset and Death
1	resulting in death)	,	DUE TO	OR AS A CONSE	OHENCE OF	FIE C						
2						, –						i I
CERTIFICATION	Sequentially list condit		DUE TO (OR AS A CONSE	OUENCE OF	F):						1
8	cause. Enter UNDERLY CAUSE (Disease or inju	ING										
E	that initiated events		DUE TO (OR AS A CONSE	OUENCE OF	F):					_	
	resulting in death) LAS	T C	l									
	PART II. Other significa	nt conditions	contributing to	death but not	anne delma d	lm Abra samalani	des es es es es es es es	D				
EDICAL	TATE II. Other significa	on condition	contributing to	seath out not	resulting t	in the under	ying ceuse given in	Part I. 24	PERFORE		A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO
ă								_ 1	YES 2	□ NO		OMPLETION OF CAUSE OF DEATH?
Σ								_			1	☐ YES 2 ☐ NO
z												
5	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				. PLACE OF DEATH (Ch	eck only one)				
YSI	YES 2 NO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing	fome 5 Residence	6 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	2000	26a. DATE OF I (Month, De		28b. TIMI	E OF 28c.	INJURY AT WORK?	29d. DEŞCRI	BE HOW IN	JURY OCC	URED	
B		Pending Investigation				M 1	YES 2 NO					
	3 Suicide	Could not be	28e. PLACE OF building, a	INJURY - At h	ome, farm, s	treet, factory,	ffice	281. LOCATIO	N (Street ar	nd Number	or Rural Rou	rte Number,
444	60	determined						,	, , , ,			
ETE		310000000000000000000000000000000000000										
PLETE	4 Homicide		IAN: To the best of r	ny knowledge, d	eath occurre	d at the time,	lete and place, and due	to the ceuse() and mann	or es state	ed.	
OMPLETE	4 Homicide 29e. CERTIFIER (Check only)	IFYING PHYSIC					lets and piece, and due					nd manner as stated.
COMPLETED	4 Homicide 29e. CERTIFIER (Check only)	TIFYING PHYSIC					n, desth occured at the	time, deta and		due to the	e cause(s) s	
H	29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MED	TIFYING PHYSIC						time, deta and		due to the	e cause(s) s	ond menner as stated.
	4 Homicide 29a. CERTIFIER (Check only one) 2 ONED 29b. SIGNATUPE AND TITLE	TIFYING PHYSIC	t: On the basis of ex	amination and/or	investigatio	n, In my opinio	n, desth occured at the	time, deta and		due to the	e cause(s) s	
H	29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MED	TIFYING PHYSIC	t: On the basis of ex	amination and/or	investigatio	n, in my opinio	29c. LICENSE NUI	time, deta and		due to the	e cause(s) s	
H	29e. CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 2 MED 29b. SIGNATUPE AND TITLE 30. NAME AND ADDRESS OF	OF CERTIFIER	COMPLETED CAUSE	E OF DEATH (ITE	investigatio	n, In my opinio	29c. LICENSE NUI	time, deta and		due to the	e cause(s) s	
H	4 Homicide 29a. CERTIFIER (Check only one) 2 ONED 29b. SIGNATUPE AND TITLE	OF CERTIFIER	t: On the basis of ex	E OF DEATH (ITE	investigatio	n, in my opinio	29c. LICENSE NUI	time, deta and		due to the	e cause(s) s	

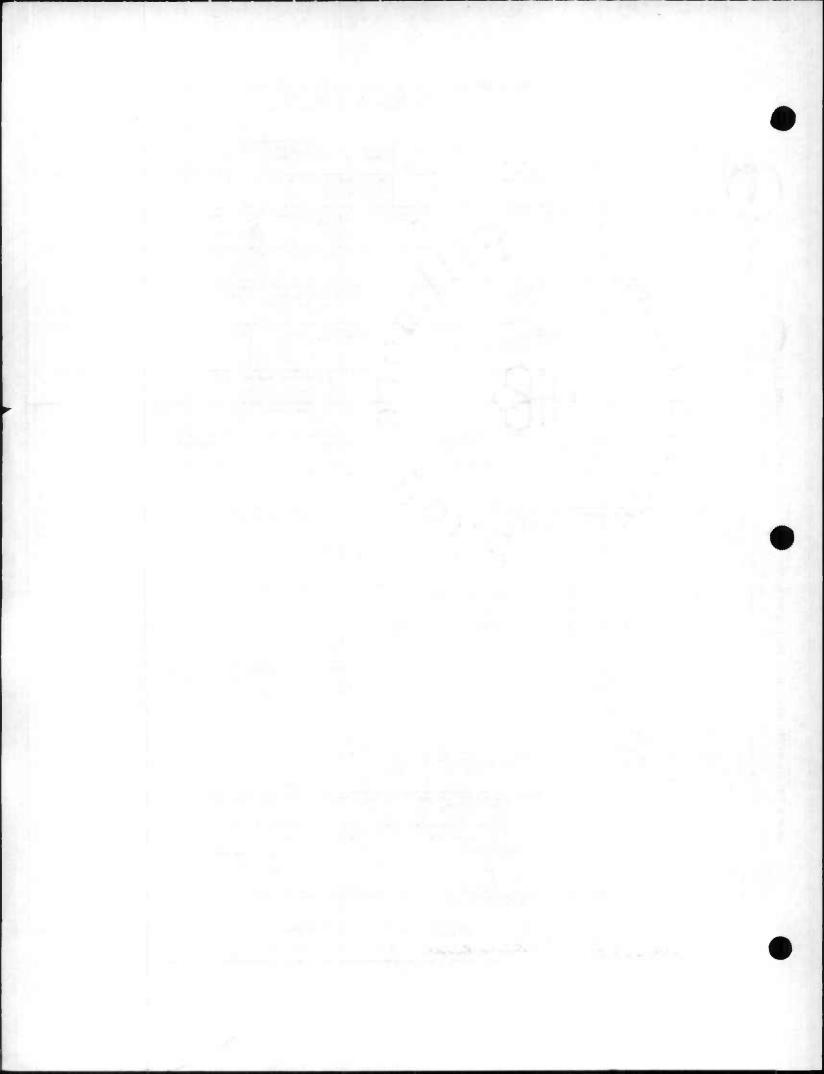
A

Marine for

-
0
9
N
00
(0)
BOX 68760
\times
0
~
ш
0
P.O.
0.
85
S
0
_
Œ
0
~
0
ш
00
-
-
4
-
_
>
14
-
0
N OF VITAL RECORDS,
ISION
0
=
S

STEPHEN MAN STREET STRE

-	1. DECEDENT'S NAME (F	First, Middle, Les	U- JEMIA		TICALE O	F DEATH	2. DATE OF DEAT		3. TIME OF
	4. SOCIAL SECURITY NO	UMBER		E (In yrs. last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS	7. DATE OF BIRTH	26 7	I. BIRTHPLACE (Stat
	213-24-	-Gx3	1 M 2 PF	YRS.	MONTHS DAY		25.4 march 100 mm 3.6 m	ar) /	Country)
1	94. FACILITY NAME (If no	ot institution, giv	e street end number)	_0_/	9b. CITY, TOW	IN OR LOCATION OF	DEATH		Keedysvi
) R	Washing		unty Hospital	l	Hage	erstown		Was	shington
5	RESIDENCE OF D	10b. COU	NTY	1 00.00	TY, TOWN OR LO	OATION .			
DIRECTOR		1	Washington	106. CI	Boons				10d. INSIDI
RAI	100. STREET AND NUMB					101. ZIP CODE 21713			S. A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 C	☐ Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 (X)10	Il yes,	DECENDENT OF HIS	PANIC ORIGIN? (Specifican, Puerto Rican, etc.	y Yes or No- 1	4. RACE — Americe Black, White, etc. Specify: W
ED		DECEDENT'S EI		16a, DECEDENT	S USUAL OCCUP	ATION	16b. KIND OF	BUSINESS/INDU	STRY
OMPLETED	Elementary/Secondar		College (1-4 or 5+)	Me. Do NOT	work done during use retired.)	most of working			
ĕ ₩	10			Home	maker		Own	Home	
	17. FATHER'S NAME (First						NAME (First, Middle, Ma		
BE at	George :		Kefauver	T			la May M		
TO BI	Rachel		ean				rel Route Number, City or		
20	20e. METHOD OF DISPO	SITION	21	0b. PLACE AND DATE		(Name of	DATE 200	LOCATION CI	ty or Town, State
examiner must	4 □ Donation 5 □ Ot	ther (Specify)		emetery, crematory or Boonsbor		ery 7-	25+92 B	oonsbor	o, Md. 2
	21. SIGNATURE OF FUNE	ERAL SERVICE	LICENSEE			AND ADDRESS DF	FACILITY 7		
exa	John	T D-					/	DUD UIG	Nationa.
Bedical	23. PART I. Enter the shock, or	a diseases, o r heart fallun	st, Jr. r complications that cause. List only one cause on	ed the death. Do	BAS	T FUNERA	L HOME, B	oonsbor	at, Appr
OF OTHER TRUMBULE EVENT, THE STATISTICATION	23. PART I. Enter the	a diseases, or heart failure (Final) additions, mediata (LYING)	B. DUE TO (OR AS	each line.	not entar the indicate of the	mode of dying, a	L HOME, B	oonsbore	o, Md. 2:
MEDICAL CERTIFICATION	23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list confi any, leading to improve cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death)	a diseases, or heart failure (Final) dittions, mediata (LYING injury) AST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	B A CONSEDUENCE OF A CO	not entar the CUC W 0 / OFF; ENA 2 OFF;	mode of dying, a	LULE In Part I. 24a. WAS PER	oonsbore	o, Md. 2:
AN: MEDICAL CERTIFICATION	23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other significations of the cause of th	a diseases, or heart failure (Final) dittions, mediata (LYING injury) AST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	BA CONSEQUENCE OF A CON	not entar the CUC W O A OF): CNAC OF): In the underly SCAR 26.	mode of dying, a	IL HOME, But as cardiac or record to the second sec	S AN AUTOPSY	at, Apprinter Oned 24b. WERE AUTO AMAILABLE! COMPLETIO OF DEATH?
1 VSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other significations are caused in the cause of the	a diseases, or heart failure (Final) dittions, mediata (LYING injury) AST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	BA CONSEQUENCE OF A CON	In the underly COTHER: 4 \(\) Nursing H	mode of dying, a	In Part I. 24a. WAS PER 1 YE	SAN AUTOPSY FORMED? S 2 5 NO	24b. WERE AUTO AMRIABLE I COMPLETIO OF DEATH? 1 YES
1 VSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other significations of the cause of th	a diseases, or heart failure (Final) dittions, mediata (LYING injury) AST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	BA CONSEDUENCE OF A CON	In the underly OTHER: OTHER: 4 Nursing H WE OF 28c. JURY M 1	INJURY AT WORK?	In Part I. 24a. WAR PER 1 YE	SAN AUTOPSY FORMED? S 2 5 NO	24b. WERE AUTO AMRIABLE I COMPLETIO OF DEATH? 1 YES
TED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to immicause. Enter UNDER CAUSE (Disease or international international indicators) PART II. Other significations of the control of the cause. The cause is a control of the control of the cause of the	a diseases, or heart failure (Final) dittions, mediata (LYING injury) AST Bleant condition (Condition (Co	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ach line. SA CONSEDUENCE C A CONSEDUENCE C A CONSEDUENCE C A CONSEDUENCE C Dut not resulting A CONSEDUENCE C Dut not resulting A CONSEDUENCE C A CONSEDUENCE C	In the underly OTHER: OTHER: 4 Nursing H WE OF 28c. JURY M 1	INJURY AT WORK?	In Part I. 24a. WAS PER 1 YE	S AN AUTOPSY AFORMED? S 2 3 NO	24b. WERE AUTO AMMILABLE! COMPLETIO OF DEATH? 1 YES
D BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the shock, or immediate CAUSE (disease or condition reautiting in death) Sequentially list confi any, leading to limic cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L. PART II. Other signification of the cause	a diseases, or heart failure (Final Additions, mediata ILLYING Injury AST (Final Condition) D TO MEDICAL (Final Condition) D TO MEDICAL (Final Condition) D TO MEDICAL (Final Condition) D TO MEDICAL (Final Condition)	DUE TO OR AS b. DUE TO OR AS c. DUE TO OR AS d. DUE TO OR AS	BA CONSEDUENCE OF A CON	OTHER: 4 Nursing H AE OF 28c. JURY M 1 street, factory, or	ring cause given PLACE DF DEATH (lome 5 Realdence INJURY AT WORK? YES 2 NO	In Part I. 24a. WAS PER 1 YE Check only one) 28d. DESCRIBE HC 28l. LOCATION (Str. City or Town, S	S AN AUTOPSY AFORMED? S 2 3 NO	24b. WERE AUTO AMAILABLE I COMPLETIO OF DEATH? 1 YES

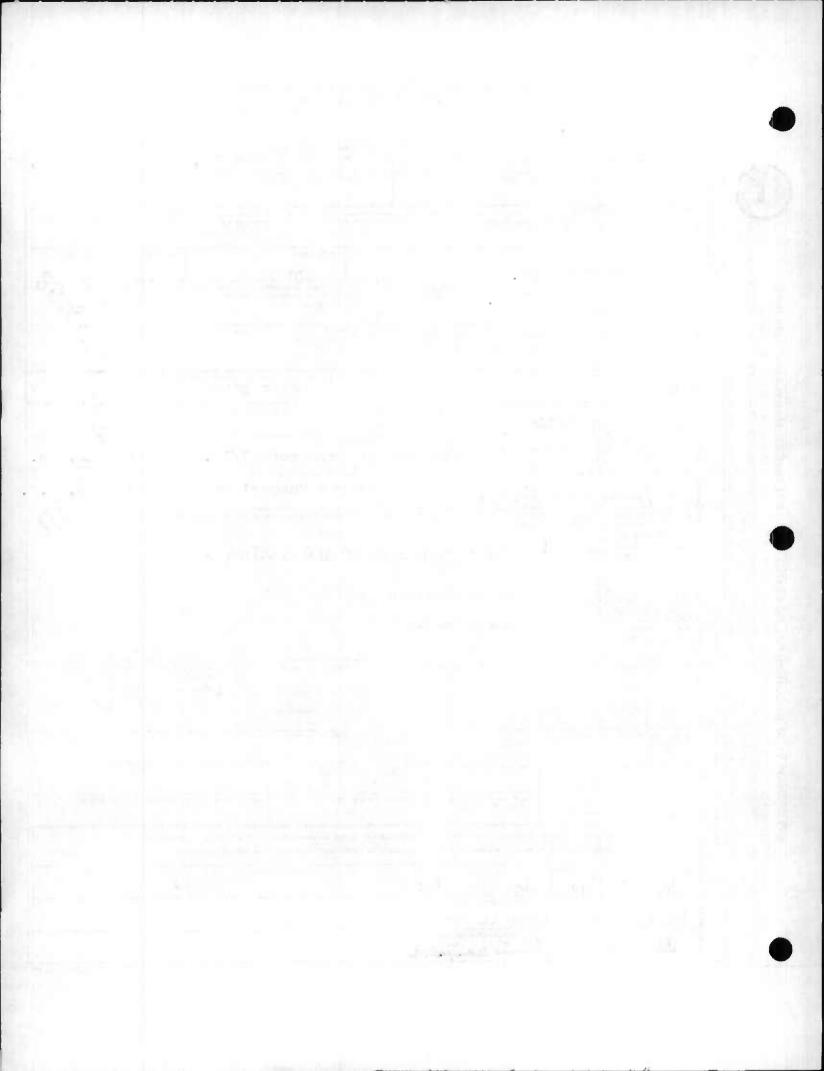


DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis. TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlatty be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cemation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.
DECEMENT'S MANIE /FILE MANIE /		

1. DECEDENT'S NAME (First, Mic								T		OF DEATH			3. TIME OF DEATH
Clifton	S.			Jones					07		O .	1992	10:54
4. SOCIAL SECURITY NUMBER		SEX		n yrs. last birthday	-	-	IF UNDER 2		7 DATE	OF BURTH		8. BIRTH	IPLACE (State or Forei
577-94-38	26 X	□ M 2 □ F	23	YRS.	MONTHS D	DAYS	HOURS	MIN.	Oct	120	196	8 W	Shingto
9e. FACILITY NAME (If not institu	tion, give street	and number)			96. CITY, TO	OWN OF	R LOCATIO	N OF DEA	ATH		9c. COI	UNTY OF D	
Kimborough Ar	my Hos	spital			FT. I	Mead	de				Anr	ne Ar	undel
RESIDENCE OF DECEL	PENT												
10a. STATE	THOM	GOMERY	7	10c. C	ITY, TOWN OR I	LOCATIO	ON	C	LNE	CY		201	10d, INSIDE CITY LIMITS?
						-							1 YES 2 NO
0e. STREET AND NUMBER						101.	ZIP CODE				10g. CI	TIZEN OF V	WHAT COUNTRY?
3325 TIDEW								832				USA	
11. MARITAL STATUS 1 Never Married 2 Mai 3 Widowed 4 Divorced	rled	. WAS DECEDENT FORCES? 1 IF YES, GIYE W	YES	B 2 NO If yes, specify Cuban, Mexicar 1 YES 2 NO Specify					, Puerto I	i? (Specify Y Rican, etc.)	es or No-	Bleck	E — American Indian, k, White, atc.
15. DECEDE (Specify only hig	NT'S EDUCATI	ON roleted)		16e. DECEDENT	S USUAL OCCL	UPATION	N t of wordships		16b	KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	T	ollege (1-4 or 5 +	,	life. Do NOT	f work done duri use retired.}	ng most	or working						
luth													
7. FATNER'S NAME (First, Middle	(Last)									Middle, Maide	n Sumame)		
unknown							HA	ZEI	JC	NES			
9e. INFORMANT'S NAME (Type/					IG ADDRESS (S		d Number o	r Rural Ad	oute Numi	ber, City or To	wn, State, Zi	ip Code)	
IAZEL JONES	BANK	S		SAME	e as l	L0e							
0a. METHOD OF DISPOSITION Burial 2\(\bigcit{\subset}\) Cremation Donation 5 \(\bigcit{\subset}\) Other (Spi		from State	20b.1	PLACE AND DATE	EOFDISPOSITIO	ON (Nam	emat	orv	DATE 7	E 20c. L	ocation -	City or To	wn, Stata
1. SIGNATURE OF FUNEAUL SI		SEE /			-		ADDRESS			-			roll St
	11 1	111	1				-		98				
23. PART I. Enter the dises shock, or heard IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	fsllure. List	plications that only one cause	G on es	the death. Do ch line.	not enter the	e mod	e of dyln	g, such	ss card		Wa	shir	Approximets Interval Bets Onset and B
immEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in)ury that initiated events	. C a.	pilications that only one cause to LT plus to a	OR AS A	STAS	Tak	e mod	e of dyln	g, such	ss card	disc or res	Wa	shir	Approximeta
shock, or near immEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury	. C a.	pilications that only one cause to LT plus to a	OR AS A	CONSEQUENCE	Tak	e mod	e of dyln	g, such	ss card	disc or res	Wa	shir	Approximeta
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in)ury that initiated events resulting in death) LAST	s. / s. / c d	DUE TO	OR AS A COR AS A COR AS A COR	CONSEQUENCE (Tak not enter the	e mod	of dyln	g, such	ss card	disc or res	Wa	shir	Approximeta
MMEDIATE CAUSE (Finel disease or condition esuiting in death) Sequentially list conditions of any, leading to immediate see. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST	s. / s. / c d	DUE TO	OR AS A COR AS A COR AS A COR	CONSEQUENCE (Tak not enter the	e mod	of dyln	g, such	ss card	4 WC	Wa	shir	Approximets interval Bety Onset and D
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate seuse. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events resulting in death) LAST	s. / s. / c d	DUE TO	OR AS A COR AS A COR AS A COR	CONSEQUENCE (Tak not enter the	e mod	of dyln	g, such	ss card	LUC	Wa	shir	Approximeta interval Betwoen and D Onset a
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate seuse. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events resulting in death) LAST	s. / s. / c d	DUE TO	OR AS A COR AS A COR AS A COR	CONSEQUENCE (Tak not enter the	e mod	of dyln	g, such	ss card	4 WC	Wa	shir	Approximeta interval Betwoonset and Donest a
MMEDIATE CAUSE (Finel disease or condition esuiting in death) Sequentially list conditions of any, leading to immediate see. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events esuiting in death) LAST	s. Let s.	DUE TO	OR AS A COR AS A COR AS A COR	CONSEQUENCE (Tak not enter the	e mod	e of dyln	g, such	Second	244. WAS A PERFO	Wa	shir	Approximeta interval Bety Onset and D Onse
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate asse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST PART II. Other significent of EXAMINER?	s	DUE TO DUE TO DOSPITAL:	OR AS A COR	CONSEQUENCE (CONSEQUENCE not enter the	e mod	cause glv	g, such	ss card	24a. WAS A PERFO	Wa	shir	Approximeta interval Bety Onset and D Onse	
MMEDIATE CAUSE (Finel Mesons or condition resulting in death) Sequentially list conditions of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause cause. The cause of the cause of	s	DUE TO DUE TO DOSPITAL:	OR AS A COR	CONSEQUENCE CONSEQ	Tak not enter the	e model	cause glv	yen in P	art I.	24a. WAS A PERFO	N AUTOPSY PRMED?	shir	Approximeta interval Bety Onset and D Onse
MMEDIATE CAUSE (Finel disease or condition esuiting in death) Sequentially list conditions of any, leading to immediate assess. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events esuiting in death) LAST PART II. Other significant of EXAMINER? 1 Netural 5 Pen.	s	DUE TO DU	OR AS A CO	CONSEQUENCE (CONSEQUENCE not enter the OF): OF): OF): OTHER: 4 Nursing ME OF 28- JUNY 2	e mod	cause gin	yen In P	art I.	24a. WAS A PERFO	N AUTOPSY PRMED?	shir	Approximeta interval Bety Onset and D Onse	
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate assessment in the cause of incomplete the cause of the cause of incomplete the cause of the	s. V. S. V.	DUE TO DU	OR AS A COR	CONSEQUENCE CONSEQ	Tak not enter the OF):	e mod	cause gin	yen in P	Part I.	24a. WAS A PERFO	NAUTOPSY RMEO? INJURY OC. Stab	24b.	Approximeta interval Betwonset and Donest an
MMEDIATE CAUSE (Finel Issesse or condition esuiting in death) Sequentially list conditions army, leading to immediate asses. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST PART II. Other significent of EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Accident Inve. 3 Suicide 8 Cou	s. V. S. V.	DUE TO DU	(OR AS A (OR	CONSEQUENCE CONSEQ	Tak not enter the OF):	e mod	cause gin	yen in P	Part I.	24a. WAS A PERFO	NAUTOPSY RMEO? INJURY OC. Stab	24b.	Approximeta interval Betwonset and Donest an
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate asses. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events resulting in death) LAST PART II. Other significent of EXAMINER? 1 XYES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pentime. 3 Suicide 8 Coudett 4 Offormicide 8 Coudete	s	DUE TO DU	(OR AS A (OR	CONSEQUENCE CONSEQ	Tak not enter the OF): OF): OF): OTHER: 4 Nursing ME OF Street, factory,	26. PLA 26. PLA 3 Home WORI 1 □ YE	Cause gives the control of the contr	yen in P	ek only on other 281, Loc. City 1 1	24a. WAS A PERFO 1 DES 1 DES	NAUTOPSY PRIMED? 2 NO INJURY OC Stab and Number M.H. CTIATI	24b.	Approximeta interval Bety Onset and D
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate asses. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events resulting in death) LAST PART II. Other significent of EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural	s	DUE TO DU	COR AS A CO	CONSEQUENCE (CONSEQUENCE not enter the OF): OF): OF): OTHER: 4 Nursing ME OF 10-14 Street, factory, ce red at the time,	26. PLA 26. PLA 27. PLA 28. PLA 29. PL	cause glv	yen in P	se card The sk only on Other 28d, DES Sull 28t, Loc. City of the cau	24a. WAS A PERFO 1 DES o) r (Specify) CRIBE NOW DIACT ATION (Street or Yourn, State 18 Ti	NAUTOPSY PRIMED? 2 NO INJURY OC Stab And Number Y M. H.	24b.	Approximeta interval Betwonset and Donest an	
MMEDIATE CAUSE (Finel disease or condition esuiting in death) Sequentially list conditions of any, leading to immediate assess. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events esuiting in death) LAST PART II. Other significant of EXAMINER? 1 XYES 2 NO MANNER OF DEATH 1 Natural 5 Penerous Accident 1 Country of the C	s	DUE TO DU	COR AS A CO	CONSEQUENCE (CONSEQUENCE not enter the OF): OF): OF): OTHER: 4 Nursing ME OF 10-14 Street, factory, ce red at the time,	e mod	cause glv	yen In P	Part I. Other 28d. DES Sill 28t. Loc. City on the caume, data	24a. WAS A PERFO 1 DES o) r (Specify) CRIBE NOW DIACT ATION (Street or Yourn, State 18 Ti	N AUTOPSY RRMED? 2 NO INJURY OC Stab and Numbee? M H A Transport A Transpor	24b.	Approximeta interval Betwoen and Donast and	
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate sease. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events resulting in death) LAST PART II. Other eignificent of the conditions of any conditions o	s	DUE TO DU	COR AS A COR	CONSEQUENCE CONSEQ	OF): OF):	e mod	Cause glv Cause glv	yen In P	art I. Other 284. DES SIII 281. LOC. City on the caume, data	24a. WAS A PERFO 1 DES o) r (Specify) CRIBE NOW DIACT ATION (Street or Yourn, State 18 Ti	N AUTOPSY RRMED? 2 NO INJURY OC Stab and Numbee? M H A Transport A Transpor	24b.	Approximeta interval Betwoen and D WERE AUTOPSY FIND AMALABLE PRIOR TO GOMPLETION OF CAU OF DEATH? 1 Dres 2 - No Route Number, Iding "B"
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate sease. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events resulting in death) LAST PART II. Other eignificent of the conditions of any conditions o	s	DUE TO DU	COR AS A COR	CONSEQUENCE CONSEQ	OF): OF):	e mod	Cause glv Cause glv	ven in P	art I. Other 284. DES SIII 281. LOC. City on the caume, data	24a. WAS A PERFO 1 DES o) r (Specify) CRIBE NOW DIACT ATION (Street or Yourn, State 18 Ti	N AUTOPSY PRMED? 2 NO INJURY OC Stab and Number of M. H. er il All anner ea sta and dua to to to 29d. DAT	24b.	Approximets interval Bety Onset and D WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 Dres 2 No Route Number, Iding "B"
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in)ury that initiated events resulting in death) LAST PART II. Other significent of EXAMINER? 1 XYES 2 NO 7. MANNER OF DEATH 1 Netural 5 Penturel 1 Netural 5 Penturel 2 Accident Inversion Suicide 8 Counter (Check only 1 CERTIFYIE (Check only 1 CERTIFYIE)	s	DUE TO DU	COR AS A COR	consequence of consequence of the not resulting the term of the te	Tak not enter the OF):	e mod	CE OF DEA	ven in P	art I. Other 28d. DES City of the ceume, data	24a. WAS A PERFO 1 (VES 1 (VE	N AUTOPSY PRMED? 2 NO INJURY OC Stab and Numbe M.H. 29d, DAT	24b. 22b. 22b. 22b. 22b. 22b. 22b. 21 Bull sted. The cause(a re signed)	Approximeta interval Bety Onset and D Were Autopsy Find Amail Able Prior To Completion of Cau of Dearly 1 Tes 2 No Noute Number, 1 I were a state (Month, Day, Year) 1992
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions of any, leading to immediate sease. Enter UNDERLYING CAUSE (Disease or in)ury hat initiated events resulting in death) LAST PART II. Other eignificent of the conditions of any conditions o	S. L. S. L.	DUE TO DU	COR AS A COR	consequence of consequence of the not resulting then the consequence of the consequence o	OF): OF):	e mod	CE OF DEA	ven in P	art I. Other 28d. DES City of the ceume, data	24a. WAS A PERFO 1 (VES 1 (VE	N AUTOPSY PRMED? 2 NO INJURY OC Stab and Numbe M.H. 29d, DAT	24b. 22b. 22b. 22b. 22b. 22b. 22b. 21 Bull sted. The cause(a re signed)	Approximeta interval Bety Onset and D Were Autopsy Find Amail Able Prior To Completion of Cau of Dearly 1 Tes 2 No Noute Number, 1 I were a state (Month, Day, Year) 1992



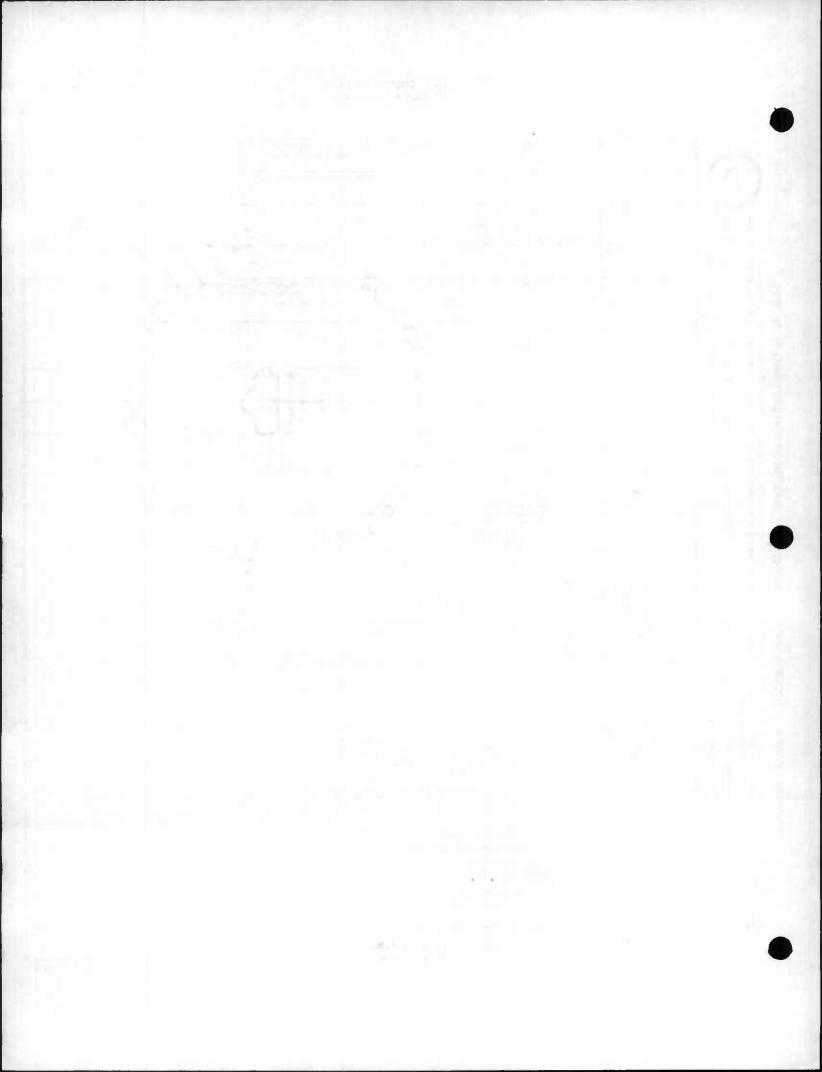


Г		1. DECEDENT'S NAME (First, Middle, Last)					-	DEATH	HEG. NO		
- 1		Annual Control of State of the Control of the Contr	_						2. DATE OF DEATH	AV 1	3. TIME OF DEATH
- 1		John E	. Jones						7-20-9	2	3:15 p M
- 1		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:	st birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
		214-16-4101	1 🖳 M 2 🗆 F	515	YRS.		AYS	HOURS MIN.	(Month, Day, Year)		Country)
- 1			4.5	80	1110.				3-16-1	70/	me
	_	9a. FACILITY NAME (If not institution, give st			- 1	9b. CITY, TO	O MWC	R LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
8	6	Edw. W.McCready	Memorial	Hospita	a1	C	ris	field		So	merset
	DIRECTOR	RESIDENCE OF DECEDENT									mer see
"	Ĭ	10e. STATE 10b. COUNTY		- 1-	10c. CITY	Y, TOWN OR	LOCAT	ION /			10d. INSIDE CITY
	5	Mel So	METSE	.7			10	-in Fin	-1.1		LIMITS?
	- 11	10e. STREET AND NUMBER	MEIJE				-1	13+1E	210		1 XYES 2 NO
	₹	.// /-	. 0	/	7		101.	ZIP CODE	-	10g. CITIZE	N OF WHAT COUNTRY?
	回用	HOT-30	0-JOW.	1ErsL	OUE			218			125
	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WA	S DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No.— 16	I. RACE — American Indian,
		1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W		NO	If y	es, spe	cify Cuban, Maxic	an, Puerto Rican, etc.)		Black, White, atc.
	B	3 Widowed 4 Divorced		An On DATES		1 '	TES	2 NO Specif	у:		Specify: Black
		15. DECEDENT'S EDUC	ATION	I see DE	CEDENTIN	USUAL OCCU	IDATIO				
	E	(Specify only highest grade of	completed)	(G	ive kind of w	ork done duri effetired.)	ng mos	t of working	16b. KIND OF BUS	INESS/INDUS	TRY
- 1	٦ II	Elementary/Secondary (0-12)	College (1-4 or 5 +)	1	/			900	1 En	
ej l	ž I	10			-HI	DOFE			JEF	1100	D
5	COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Malgan	Sumame) (
100	m l	Williams H.	SAV	IES			- 1	PAHA	65/	11.16	A
2	0	19a. INFORMANT'S NAME (Type/Print)	11		h MAILING	AODDESS (C	land of	J /// /4	Route Number, City or Town	DIDE	OUTHE
or other traumatic event, the medical examiner must be notified at once.	2	Dans F St	richina		1 -	AUDHESS (S	root ar	a Number or Hurel	Houte Number, City or Town	, State, Zip Co	100) 1 tarile
9		DONNAT. OVE	rling		401	153	20	MEVS (DUE, Cri	STIK	14/11/1 17
55		20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	val from State	20b.PLACE	ANDDATEO	F DISPOSITIO	ON (Nar	peof	DATE 20c. LO	CATION - CIT	y or Town, Stata
Ē		4 Donation 5 Other (Specify)		cemetery, cre	matory of	S.DIIV	1	rm.	7.75.91 6	ALLICA	in nuld.
Je .		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				WE AN	D ADORESS OF FA	CILITY	7000	nin price.
E		W/-//	01			1					
=		forthang	6.11	and					Cove St.,		
8		23. PART I Enter the diseases, or co	omplications that	causad tha de	ath. Do n	Dt anter the	mod	la of dying, suc	h as cardiac or resoi	ratory arrest	t, Approximata
Ë		onoun, or nount tangen.	ist only one cau	se on aach line				,	aa aarataa ar raapii	atory arres	interval Between
9		iMMEDIATE CAUSE (Final disease or condition	2	7	0	0.	/	010			Onset and Death
-	- 1	resulting in death)		en /	3	76	D	>1>			Trouble
Se l			DUE TO	OR AS A CONSEC	DUENCE OF):	1	(/'			6
2	z I		1	Van 1	αI	+	a	~ / u	ell		Accel,
E	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE OF):					100
IZ	돗	cause. Enter UNDERLYING	7	nalle	n	0.0	1	a /			1200
9	E I	CAUSE (Disease or Injury that initiated events	OUE TO	OR AS A CONSEC	DIENCE OF	. /	10				Tecqu
5	E II	resulting In death) LAST	1	7:	1	04-	Α.	0.	1200		
2	Ü	d.		1101	001	011		Coci	JUVU SWS		
		PART ii. Other algnificant conditions	contributing to	death but not n	esuiting le	the under	rlylog	cause shap la	Don't lear was an		
-	EDICAL				osunning n	the under	lyllig	cause given in	Part i. 24a, WAS AN A PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
any	ă								1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
shows	¥ 1										- 1.00
20	-								_		1 YES 2 NO
marked, or item 23	AN	25. WAS CASE REFERRED TO MEDICAL					06 D1 A	CE OF BEATU IO	not anti anti		
ler.	PHYSICI		HOSPITAL:			OTHER:	o. PLA	CE OF DEATH (Ch	ock only one)		
0	≥				□ DOA		Home	5 🗌 Raaldenca	8 Other (Specify)		
ed,	F	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY y, Year)	28b. TIME		. INJU	RY AT	28d. DEŞCRIBE HOW IN	JURY OCCUR	iEO
E :	à	1 Neturat 5 Pending 2 Accident Investigation		,,,			_	S 2 NO			
		2 Sudelde	28e. PLACE OF	INJURY At ho	ma, farm, st	reet factory	office		284 LOCATION (Count of		2 12 12 1
00	9	4 Homicide 8 Could not be determined	building, a	rtc. (Specify)		,			28f. LOCATION (Street as City or Town, State)	Number of I	HUTIII HOUTE NUMBEI,
	COMPLET	No CENTIFIED - C									
= 1	<u> </u>	(Check only	AN: To the best of a	my knowledge, de	eth occurred	d et the time,	data a	nd place, and due	to the cause(s) and mani	ner as stated.	
PORTANT: If item	5	one) 2 MEOICAL EXAMINER	On the basic of ex	emination and/or is	nveatigation	, in my opini	on, de	oth occured at the	time, data and place, and	dua to the e	ause(a) and manner as stated.
Y C	آ د	29b. SIGNATURE AND TITLE OF CERTIFIER									
5 5	H H	OF CERTIFIER	12 -		A	· 1	-	29c. LICENSE NUN	IBER	29d. DATE SI	IGNEO (Month, Pay, Year)
	5 II	111.18	.1 30	echa	The same of the sa	1.8		12-1	64	1	121/92
1,	- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF OEATH (ITEN	1 27) (Type, i	Print)	-			- /	1/-
		Dr. M. Barhan,	Rt. #413	, Cris	field	l, Md.	2	1817			
		31. DATE FILEO (Month, Day, Year)	32 REGISTRAF	'S SIGNATURE							
		Mi 2 2 100	2.2. K	ida Arm	1,00						

Marie Land Ad

en II

	1. DECEDENT'S NAME (First, Middle, Less Andrew	Andr	ew J	Jackso	n Ju	dge		2. DATE O	F DEATH	9	ZAR]	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEA		UNDER 24 HRS.	7. DATE O	F BIRTH		6. BIRTHPI Country)	LACE (State or Fore
1	266-24-9709	MXM 2 □ F	68	YRS.	MONTHS DAY				9-192	4		rgia
1	9a. FACILITY NAME (If not institution, give			ital Cambridge							TY OF DEA	
2	Dorchester Ge	eneral H	ospit	aı	Ca	mbr:	ıdge				orc	hester
DIREC		orcheste	r	10c. CI	r, rown on Lo Cambr		е				1	IOd. INSIDE CITY LIMITS?
FUNERAL	Dorchester Mc			10f. ZIP CODE 21613					10g. CITIZEN OF WHAT CO			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed XX Divorced	12. WAS DECEDED FORCES?	TEVER IN U. XXYES WAR OR DATE: II	S. ARMED 2. AO S	13. WAS If year 1 [ENT OF HISPA Cuben, Mexico KNO Specif	an, Puerto Rk	(Specify Yea can, etc.)	or No—		- American Indian White, stc. White	
9	15. DECEDENT'S ED (Specify only highest gra-		18	e. DECEDENT'S	USUAL OCCUP	PATION	working	16b. I	(IND OF BUS	INESS/INDU	USTRY	
3	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done during se retired.)	wo.rung						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Exter	minat	_	MOTURNIA	ME (FILL ATT	della deside	Numer Train			
ш	Leonard Jack	son Ju	dge			161.	MOTHER'S NA Ru	fus	Berq	1000		
m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z.								
5	Brenda J. Har			Rt 1			ıd. 21629					
	20a METHOD OF DISPOSITION 2 Burial 2 Cremation 3 Re	moval from State			OF DISPOSITION			DATE		CATION - C		
	4 Donation 5 Other (Specify) 21. SIGNATURE FUNERAL SERVICE.		_ Mc	. Vet	erans			7-2	/ Hur	lock	, Mo	d.
	I I	POEMBEE			Tho	mas	Fune	ral I	Home			
	23. PART 1/Enter the disesses, or	mer										d 2161:
	disease or condition a. Due to (or as a consequence of): Sequentially list conditions.											
NO	resulting in death)	b	d			umia V/h						
ERTIFICATION	resulting in death)	b	OR AS A CO		F):	amie V/B						
MEDICAL CERTIFI	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CO	ONSEQUENCE O	F):	omia	ise given in		PERFORI	MED?	C	Onset and I
MEDICAL CERTIFI	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO d Dons contributing to	O (OR AS A CO	INSEQUENCE O	F): In the underl	8. PLACE	OF DEATH (Ch	eck only one)	PERFORI	MED?	C	Onset and I
MEDICAL CERTIFI	resulting in death) Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions to the condition of the condi	DUE TO d DOES CONTributing to HOSPITAL: 1	O (OR AS A CO	INSEQUENCE O	F): In the under! OTHER: 4 □ Nursing I	8. PLACE (OF DEATH (Ch	eck only one)	PERFORI	MED?	1	VERE AUTOPSY FIND MAILABLE PRIOR TO OMPLETION OF CAL F DEATH? YES 2 NO
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions are supported in the conditions of the conditions are supported in the cause of the	DUE TO d DOES CONTributing to HOSPITAL: 1	O (OR AS A CO	INSEQUENCE O	F): In the underly OTHER: 4 Nursing I E OF 28c.	8. PLACE : Home 5 : NJURY / WORK?	OF DEATH (Ch	eck only one)	PERFORI	MED?	1	Onset and I
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are supported in the significent conditions. If yet a property is a property is a property in the significent conditions. If yet a property is a property is a property is a property in the significent conditions are supported in the significant conditions. If yet a property is a property is a property is a property in the significant conditions are supported in the significant conditions. If yet a property is a property is a property is a property in the significant conditions are supported in the significant conditions. If yet a property is a property is a property is a property in the significant conditions are supported in the significant conditions. If yet a property is a property is a property is a property in the significant conditions are supported in the significant conditions. If yet a property is a property is a property is a property in the significant conditions are supported in the significant conditions. If yet a property is a property is a property is a property in the significant conditions are supported in the significant conditions. If yet a property is a property is a property is a property in the significant conditions are supported in the significant conditions. If yet a property is a property is a property is a property in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant	DUE TO d	O (OR AS A CO O deeth but i	onsequence of the sequence of	F): In the underly OTHER: 4 Nursing I E OF 28c.	B. PLACE (Home 5 NJURY WORK?	OF DEATH (Ch	eck only one) 8 Other (28d. DESC	PERFORI	MED? NO	A C C O O 1	VERE AUTOPSY FIND WALLABLE PRIOR TO OMPLETION OF CAL F DEATH? YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 5 Suicide 5 Could not be determined	DUE TO C. DUE TO d. DOES CONTributing to POSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE OF building.	deeth but if the control of the cont	not resulting and 3 DOA 28b. Tile IN. At home, farm,	OTHER: 4 Nursing Is E OF	8. PLACE • Home 5 INJURY / WORK? YES	OF DEATH (Ch	eck only one) 8 Other (28d. DESCI 28f. LOCAT City or	PERFORI 1 YES 2; Specify) RIBE HOW IN TOWN, Street at Town, State)	MED? NO JURY OCCU nd Number of	URED Aural Rou	Onset and E WAS VERE AUTOPSY FINE MAILABLE PRIOR TO OMPLETION OF CAL F DEATH? YES 2 NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions and immediate cause. Examiner? 1	DUE TO C. DUE TO d. DUE TO EXAMPLE OF THE TO D. DUE	COR AS A CO O (OR AS A CO O (OR AS A CO O deeth but i	onsequence of the second of th	OTHER: 4 Nursing I E OF 28c. URY M 1 street, factory, c	B. PLACE 6 Home 5 INJURY WORK? YES Office	OF DEATH (Ch	eck only one) 8 Other (28d. DESC! 28f. LOCAT City or to the cause time, data as	PERFORI 1 YES 2; Specify) RIBE HOW IN TOWN, Street at Town, State)	MED? NO NO NO NUMBER OF	UNED A Rural Rou d. cause(a) a	Onset and E WAS VERE AUTOPSY FIND WAILABLE PRIOR TO OMPLETION OF CAL F DEATH? YES 2/3 NO WES 2/4 NO WIS Number,
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. DUE TO d. DUE TO DUE	deeth but in the property of t	onsequence of the second of th	OTHER: 4 Nursing I E OF 28c. URY M 1 street, factory, c	B. PLACE 6 Home 5 INJURY WORK? YES Office	OF DEATH (Ch Residence AT 2 NO	eck only one) 8 Other (28d. DESC! 28f. LOCAT City or to the cause time, data as	PERFORI 1 YES 2; Specify) RIBE HOW IN TOWN, Street at Town, State)	MED? NO NO NO NUMBER OF	URED Aural Rou d. cause(a) a	Onset and I WERE AUTOPSY FINI MAILABLE PRIOR TO OMPLETION OF CAI F DEATH? YES 2/3 NO ME Number, Ind Manner as state forth, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions and immediate cause. Examiner? 1	DUE TO C. DUE TO d. DUE TO 28s. DATE OF (Month, D 28s. DATE OF (Month	COR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	onsequence of the second of th	Print)	B. PLACE 6 Home 5 INJURY WORK? YES Office	OF DEATH (Ch Residence AT 2 NO	eck only one) 8 Other (28d. DESC! 28f. LOCAT City or to the cause time, data as	PERFORI 1 YES 2; Specify) RIBE HOW IN TOWN, Street at Town, State)	MED? NO NO NO NUMBER OF	URED Aural Rou d. cause(a) a	Onset and WERE AUTOPSY FIN MAILABLE PRIOR T OMPLETION OF CI F DEATH? YES 2 N NO Number, Ind Manner as sta



1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.															
1. DECEDENT'S NAME (First							_			2. DAT	E OF DEATH	DAY	VF.10	3. TIME OF DEATH	
	MON	H)	ARRI	I S		J	DN	65		-	11 = =		YEAR	0101	м
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	(In yrs. last t	"	F UNDER	DAYS	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTH	,	8. BIRT Coun	HPLACE (State or Foreigns)	gn
270-10-35		1,2 M 2 🗆 F	8	8	YRS.	ONTHS	DAYS	HOURS	MAIN.					higan	
9a. FACILITY NAME (If not in		orest and number)	TCAT	CENT		96. CITY, TOWN OR LOCATION OF DEATH SALISBURY WICOMICO									
RESIDENCE OF DEC		ONAL FED	LOAL	CENI	EK		SAL	TODU	JKI			WIC	OFIL		
10a. STATE	10b. COUNT	Υ			10c. CITY,	TOWN C	OR LOCA	TION	_	_				10d. INSIDE CITY	_
Maryland	Sor	nerset			W	est	ove	r						LIMITS?)
10e. STREET AND NUMBER							10	. ZIP CO	DE			10g. Cl	TIZEN OF	WHAT COUNTRY?	
29098 Rev	ells	Neck Ro	ad					21	871				U.S		
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1									IN? (Specify of Rican, etc.)	Yes or No-	14. RAC	E — American Indian, k, Whita, etc.	
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W							Specif		riican, etc.)		Spec	ellv:	
15 DEC	EDENT'S EDU	I CATION		40- 0500	DENTIO 44								•	hite	
(Specify oni	ly highest grade	e completed)		(Give	kind of wo	k done			ing	10	b. KIND OF I	BUSINESS/IN	DUSTRY		
7	0-12)	College (1-4 or 5 -	,	Sto	el l	dor.	Vor	/F2	~ m o *		t 001	8. O.	anic	ulture	
17. FATHER'S NAME (First, M	fiddle, Last)			200	CI	VUI	KEI				Middle, Maid		JLIC	ulture	
_ James H	arris	Jones							da T			,			
19a. INFORMANT'S NAME (001100		19b.	MAILING A	DORESS	S (Street a				mber, City or 1	lown, State, Z	ip Code)		
Mrs. Norm	a B.	Jones		29	098	Re	vel	ls	Neck	Ro	ad.	West	over	. Md 218	87
20a, METHOD OF DISPOSIT	on 3 🗆 Rem	novel from State	cem	PLACE AN	D DATE OF	DISPOS	SITION (Ne	ime of		DA	TE 20c.	LOCATION -	- City or T	own, Stata	
4 Donation 5 Other		CENSEE	_ M	t. U	live			ter	SS OF FA	17/	24 W	<u>esto</u>	ver,	Marylar	nd
Jamest	A11)				22.	Ηi	nma	n Fu	ıneı	al H				
23. PART I. Enter tha d		complications the	t ceused	the deat	h. Do no	enter	the mo	inc.	ess	Ann	ndiec or rea	d. 2	1853	Approximate	
ahock, or h	eert fellure.	Liet only one ceu	se on e	ech line.								pirotory at	rout,	Interval Betw	veen
IMMEDIATE CAUSE (Fir disease or condition	nei	Rink	7.	. 0	+										eatn
resulting in death)		DUE TO	OR AS A	CONSEQU	ENCE OF):									MIUS	10
		b. Chun	ie G	Mout	Tid.	Lle	exit.	FAIL	ure					WEEKS	
Sequentially list condit if any, leading to imme		DUE TO	(OR AS A	CONSEOU	ENCE OF):										
cause. Enter UNDERLY		a ASCU	0											rng	
that initiated eventa resulting in deeth) LAS		DUE TO	(OR AS A	CONSEOU	ENCE OF):										
resulting in deetil) EAS		d													
PART II. Other significe	ent condition	na contributing to	deeth b	ut not rea	ulting in	the un	derivin	cause	given in	Part I.	24s. WAS	AN AUTOPSY	24	. WERE AUTOPSY FIND	MGS
SEPTIC /											PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAU	
					***************************************						1 TYES	2 NO		OF DEATH?	
														1 TES 2 NO	
25. WAS CASE REFERRED TO	O MEDICAL						26. PI	ACE OF I	DEATH (Ch	eck only	one)			-	_
EXAMINER?		HOSPITAL:	ER/Outo	allent 3 🗆		THEF		• 5 □ B	andence.	6 (OH	ner (Specify)				
27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIME	OF	28c. INJ	URY AT			ESCRIBE HOV	V INJURY OC	CURED		
	Pending Investigation	(Month, D	zy, rear)		INJUR	М		RK? (ES 2 [□ NO						
2 Deviates	Could not be	28s. PLACE O building,	F INJURY	— At home	, ferm, etr	et, fact	ory, offic	•		28t. LO	CATION (Street	et and Numbe	r or Rural	Route Number,	
4 Homicide	datarmined			,,						Cit	y or Town, Sta	10)			
		ICIAN: To the best of													
one) 2 MEDI	ICAL EXAMINE	ER: On the beals of a	aminution	n and/or Inv	estigation,	In my o	pinion, d	eath occu	ired at the	time, de	and place,	and dua to I	he cause(a) and manner as state	d.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R						-	ENSE NU			29d. DA	TE SIGNE	(Month, Day, Year)	
Luned	M.	was m						D	1060	88		 	7/	1482	
30. NAME AND ADDRESS OF		4.4		ATH (ITEM 2	17) (Type, P	rint)									
W-NACO)	141-	A A A A A A	LL												

32. REGISTRAR'S SIGNATURE

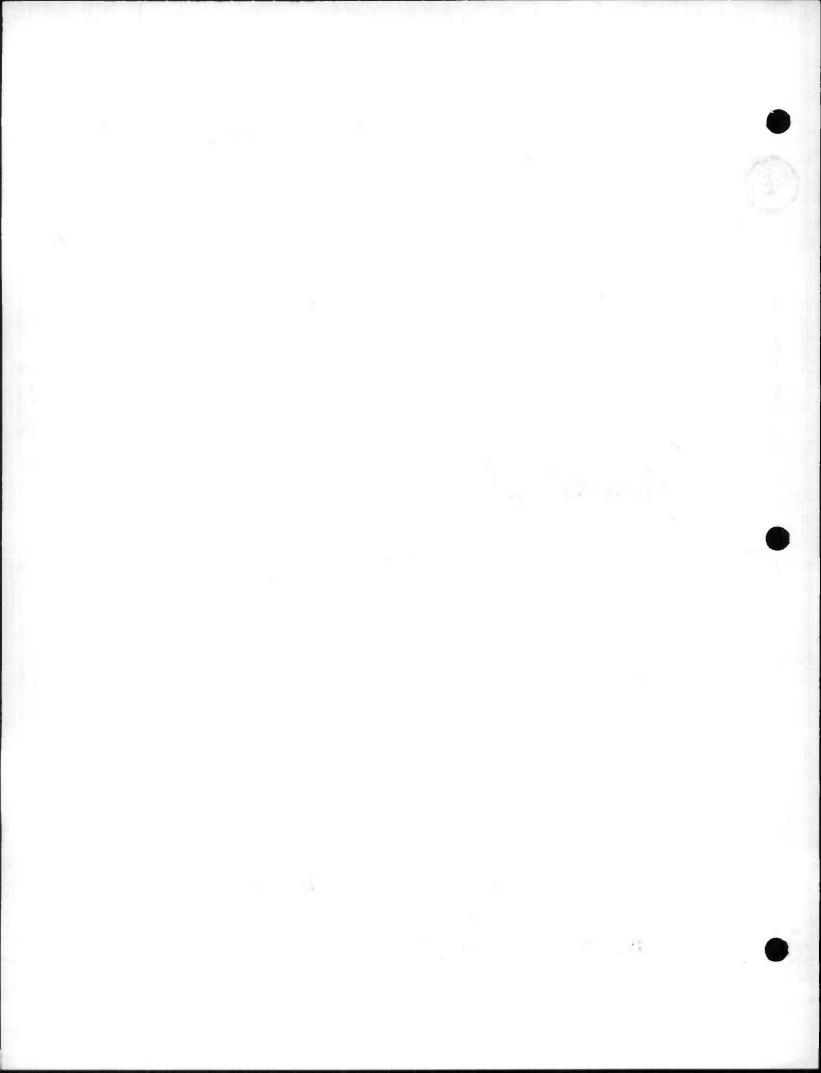
Julia Javidson-Randalle

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JUL 2 2. 392



IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT FICATE	OF H	EALTH AND DEATH	MENT	AL HYGIEN		(m	Con 1 hP	
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		E-Wi	3. TIME OF DE	ATH
	Cecil	Woodrow	KNOTT	'S			MON		1	992	9:36	a M
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (in yrs. last birthday)			IF UNDER 24 HRS.	7. DATE	E OF BIRTH	Ť	6. BIRTH	PLACE (State or	Foreign
1	233-48-5308	1 🔀 M 2 🗆 F	77 YRS.	MONTHS	DAYS	HOURS MIN.	ADI	1th, Dey, Year)	1915	Counti	t Virgi	
1	9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY,	TOWN C	OR LOCATION OF D				NTY OF D		IIIa
DIRECTOR	Garrett County Mer		tal		0a	kland				arre		
RE	10e. STATE 10b. COUNTY		10c. CIT	TY, TOWN OF	R LOCAT	ION		-			10d. INSIDE CIT	ſΥ
۵	MD	Garrett			0ak	land					1 TES 2X	. NO
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?	,
Ä	Star Route #2, Box					2155	50			USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED	13. W	AS DEC	ENDENT OF HISPA	NIC ORIGI	IN? (Specity Yes	or No—	14. RACE	- American Inc	dlen,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES			2 XX NO Speci		Ricen, etc.)		Speci	k, White, etc.	
		WW II									Whit	е
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	work done du			16	b. KIND OF BU	SINESS/IND	USTRY		
1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT u	ise retired.)					1 - 1	_		
MP			Farmer/	Maint	ena		_	arming		E Cou	urse	
	17. FATHER'S NAME (First, Middle, Last)	77				18. MOTHER'S NA	AME (First,					
BE	Thomas	Knott				Martha		Rebecc	-		and	
5	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural						
- 1	Lena E. Knotts		Star	Rt. 2	, B	ox 167,	0akl	and, M	aryla	ind	21550	
4	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Reme	sovel from State	b. PLACE AND DATE	OF DISPOSIT	TION (Nat	me of	OAT	TE 20c. LO	CATION (City or To	wn, Stata	
	4 Donetion 5 Other (Specify)		omega (Iremai	tory	<i></i>	7/	7 Mor	ganto	wn,	West Va	1.
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE		22. N		D ADDRESS OF FA						
	De or alle H	Warry .			S	tewart	Fune	ral Ho	me	- 1	·m 016	- 50
	23. PART i. Enter the diseases, or c	complications that cause	d the death Do	-21 color I	- may	2 S. Se	Conu	St., 1	Јакта	na,		
	anock, or neart tallore.	List only one cause on e	each line.	NOT SHEET !	ne mod	se or aying, tuc	th sa car	disc or respi	ratory sm	eat,	Approxin	
	IMMEDIATE CAUSE (Fine) disease or condition											
	recuiting in death)		r Arrhyt								Minu	tes
_		· ·		. ,	TI m 4	1 D						
CERTIFICATION	Sequentially list conditions,	Arterioscl	A CONSEQUENCE OF		-vas	scular D	isea	se			Unknov	MU
TA	if any, leading to immediate cause. Enter UNDERLYING		A CONGEOGRAPE C.	rj.								
FI	CAUSE (Disease or injury that initiated evente	C. DUE TO (OR AS	A CONSEQUENCE OF	FI:								
E	resulting in death) LAST			7.								
2		d										
A I	PART ii. Other significent conditions	a contributing to death i	but not resulting	in the und	erlying	ceuse given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY	
2	* <u></u>							1 TYES 2			AVAILABLE PRIOF	
N N									X		OF DEATH?	NO
-							_				1 YES 2	NU
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26. PL/	ACE OF DEATH (Ch	eck only o	ne)				
Sic	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 X ER/Out	netient 3 DOA	OTHER:								
≟	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIM	E OF 2	ng Home	5 🗆 Residence		SCRIBE HOW H	HILLIAN DOC	UBEO		
	1 Natural 5 Pending	(Month, Day, Year)	INJ	JURY M	WOR		200.00	30mbc	10001 000	UNEC		
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	Y — At home, ferm,	etreet, tector			281 1.00	CATION (Street e	-d Mumber	- Print D	- Almahar	
ETED	4 Homicide 8 Could not be	building, etc. (Spec	cify)		,,		City	or Town, State)	ING NUMBER	Of PSUres re	bule Number,	
	29a. CERTIFIER											
COMPL	(Check only	CIAN: To the best of my know	riedge, daath occurre	ed at the tim	e, data e	and place, and dua	to the ca	use(s) end man	ner ee atate	d.		
8		R: On the basis of examination	in end/or investigatio	n, in my opi	nion, de	eth occured at the	time, data	end place, en	d due to the	cause(s)	end manner as	stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	5/0/	11	2 6	$_{\rm o}$ T	29c. LICENSE NUI	MBER				(Month, Day, Year)	
0	Harfert 19	n forgh	lon,	ME	2	D 0565	8		▶Ju]	Ly 4	, 1992	
	30. NAME AND ADDRESS OF PERSON WHO										-	
	Herbert H. Leight			Sts.	, 0a	akland,	Mary	land	21550)		
/	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							-			
0	JUL 0 6 1992 A	Carbon Services	no allo									

British Arthur & Walter

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

92 21437

		REGISTRAR				CERT	TIFIC/	TE O	F DEATH		REG. NO	0.		
	1	1. DECEDENT'S NAME (First, Middle	Last)							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	1	ELIOT S.		KELLY						JÜİ	Y 3,1	992	YEAR	8:00 a.m.
(P)		4. SOCIAL SECURITY NUMBER 214-13-0593		5. SEX 11€XM 2 ☐ F	8. AGE (In	yrs. last birth	day) IF U	HS DAYS		7. DATE	OF BIRTH 1. Day, Year) 20-86		8. BIRTHP Country)	LACE (State or Foreign
M		9a. FACILITY NAME (If not institution	give stre	eet and number)			9b.	CITY, TOWN	OR LOCATION OF	EATH		9c. COUP	TY OF DE	
Pages 1, 2, 3.		THE JOHNS HOP	IT.	HOSPITA	L		В.	ALTIM	ORE CITY			BAL	TIMOF	RE CITY
E S			Carr	roll		10c.	CITY, TO	WN OR LOC						IOd. INSIDE CITY LIMITS?
4 4 5	- 14.	10e. STREET AND NUMBER	- Car						Eldersbur	g		10- 0171		AT COUNTRY?
NE B S S		5144 Barthol							21784				USA	IAI COUNTRY?
BY BY		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC II yes, specify Cuban, Maxican, 1 ☐ YES 2 ☑ NO Specify:					n, Puarto Rican, atc.)				- American Indian, white, atc. White	
21215 Fratten Free po		15. DECEDENT (Specify only highes	S EDUCA	CATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					165	KIND OF B	USINESS/IND	USTRY		
1 (4 = 5		Elementary/Secondary (0-12) Kinderg.	College (1-4 or 5+)		n/	OT use retir	ed.)			n/	'a			
YLAND by hethologic be prescribed at once.		17. FATHER'S NAME (First, Middle, La							18. MOTHER'S N	AME (First,	Middle, Maide	n Surname)	-	
RYL ed by wid be	-	Carmel G. K		7						et Re				
MAM MAM S sho		Mr. & Mrs. Ca	,	Kelly					l and Number or Rural					784
P 8 8		20a. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Description		rel trom State	20b. P	LACEANDDA	ATE OF DIS	POSITION /		DAT	20c, L	OCATION —	Ity or Town	n, Stata
Page il direc	- 111-	4 ☐ Donation 5 ☐ Other (Specify 21. SIGNATURE OF FUNERAL SERV		NSEE A	1 51	· Ant	nony	22. NAME	AND ADDRESS OF E	7/92		mmits		
death death		Tanda	X	Lem	me	2		Stau Fred	ffer Fun lerick, M	eral aryla	nd 21	702		1819
hours after hours after or remova		23. PART i. Enter the disease shock, or heart fa	, or co lure. Li	mplications that	csused t	the death. (Do not e	nter the m	node of dying, suc	ch as card	liac or rea	piratory arro	ent,	Approximate Interval Between
the the		iMMEDIATE CAUSE (Final disease or condition resulting in death)	8.	Out to (c			ailu	nl						Onset and Death
P 20 20 20	Ì			DUE TO (C	R AS A C	ONSEODENC	E OF):	100						1
executed executed to burial, matic en ION		Sequentially list conditions,	S b.	DUE TO (C	OR AS A C	CONSEQUENC	LE OFI:	won	is!					3 yv.
BOX ficate be ee physician a prior to ne prior to ner traum		If any, leading to immediata cause. Enter UNDERLYING	,				_ 0.).							
P.O. In certification of other officers.		CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	DUE TO (C	R AS A C	CONSEQUENC	E OF):							
RDS, F the death by the attend of Mertal injury, c		PART II. Other algnificant con	ditiona	contributing to d	eath but	not resulti	ng in the	underlyk	na cause alven le	Post I	04- 1100 04	. ALITODAY		
K LEAR A						THOU PESCH	ng m m	underryn	ng cause given in	Part 1.	PERFO	RMED?	â	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE IF DEATH?
	1												1	YES 2 NO
OF VITAL RE HYSICIAN: The law requires to certificate has been so the with the State Dept. of He and, or Item 23 show ted, or Item 23 show PHYSICIAN: Mi		25. WAS CASE REFERRED TO MEDIC	AL					26. 1	PLACE OF DEATH (C)	ack only on	-)			
VITAL IAN: The law trificate has State Dep or Item 23		EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpat	lent 3 🗆 DO		IER:	me 5 🗆 Rasidenca					
OF V PHYSICIA With the With the Ted, or		27. MANNER OF DEATH		28a. DATE OF IN (Month, Day,	JURY		TIME OF	26c. IN	JURY AT			INJURY OCC	URED	
0 2 2 2		1 Natural 5 Pending 2 Accident Investig		7/3	192	2	ı	1 0	YES 2 NO					
											te Number,			
L				SICIAN: To the best of my knowledge, death occurred at the time, data and place, and duc IER: On the beals of examination and/or investigation, in my opinion, death occurad at the									nd manner as stated,	
PORT PER P		Pob. SIGNATURE AND TITLE OF CER	FY.	BL	-	w	7		29c. LICENSE NU					Inth, Day, Year)
2 2 2 2	1	IO. NAME AND ADDRESS OF PERSON	N WHO	COMPLETED CAUSE	OF DEAD	PKINS	Type, Print)	VS PIA	er o	mar	one, o	mo	1-1	
	3	JUL 8 1992	Julia	82. REGISTRARY		_								- 14.60

00 522-02-T3 905

1

France & Teamer

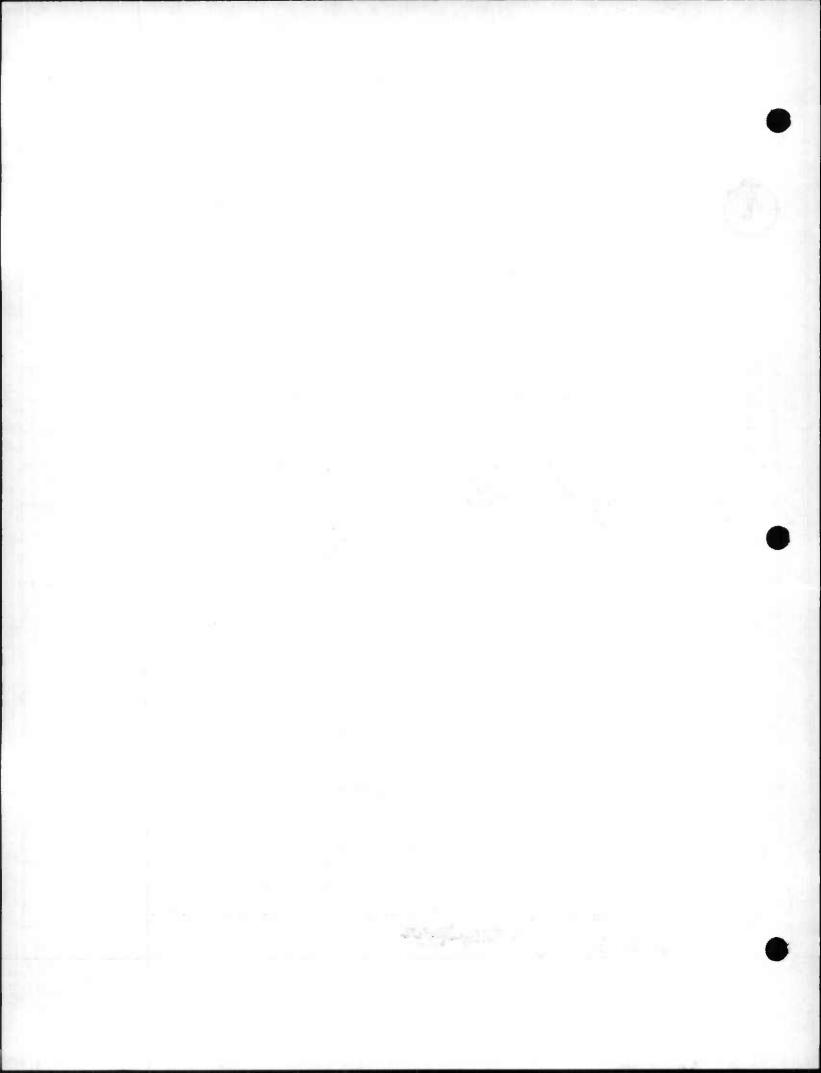
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be essected within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crems IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by TO THE FUNKRAL DIRECTOR. After this certificate has been signed by the attending physicis be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other tra
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the abe flied within 72 hours after death with the State Dept. of Health and Ment IMPORTANT: If Item 28 is marked, or Item 23 shows any injury
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law required TO THE FUNKRAL DIRECTOR, After this certificate has been so their within 72 hours after death with the State Dept. of FiMPORTANT: If item 28 is marked, or item 23 short
TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S IMPORTANT: If Item 28 is marked, or I
TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: 4 be filed within 72 hours after 4 IMPORTANT: If Item 28 is
TO THE HOSPITA TO THE FUNERA De filed within 7.

	1 - FOR REGISTRAR	STATE OF I		/ DEPAI CERTIF					MENTA	AL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	Laura	Emma	King					2. DAT MON	E OF DEATH	1992	YEAR	3. TIME OF DEATH 3:36 P. M	
1	4. SOCIAL SECURITY NUMBER 220–48–0856	5. SEX 1 M 2 XF	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATI	E OF BIRTH (th, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign	
)	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY,	TOWN C	R LOCATE	ON OF D		21,190		INTY OF D	aryland EATH	
ETOR.	Montgomery Ge	eneral Ho	ospital			(Olne	У			Mo	Montgomery		
DIRECT	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O		A TANK						10d. INSIDE CITY LIMITS?	
	Maryland Mont	gomery			Cl	-	sbur						1 YES 2 NO	
FUNERAL	24727 Stringto	wn Road				10f	ZIP COD	0871			10g. CIT	US/	VHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Newer Married 4 Divorced		NT EVER IN U.S. I YES 2 MAR OR DATES		H	f yes, sp	ENDENT (ecify Cube 2 🔲 👯	ın, Maxica	in, Puerto	IN? (Specify Yes Ricen, etc.)	or No-	Spec	E — American Indian, k, White, etc. hy: Vhite	
回	15. DECEDENT'S EDUC (Specify only highest grade of		16a.	DECEDENT'S	USUAL OC	CUPATIO	ON st of worki	na	16	b. KIND OF BU	SINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.) OMEMA					Own	home	е		
BE CO	17. FATHER'S NAME (First, Middle, Lest) Edgar W.	Davis					18. MOT		-,	Middle, Maiden Watkin				
10 B	19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Route Nur	nber, City or Tow	n, State, Zij	p Code)		
F	Arlene D. Carlto	n		24800	Stri	ngto	own !	Road	, Cl	arksbu	rg, l	Md. 2	20871	
	20s. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremation 3 🗆 Ramo 4 🗆 Donation 5 🗆 Other (Specify)	val from State	20b. PLA	cremetory or c	of Disposi	met.	me of	07/	7/92		cation –		wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			22. N	NAME AN	D ADDRE	SS OF FA	CILITY			OI O	0, 122	
	Olin L. V	Moles	orth	-	_ 2	640	l Ric	dge i	Rd.	th, P. Damas	cus.	Md.	20872	
	23. PART I. Enter the diseases, or combilications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) Due 10 (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DIS SOUR TO	COR AS A CON-	SEQUENCE O	Intr	vis		le	Co	ogula	atro		cayhis cayhis	
PHYSICIAN: MEDICAL	PART II. Other significant conditions SIADH 15/91 Ouchetes melets	contributing to	death but no	edac	in the und	bur j	der l	ess.	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		They				ACE OF D		eck only o	ne)				
/SK	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER		5 🗆 Re	sidence	8 🗆 Oth	er (Specify)		-		
H	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TiM		28c. INJU	JRY AT			SCRIBE HOW II	NJURY OC	CURED		
A	1 Netural 5 Pending 2 Accident Investigation				М		ES 2] NO						
	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)										or Rural R	oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of	my knowledge, xemination and/	death occurs	ed at the tin	me, deta olnion, de	and place	and due	to the ca	use(e) and men	ner as stat	led. ne cause(e	and menner ea stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER		-			ENSE NUM					(Month, Day, Year)			
TO B	VI. Him	1 w					DR	46	82	_			1992	
F	J. L. Kinney,		SE OF DEATH (I			w Ch				amascu				
	31. DATE FILED (Month, Dey, Year) JUL 8 1992 A	32. BEGISTRA	A PANCE						- 7		9 22			

and the filter •

X 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	umatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

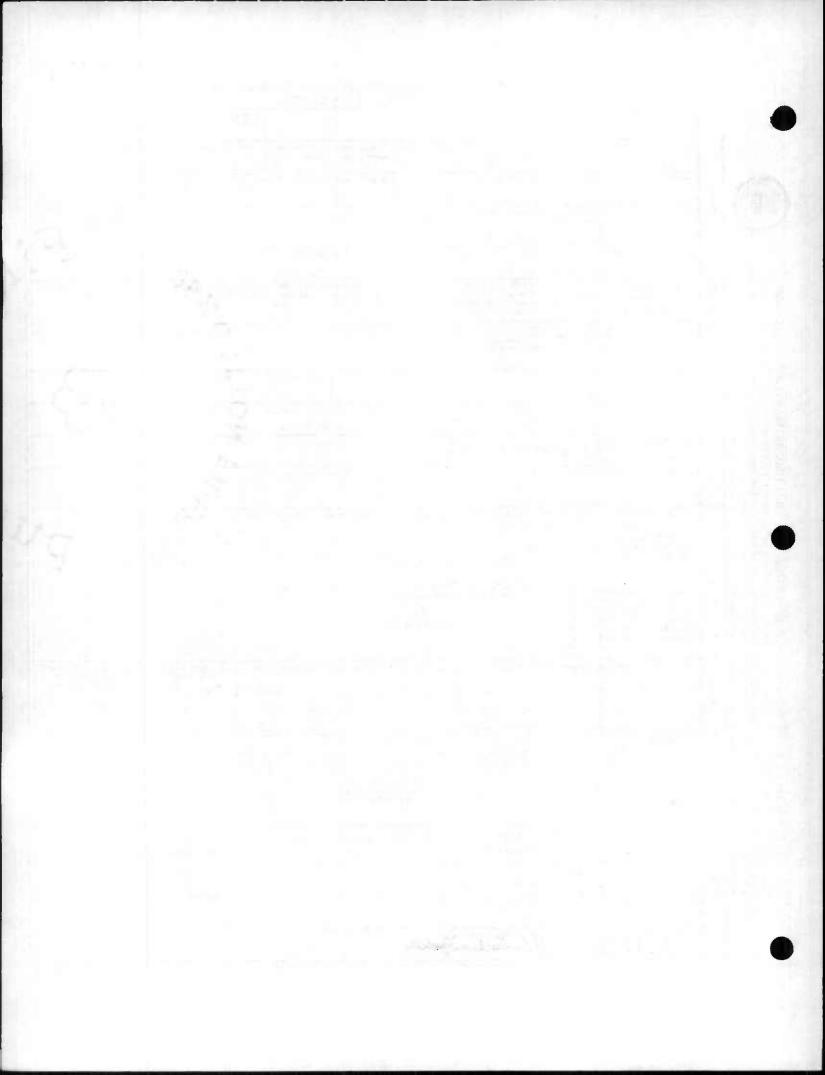
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEAL			IYGIENE IEG. NO.	6 61703	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	3. TIME OF DEATH	
	JAMES, KUYKENDA	LL				MONTH 7	- 11 O		м
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)a	F UNDER 1 YEAR IF UN	DER 24 HRS.	7. DATE OF E	BIRTH	8. BIRTHPLACE (State or Foreign	
	212-38-3851	1 € M 2 □ F	52 YRS. M	ONTHE DAYS HOUR	S MIN.	(Month, De 9-3(7939		TM
	9a. FACILITY NAME (If not institution, give s	treet and number)	9	b. CITY, TOWN OR LOC	ATION OF D			S. BIRTHPLACE (State or Foreign Country) Greenville, COUNTY OF DEATH ON'T'S OME'S V 10d. INSIDE CITY LIMITS? 1 Ness 2 No CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, Whita, atc. Specify: White SINDUSTRY GOVERNMENT The Code of Spring, MD. 200 N — City or Town, State Tood, Maryland Restreet, Approximate Interval Betwoen and Death of D	TIA
DIRECTOR	Montgomery Gen	eral Hospi	tal	Olney			Mon	itgomery	
S	10a. STATE 10b. COUNT			TOWN OR LOCATION				10d, INSIDE CITY	
E	Maryland Mont	tgomery	Silv	er Spring					
	10e. STREET AND NUMBER	- Bomory	1 5221	101. ZIP C	ODE		10g. CITI		
FUNERAL	15200 Peach	n Orchard Dri	Ve	209	0.5		115	3 Δ	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDEN		NIC ORIGIN? (S		14. RACE — American Indian.	_
	1 Never Married 2 Married	FORCES? 1 X YES IF YES, GIVE WAR OR DA		If yes, specify C	uban, Maxic	an, Puarlo Ricar		Black, White, etc.	
BY	3 Widowed 4 Divorced	31 AL 18 C - C - 10		*		7.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	k done during most of w	orkina	16b. KIN	D OF BUSINESS/INC	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)					
₽	12		NATION	AL SECURI				OVERNMENT	
8	17. FATHER'S NAME (First, Middle, Last)						le, Maiden Surname)		
BE	Carroll Kuy	kendall					de Bible		
2	19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street and Nun					
	Juanita Kuykenda				ard				05
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from State come	etery cremetory or other	DISPOSITION (Name of place)		DATE	20c. LOCATION —	City or Town, State	
	4 Donation 5 Other(Specify)		. Lincolr	1 Cremator			Brentwoo	od, Maryland	
	21. SIGNATURE OF PUMERAL SERVICE CE	11/11		Hinas-R			ral Home		
	NAIlei N	Musida						luor Carina	MA
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on ea	the death. Do not	enter the mode of	dying, suc	ch ss cardiec	or respiratory sri	rest, Approximats	
	IMMEDIATE CAUSE (Fine)	List only one couse on ee	ich iine	1 11				interval Betwee	
	disesse or condition resulting in death)	KITHING	n Vare y	Taile	2			Finn	-
	,	DUE TO (OR AS A	CONSEQUENCE OF	1-	0				
Z	Sequentially list conditions,	Malien	ant 4	long	Kee	ung	n	N3 my	~
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO MA AS A	CONSEQUENCE OF):	,					
10	CAUSE (Diseese or Injury	C	CONSEQUENCE OF):						
Ē	thet initiated events resulting in death) LAST	DOL TO (ON AS A	CONSECUENCE OF):					# # #	
CERTIFICATION		d							\exists
AL	PART ii. Other algnificant condition	s contributing to deeth bu	it not resulting in	the underlying cous	e given in	Pert i. 24s	. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING	GS
Sic						10	YES 2 NO	COMPLETION OF CAUSE	:
ME								111	٠
PHYSICIAN: MEDIC									
OIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				F DEATH (Ch	neck only one)			
SI	1 VES 2 NO	HOSPITAL: 1 Impatiant 2 ER/Outpa		THER: Nursing Home 5	Realdence	6 Other (Sp	ecify)		
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C			28d. DESCRI	BE HOW INJURY OC	CURED	\neg
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 TES	NO 🗌 NO				
ED	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Speci	At home, farm, stre	et, factory, office		281. LOCATIO	N (Street and Number wn, State)	or Rural Route Number,	\neg
	4 Homicide determined								
BECOMPLET	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	edge, death occurred a	at the time, date end pl	eca, and due	to the cause(e) end manner se stat	led.	
0	070) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or Investigation,	in my opinion, death oc	cured at the	time, data and	place, and due to th	ne ceuse(a) and manner se stated.	.
ma l	206. SUCHATURE AND TITLE OF CERTIFIES	DR. CAPORA	SO	29c. I	ICENSE NUI	MBER	29d. DAT	E SIGNED (Morth, Day, Year)	\dashv
	Kould It /	Minski	MD	0	191	RIT	P 5	2/12/92	
2	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	int)	, , ,	00			\dashv
	Ronald Uscinski	,M.D. 7960 C	old George	etown Road	, Bet	hesda,	Maryland	d 20814	
	31. DATE FILED (Month, Day, Year)	POZI REGISTRARIS SIGNA							
	JUL 14 '92	d	7						



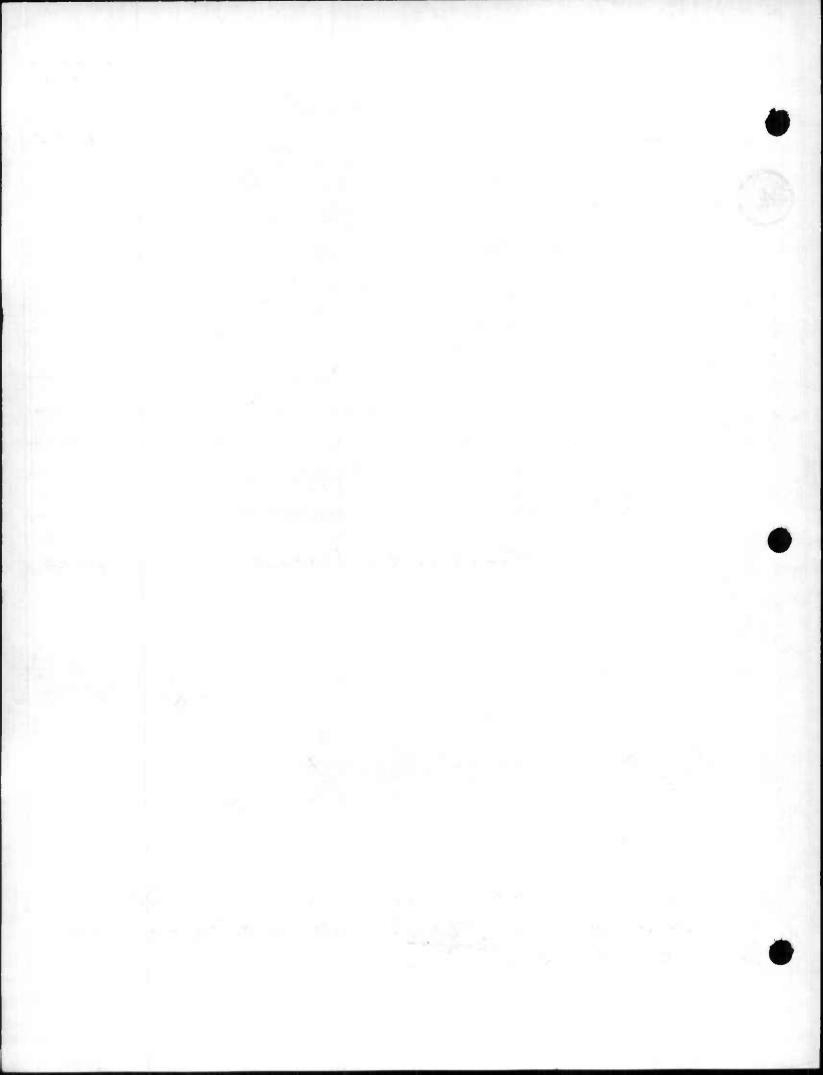
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1100 1001	TO BE COMBI ETED BY BUYCLOIAN. MEDICAL CERTICIOATION
examiner must be notified at once.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	FOR STATE REGISTRAR	STATE OF N			RTMENT OF		ID MEN	TAL HYGIE REG. N		- 60	to 1 T	-, 0	
	1. DECEDENT'S NAME (First, Middle, Last) STEVEN	STEVEN	D.	LIM	LIM			ATE OF DEATH	DAY	9 YEAR	3. TIME OF DEA	тн Рм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)		IF UNDER 24 H	RS. 7. D/	TE OF BIRTH			8. BIRTHPLACE (State or Foreign		
	218-54-7120	1 M 2 F	33	YRS.	MONTHS DAYS	HOURS M	M (A	V. 16,	1958	Count	SHINGTON		
	Ba. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATION O	_	v. 10,				, DC	
DIRECTOR	3911 LONGFELLOW	STREET			HYATTS	ATTSVILLE PRINCE GEORGES							
Ä	10a. STATE 10b. COUNTY			10c, CI	TY, TOWN OR LOC	ATION					10d. INSIDE CIT	Y	
	MARYLAND PRINC	E GEORGE	S		HYATTSVI				LIMITS?	NO NO			
FUNERAL			1	of. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?				
2	3911 LONGFELLOW	T EVER IN U.S.			2078				SA				
COMPLETED BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 TAR OR DATES	NO	If yes,	CENDENT OF HI pecify Cuban, M S 2 X NO S	exicen, Pue	IGIN? (Specify Y rto Rican, etc.)	es or No—	Black	E — American Indi k, Whita, etc. "Y: WHITE	len,		
	15. DECEDENT'S EDUC		16a. I	DECEDENT	USUAL OCCUPAT	TON		16b. KIND OF B	USINESS/IND	USTRY			
L	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of lie. Do NOT u	work done during rate retired.)	nost of working								
릴	Elementary/Secondary (0-12) College (1-4 or 5 +) MANAGEMENT TRAINEE								IG				
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	S NAME (Fir	st, Middle, Maide	n Surname)				
BE C	VINCENT A. L	IM				BARI	BARA	GRIG	GS				
	19a, INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRESS (Street	and Number or R	tural Route N	lumber, City or To	wn, State, Zip	Code)			
2	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number of Bural Route Number, City of Town, State, Zip Code) 3911 LONGFELLOW STREET, HYATTSVILLE, MD 20781												
	20a. METHOD OF DISPOSITION 1 Generation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of campletry cremations of other place) 20c. LOCATION — City or Town, State												
	4 Donation 8 Other (Specify) METROPOLITAN CREMATORY 7/16 ALEXANDRIA, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FRANCIS OF FACILITY FUNERAL HOME, INC.												
	FRANCIS J. COLLINS FUNERAL HOME, INC. OUNIVERSITY BLVD., W., SIL. SP., MD 20901 23. PART/I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions	contributing to	resulting	In the underlyl	ng cause give	n In Part I	24a. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE		
N N	25. WAS CASE REFERRED TO MEDICAL				26.5	LACE OF DEATH	/Check only	(one)					
200	EXAMINER?	HOSPITAL:	EB/Oudnetteet	2 🗆 004	OTHER:	**							
¥ I	27. MANNER OF DEATH	28a. DATE OF		28b. TIN	4 Nursing Ho	JURY AT		ther (Specify) DESCRIBE HOW	IN HIEW CO.	V 1050			
BY PI	1 Natural 5 Pending 2 Accident investigation	07/14/S	ny, Year)		JURY W	ORK? YES 2 NO					ANGED SI	ELF	
ED	3 Suicide 8 Could not be	28a. PLACE Of building,	etc. (Specify)		street, factory, off	ca	(281. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide detarmined			HOME			39	ty or Town, State	FELLO	W ST	REET		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC) and manner as s	stated.	
- 11	26. SIGNATURE AND STILE OF CHETTERS	NUMBER				(Month, Day, Year)							
B	MIDIT		144										
2	O.C.M.E. 07/15/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THANK PERE (L. L. 111 PENN STREET, BALTIMORE, MARYLAND 21201												
	SI DATE EN ED MONTO DE MAI	100	-	11	I PENN	STREET,	BALT]	MORE, M	ARYLA	ND 2	1201		
	JUL 17 92	Julia Dav	R'S SIGNATURE	dell									



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND DEATH		HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last DELLA MA	, AE	LOYD			2. DATE OF MONTH JULY	DEATH DAY	1992	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 229-03-6570	1 M 2 X F 8	4 YRS.	F UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH	Cou	THPLACE (State or Foreign inity) st Virginia		
TOR	90. FACILITY NAME (If not Institution, give 13815 Bauer Driv RESIDENCE OF DECEDENT		9	Rocky	ille	EATH		9c. county of DEATH Montgomery			
DIRECTOR	10a. STATE 10b. COUN	ontgomery		CKVILLE	ION			10d. INSIDE CITY LIMITS? 1 YES 2 XNO			
FUNERAL	13815 Bauer Driv	ve		20853	,		10g. CITIZEN OF WHAT COUNTRY? United States				
В	11. MARITAL STATUS t Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DEC If yee, spi 1 — YES	ENDENT OF NISPA: cify Cuban, Mexico 2 X NO Specif	en, Puerto Rica	pecify Yee or n, etc.)				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION de completed) College (1-4 or 5 +)	16a. DECEOENT'S US (Give kind of work life. Do NOT use n	k done during mo: etired.)	st of working			ESS/INDUSTRY	siery Mill:		
SOM	17. FATHER'S NAME (First, Middle, Lest)		Sales	person	16. MOTNER'S NA				Sicry Mill.		
BE (Luther Holt	Vanstavern			Ada		Howard				
5	190. INFORMANT'S NAME (Type/Print) Annabell Ostr		Same a	as #10	nd Number or Rural	Route Number, (City or Town, S	itate, Zip Code)			
	20e. METHOD OF DISPOSITION 1 Gurlei 2 X Cremation 3 Removal from State 20b. PLACE AND DATE of DISPOSITION (Name of Cemetery, cjematory or other place) 20b. PLACE AND DATE of DISPOSITION (Name of Cemetery, cjematory or other place) 20c. LOCATION — City or Town, State 20c. Silver Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	Rapp Funeral Services, P.A. 933 Gist Ave. Silver Spring, MD 20910										
CERTIFICATION	23. ART Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Approximate intervel Between Onset and Death PLANE THE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other eignificent condition	ne contributing to deeth b	ut not resulting in t	he underlying	ceuse given in		WAS AN AUT PERFORMED YES 2	0?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL/	CE OF OEATH (Ch	eck only one)					
HYS	1 YES 2 NO	1 Inpatient 2 ER/Output 28e. DATE OF INJURY	atlent 3 DOA 4 (Nursing Home	5 Residence						
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WOF		28d. DESCRIE	SE NOW INJUI	RY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Speci		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated.										
TO BE C	296. SIGNAPURE AND THE OF CERTIFIE	- now	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)								
F	Benack Benack Bi. Date Filed (Month, Day, Year) JUL 14 '92	19 PROSTRATS SUCH	15 Col	iè D	or, w	hea?	on,	md :	20906		



191	
10	

JUL 20 92

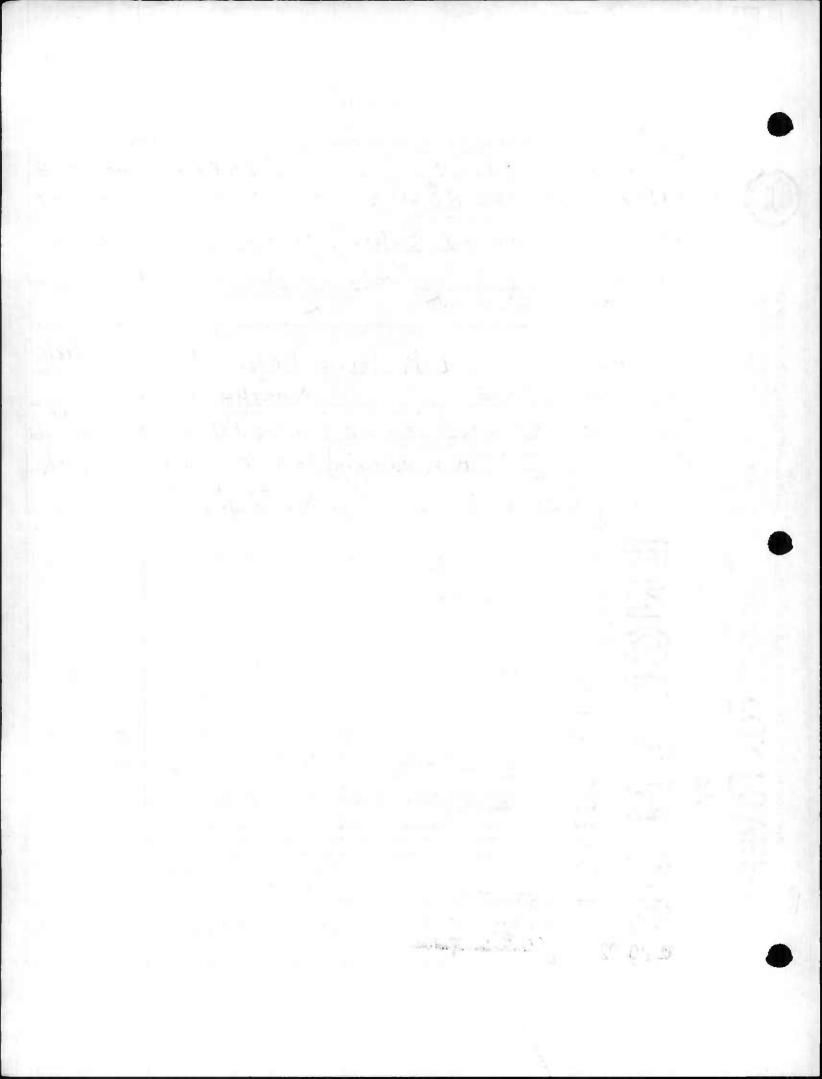
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JUNE DENTER HIS SHOWTURE

S18

						-	6 61446				
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF RTIFICATE OF		MENTAL HYGIENI REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last). MARGA	RET E.	LEE		2. DATE OF DEATH MONTH DAY	- 92	3. TIME OF DEATH				
	110 0 - TM77	5. SEX 6. AGE (in yrs. last 1 \(\text{ M 2 \(\text{ X} \) F \(\text{ 5 9} \)	birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3.3 N	OTHPLACE (State or Foreign Info) ARYLIAND				
OR	99. FACILITY NAME (If not Institution, give stre 14132 GRAN	ND PRE RO	31 SIL	VER	SPRING	MON	TGOMERY				
DIRECTOR	10e. STATE 10b. COUNTY	JTGOMFRY	10c. CITY, TOWN OR LOCA		1G		10d. INSIDE CITY LIMITS?				
	MD MONTGOMERY SIVEY SPRING 12 YES 2 100. STREET AND NUMBER 14132 GRAND PRE RD#31 20906 105 A										
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	O If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica \$ 2 NO Specify		or No— 14. R/	ACE — American Indien, ack, White, atc.				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted) (Giv	CEDENT'S USUAL OCCUPAT Ve kind of work done during in Pe NOT use relieed.)	nost of working	16b. KIND OF BUS	iness/industry	To. Schools				
	17. FATHER'S NAME (First, Middle, Lest)	BOWIE	ag Jeiv	18. MOTHER'S NA	ME (First, Middle, Meiden)	Sumamo) HOM	AS				
TO BE	190. INFORMANT'S NAME (Type/Print) FRANK G, L	ee, SR 1	MAILING ADDRESS (STOOP	and Number or Rung I	Poute Number City or Town	State, Zip Code)	Spring MD				
	20e, METHOD OF DISPOSITION 1 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) ACM NETHOD OF DISPOSITION (Name of cemetary, crematory or other place) ACM NETHOD OF DISPOSITION 1 Removal from State ACM NETHOD OF DISPOSITION (Name of cemetary, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) ACM NETHOD OF DISPOSITION (Name of cemetary, crematory or other place) ACM NETHOD OF DISPOSITION (Name of cemetary, crematory or other place)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSATE 22. NAME AND ADDRESS OF FACILITY SOUNDED TO VERY HOME P. A. CONTROL For the despace of complications that caused the death. Do not enter the mode of duling such as cardiac or respiratory extent.										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death										
z	DUE TO (OR AS A CONSEQUENCE OF):										
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQ	QUENCE OF):								
	PART II. Other algolificant conditions	contributing to death but not re	esulting in the underly	ng cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL	The Chi				PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Z Z			·				1 Tes 2 No				
CIA		HOSPITAL:	OTHER:	PLACE OF DEATH (Ch	eck only one)						
HYS	1 XES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY	28b. TIME OF 28c. I	NJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURED)				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M. 1	YORK? YES 2 NO	and I control the said						
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)			261. LOCATION (Street of City or Town, State)	ind Number or Hu	rai ricule Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end menner as attated. 2 MEDICAL EXAMINER: On the beste of axamination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.										
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	- 6-	V.E.	29c. LICENSE NUI		29d. DATE SIGN	NED (Month, Day, Year)				
2	30 NAME AND ADDRESS OF PERSON WHO		v		3316	. ((1 10				

w Scarsin



1 -

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						10/11		DEM		ne	G. NO.			
	1. DECEDENT'S NAME (First,	Middle, Leet)	VIVIAN	mans	LAWS	ON.	n			2. DATE OF O	EATH DAY	0	YEAR	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. la		IF UNDE	I 1 YEAR	IF UNDER		7. DATE OF BI	RTH	T	8. BIRTNI	PLACE (State or Foreign
	578-07-4550		1 🗌 M 2 💢 F	77	YRS.	MONTHS	SEPT. 7, 1914 WASHIN							INGTON, DC
۳	90. FACILITY NAME (If not in HOLY CROS		SPITAL			96. CITY, TOWN OR LOCATION OF DEATH SILVER SPRING MONTGOM								
5	RESIDENCE OF DEC	EDENT				TOTAL COLLEGE								TIEKI
DIRECTOR	MARYLAND	MON'	TGOMERY		10c. CIT	STLVER SPRING							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10405 LESI			10	209		10g. CITIZEN OF WUSA				HAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo	RMED NO	If yes, specify Cuben, Mexican, Puerto Ricen, etc.) Black,						- American Indian, White, atc. y: WHITE					
		EDENT'S EDU		(0	ECEDENT'S	work done	durina mo	ON asi of workin	10	16b. KIND	OF BUS	NESS/IND	USTRY	
COMPLET	Elementary/Secondary (0	-12)	College (1-4 or 5 +) He	DO NOT U	se retired.)			STANT	N.I	.н.			
BE CO	17. FATHER'S NAME (First, M. STEWART	D.	CHAPMAN	I					NER'S NAME	E (First, Middle, MAR		,	IOMPS	ON
10	PAUL L. I	11	Db. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10405 LESLIE STREET, SILVER SPRING, MD 20902							0902				
	20a, METNOD OF DISPOSITI 1 Burlel 2 Crematio 4 Donation 6 Other		AND DATE of DISPOSITION (Name of 7/18 20c. LOCATION - City or Town, State 7/18 SILVER SPRING, MD											
	21. SIGNATUBE OF FUHERA) 6	YINSEE							INS FU BLVD.,				INC.
	23. PART I. Enter the di	seasea, or o	complications that	ceused the d	eath. Do	not anta	r tha mo	de of dy	ing, such	aa cerdiac o	r reepir	atory arr	eat,	Approximata
	iMMEDIATE CAUSE (Fin disease or condition resulting in death)		e. Acu		Interval Defined								Interval Between Onset and Daath	
NO.	Sequentially list conditi	ons,		OWW Y	CONSEQUENCE OF): WY HTERY DECORE CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated events	ng ry	c	(OR AS A CONSE	CONSEQUENCE OF):									
CER	resulting in death) LAS		d											
정	PART II. Other algnifica	nt condition	a contributing to	death but not	reaulting	in the u	nderiyin	g cause g	given in Pa		PERFORMED? AM			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED										_ ¹□	YES 2	□ NO		OF DEATH?
CIAN:	25. WAS CASE REFERRED TO													
	EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R:		EATH (Check	Conty one)	o/fh/)			
PHYS		Pending	26e. DATE OF (Month, De		28b. TiM		28c, INJ W0		2	8d. OESCRIBE		JURY OCC	UREO	
ED BY	3 Suicide 6	rivestigation Could not be determined	28e. PLACE Of building,	F INJURY — At he	ome, farm,	street, fac				181. LOCATION City or Tow	(Street en	eet and Number or Rural Route Number, ate)		
COMPLETED	29e. CERTIFIER (Check only	my knowledge, d	eath occurr	ed at the	time, date	end place,	and due to	the cause(e)	end menn	er as state	ed.			
8	- //		9	amination end/or	Investigation	n, In my	opinion, d	eath occur	ed at the tir	me, date end p	lace, end	and due to the cause(e) and menner se stated.		
O BE	296. SIGNATURE AND TITLE	11.1	Hour	, 14	D		29c, LICE	250	80		29d. DATE	PIONED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF	Ger	TAW F	fue,	Silver Spring MD - Frank Gravius							Draviuo		
	31. DATE FILED (Month, Day.	Year)	32. REGISTRA	R'S SIGNATURE			V	0						
	Mr 50 25		CHINA MENING	W. Fred										

1 1 1 1 1 E The same of the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

e 6 may be retained by the hospital or attendi	rector, page 5 should be detached for use as t	The second second second
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MONOTANY is flow 90 to marked as flow 92 should injury as other framedia mind to made a marked as the market as

	REGISTRAR		CERTIFIC	ATE OF DEA	ГН	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, L GERTRUDE 4. SOCIAL SECURITY NUMBER	N. LEVY	(In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER	MO	TE OF DEATH NTH 7 18	92	7 -A H				
	061-52-1012	1 M 2 F		THE DAYS HOURS		7171900	BRO	ONX, NEW YORK				
OR	8a. FACILITY NAME (If not institution, g BETHESDA REHAB		1.0	CITY, TOWN OR LOCATE R CHEVY			9c. COUNTY C	OF DEATH				
5	RESIDENCE OF DECEDENT		10c CITY TO	OWN OR LOCATION				18d. INSIDE CITY				
L DIRECTOR	MD MO	NTGOMERY	100	CHASE			LIMITS?					
FUNERAL	8700 JONES MIL			20815			A.					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 ☐ YES IF YES, OIVE WAR OR D	2 NO	13. WAS DECENDENT (if yes, specify Cubs 1 YES 2 NO	n, Maxican, Puerl	GIN? (Specify Yea to Rican, etc.)	RACE — American Indian, Block, White, atc. Specify: WHTTE					
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION prade completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work ille. Do NOT use ret	done during most of working	ng 1	6b. KIND OF BUS						
MPL	12	Contage (14 of 54)	HOMEMAKER			OWN HOM	E					
	17. FATHER'S NAME (First, Middle, Last,)			HER'S NAME (Firs							
BE	MAX NATHAN NETTIE ROSENBERG 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2		(SON)										
	20e_METHOD OF DISPOSITION 1 GPBurlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other place) CEDAR PARK 7/24 PARAMUS, NJ.											
	22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE. ROCKVILLE, MD. 20852 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate											
\exists	23. PART I. Enter the diseases,	or complications that ceuse	d the deeth. Do not e					Approximate				
	Interval Between											
_	Immediate cause (Fine) disease or condition resulting in death) a. RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF): b. PERMAL EFFUSIONS DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate Cause Fater INDESTITIONS DUE TO (OR AS A CONSEQUENCE OF):											
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):											
EBE	resulting in death) LAST d. HAINUTRITION											
	DART II Oh de libraria de											
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO											
	25 WAS CASE DETERMENT TO MENIOR											
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Anuraing Home 5 Residence 6 Other (Specify)											
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. D	ESCRIBE HOW IN	JURY OCCURE)				
red BY	2 Accident Investigati 3 Suicide 6 Could not datarmine	be 28e. PLACE OF INJURY	Y — At home, farm, street		1 YES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER MULTIN WELLOW DESCRIPTION PHYSICIAN 29c. LICENSE NUMBER D35791 29d. DATE SIGNED (Month, Day, Year) D118/92											
2	39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (TYPO, PHIN) MERLYN VEMURY M.D., 9801 GEORGIH AVE, SUITE 227 SILVER SPRING MD											
	JUL 21 92	STATE OF TO HE SIGN						- ~ ~ ~ ~ ~ ~				

Market San South Williams

75. 12.15

3. TIME OF DEATH

P M

4. SOCIAL SECURITY NUMBER

6. AGE (In yrs. last birthday)

5. SEX

LAIFSKY

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

12:45

8. BIRTNPLACE (State or Foreign

1992

2. DATE OF DEATH

16.

JULY

		E
BALLIMORE, MARYLAND 21215-0020	is that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa atth and Mental Hygiene prior to burial, cremation, or removal.
5	tendi	33
7	or at	L USE
2	pital	Q D
AN	the hos	detache
7	4	20
MAH	retained	should s
ıî	2	age :
¥	E	0. p
ž	age 6	direct
AL 18	eath. Pa	funeral
n	fter d	oval.
	MS a	re by
	24 hou	ned by the attending physician and completely filled in by the atth and Mental Hygiene prior to burial, cremation, or removal.
ORDS, P.O. BOA 68760,	rithin	letely remati
9	pat	ial, c
ŏ	DOCCI	and
5	De e	ician ior to
0	ficate	phys ne pr
į.	certi	ding
<u>,</u>	eath	aften ntal h
מ	the d	the Me
-	that	d by
<	52	att

7. DATE OF BIRTN
(Month, Day, Year)
2 - 1 - 190 7 578-09-6051 1 M 2 F 85 GEORGIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR SUBURBAN HOSPITAL **BETHESDA** MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MD MONTGOMERY ROCKVILLE FUNERAL 10e. STREET AND NUMBER IN TIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 MONTROSE ROAD 20852 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 📉 Widowed 4 🗌 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) BOOKKEEPER B'NAI BRITH be notified at once. 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) ABRAHAM SLAN ANNA ZOSLOW BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARILYN GERBER BETHESDA, MD. 20817. (DAUGHTER) 6621 KENHILL RD. 207 METHOD OF DISPOSITION
1 45 Burlai 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must BETH SHOLOM 4 Donation 5 Other (Specify) 7/19/92 CAPITAL HEIGHTS, MD examiner 21. SIGNOTORIL OF FUNERAL SERVICE LICE 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. Maau medicai 23. PART I. Enter the diseases, or compile tions that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or his rt feliure. Liet only one cause on each line. Approximats interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the SEPSIS disease or condition resulting in desth) 24 hrs event. DUE TO (OR AS A CONSEQUENCE OF): BACTERIAN (ASPIRATION) PHEUMONIA other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 injury. PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS CHF, HTW, Hx of Strok any COMPLETION DE CAUSE 1 | YES 2 | 10 OF DEATN? shows Sig 1 TYES 2 THO has been of P PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate has the State C OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this (1 Netural L DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the ceuse(s) and menner as stated. CHIGHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Madarand, Mo D39166 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MADARANG, MD 6121 MONTROSE RD; ROCKUILLE, MD 2085 Z ALVIN S. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE he Davida '92

Secretarial Secretarian

for use as the burial-transit permit. Page

TO BE COMPLETED BY FUNERAL DIR

dsou	chec	=
the	deta	9
3	2	26
ined	houle	T ed
reta	40	5
y be	page	2
5 ma	tor,	nat
90e	direc	E
A.	eral	E
deat	چ	9X3
after	y the	100
SIN	in b	Pe
4 A	Filled	
hin 2	tely	t,
With	apple Cres	Ven
cuted	d Sol	5
8	na n	E
e pe	sicia	ğ
ificat	phy and	Pe
Cert	Ming	0
eath	atter	7.
the	The Me	를
that	d by	=
ires	Signe	5
requ	uee H	the state
AP.	as b	23
E e	ite h	E
IAN:	Tiffice St. St.	-
YSIC	S Cer	d,
F	ith it	ark
DIN	Afte	E
TEN	TOR:	28
IR Al	IREC	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the flux within 70 hours after death with the State Dent of Health and Mental Hydiene prior to burial cremation, or named.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER.	5
SH H	5	HTA
F	THE C	2
2	22	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BERNARD

31. DATE FILED (Month, Day,

0.

THOMAS,

1992

1 - STATE REGISTRAR	STATE OF 1	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN		92 2144		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		3. TIME OF DEATH		
ANNA MACKI	EWITZ							JUI	Y 3,		2220 M		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTHPLACE (State or Foreign Country)		
151-18-4475	1 ☐ M 2 🔀 F	94	YRS.	MONTHS	DAYS	HOURS	Mark.	OCT	6,18	NEW JERSEY			
9s. FACILITY NAME (If not institution, give str CITIZENS NURSING	•			9b. CIT		EDERI		EATH		9c. COUNTY OF DEATH FREDERICK			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			I 40 - 017	- Trouses	00 4 004								
MARYLAND FREDER			10c. CH		EDER					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER					101	. ZIP CODE				1 '	EN OF WHAT COUNTRY?		
1715 WEST 7th ST						217					J.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 1. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)										Black, White, atc.			
15. DECEDENT'S EDUC (Specify only highest grade			CEDENT'S				· ·	16b	KIND OF BU	SINESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5	life.	. Do NOT us	se retired.)	during mo	at or worten	v						
8TH		H	OMEMA	KER					NONE				
17. FATHER'S NAME (First, Middle, Lest) JOSEPH ROKOWSKI							HER'S NA	,	Middle, Malden UNI	Sumame) KNOWN			
19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow				
MR. RICHARD L. MA	CKIEWITZ		T/1	.5 W	/tl	STR	EET	FRE	EDERICE	C, MD.	. 21701		
20e. METHOD OF DISPOSITION 1	1	20b. PLACE						7/4			RG, MARYLAND		
21. SIGNATURE OF PRHEMAL SERVICE LICE	tilley	4		RO	DBERT		DAII	LEY 8			AL HOMES, P.A. ICK, MD. 21701		
IMMEDIATE CAUSE (Final diseases or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	QUENCE O	on: Sty	-0	de af dyi	1		flac or respi	ratory arre	Approximate interval Between Onset and Death LOUY ADDY		
PART II. Other significant conditions	e contributing to	deeth but not i	reculting	in the u	nderlyln	Couse of	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NQ		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	ri:	ACE OF DI							
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIM		28c, INJ WO				CRIBE HOW I	NJURY OCCU	JRED		
2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE C building,	F INJURY — At ho etc. (Specify)	me, term,	street, tec	tory, affic			281. LOC City	ATION (Street a or Town, State)	and Number o	r Rural Route Number,		
29a. CERTIFIER 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER											d. cause(a) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER SCHOOL O. 30 NAME AND ADDRESS OF PERSON WAY	Then	00				29c. LICE	SHO	ABER 9			SIQNEO (Month, Day, Year) LY 4, 1992		

228 NORTH MARKET ST. FREDERICK, MD.

M.D.

, 32. REGISTRAR'S SIGNATURE who Daydoon-Randall

JR.

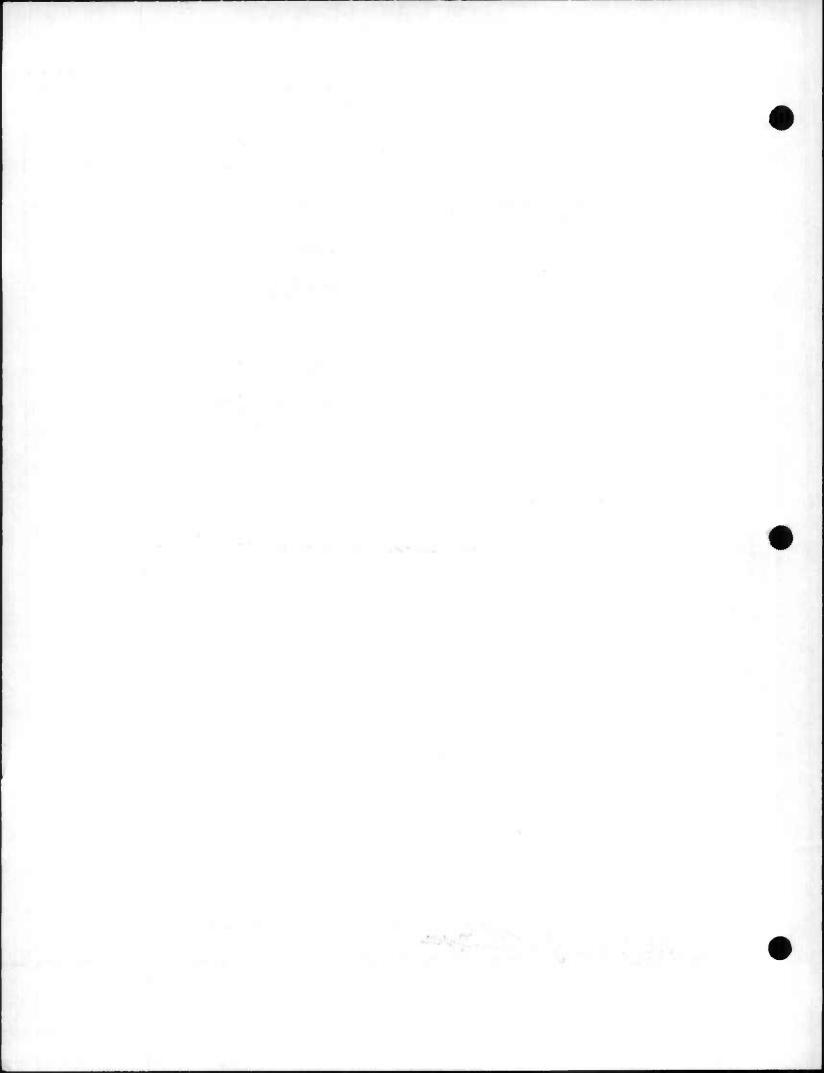
21701

Make the votes the

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH											
Betty	I	Lee	Mo	organ					TUPU 3		1992 2:00 a. m	
4. SOCIAL SECURITY NUME	DER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
220-18-0097		1 🗌 M 2 🙀 F	6	6 YRS.	MONTHS	DAYS	HOURS	MIN.	May 3, 19	26	Count	MD.
9e. FACILITY NAME (If not in					9b. CITY	TOWN	OR LOCATI	ON OF DE	ATH	9c. COL	NTY OF C	EATH
311 Redwood		ie			Fı	ede	rick			F	rede	rick
10a. STATE	10b. COUNTY	,		10c, CIT	TY, TOWN OR LOCATION							10d. INSIDE CITY
MD.	Fred	lerick			Fred	leri	ck					LIMITS?
10a. STREET AND NUMBER							f. ZIP CODE			10n. CIT	IZEN OF V	1 ☑ YES 2 ☐ NO VHAT COUNTRY?
311 Redwo	od Ave	2.						2170	01		JSA	MAI GOOMINI)
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMEO					IIC ORIGIN? (Specify Yes		14. RACI	- American Indian.
1 Never Married 2 Married 1 Never Married 2 Married 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:											c, White, atc.	
white											white	
15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
Elementary/Secondary (0 9-10	-12)	College (1-4 or 5	"	life. Do NOT us		7	1					
17. FATHER'S NAME (First, M	Inteller I a nell	·	C	arry c	out c	Ter			restaura			
_									ME (First, Middle, Melden	Sumeme)		
Raymond D.					10000000			_	a E. Burke			
Diane Reed	урвитпп								Route Number, City or Town			
20e. METHOD OF DISPOSIT	ON							d Ro	d., Freder:			
1 1 Buriel 2 Cremetto 4 Donation 5 Other	n 3 🗆 Remo	oval from State	cemetery,	EAND DATE OF THE PROPERTY OF THE	her place) Men	nion (Na	ame of al Ga	rder	OATE 20c. LOG	Ero.	City or To	wn, State
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	0		22.	NAME A	NO ADDRES	S OF FAC	CILITY			
> Have	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home, P.O. Box 1819 Frederick, Md. 21702											
23. PART I. Enter the di	seases, or c	omplications tha	csused the	deeth. Do n	ot enter	the mo	de of dyl	ng, suci	aa cerdiac or respir	atory an	rest,	Approximats
IMMEDIATE CAUSE (Fin		List Only One Cau								•		Interval Between Onset and Death
disesse or condition resulting in death)	→ .	a	ung C	me	0 /	wet	esta	tu	to be	or		
, and a second		DUE TO	ORAN A CONS	EQUENCE OF	1:							
Commentally lies and dis		x										
Sequentially list conditi if any, lesding to immed	diate	OUE TO	(OR AS A CONS	EOUENCE OF):							
cause. Enter UNDERLY! CAUSE (Disease or inju												
that initiated events resulting in death) LAS		OUE TO	(OR AS A CONS	EOUENCE OF):							
and account and									7.74			
PART II. Other significe	nt conditions	contributing to	death but no	reaulting in	n the un	deriyin	g ceuse g	iven in i	Part I. 24a. WAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS
									PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_				1 TYES 2	∐ NO	1	OF DEATH?
									_			1 TES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	ATH (Che	ck only one)			
EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER 4 Num	:			B ☐ Other (Specify)			
27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIME	OF	28c, INJ	URY AT		28d. DESCRIBE HOW IN	JURY OC	CUREO	
	Pending nvestigation	(Month, De	пу, төшг)	INJI	M	_	PRK?	NO				
2 Cutatda	Could not be	28e. PLACE O	F INJURY At I	home, term, e	treat, fecto	ry, office			281, LOCATION (Street or	nd Number	or Rural R	oute Number,
	letermined	ounding,	etc. (Specify)						City or Town, State)			
29e. CERTIFIER 1 CERTI	FYING PHYSIC	IAN: To the best of	my knowledge	death occurre	d of the ti	ne dete	and place	and due	to the ceuse(e) end man			
(Check only one) 2 MECA	BAL EXAMINER	R: On the basis of ex	amination end/o	r investigation	, in my o	inion, d	esth occurs	d at the	ime, date end place, end	due in th	ed.	and manner as stated
29b. SIGNATURE AND TITLE		,										
1/17	1/1		M.	0			29c. LICE		99	290. DAT	7	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF OEATH //T	EM 27) (Type	Print)		- /	0 /		- /	2	10
1/						rive	e, Mt	. Ai	ry, Md. 21	771		
31. DATE FILEO (Month, Day,)	992 4	32. REGISTRA	A GANDA	202			,			1		
001	JUL A											



BALTIMORE, MARYLAND 21215-0020

24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit notified at pe must filled In by the funeral director, on, or removal. medicai 6 I completely filled inal, cremation, c the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, the attending physician and con Mental Hygiene prior to burial, other traumatic 6 shows any injury, been signed by the pt. of Health and A s certificate has been the State Dept. of d, or item 23 sl with t marked, DIRECTOR: After the hours after death vitem 28 is mark If Hem FUNERAL within 72 t TO THE HOSPITA
TO THE FUNERA
De filed within 72
#MPORTANT: 8

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) MOTERIAL 3. TIME OF DEATH ALICE V. YEAR Middleton 992 Jule 1435 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 04/25/1897 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. DAYS HOURS 219-36-7456 1 M 2 X F MONTHS Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Somerset Princess Anne YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Pine Knoll Terrace Apts. 21853 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yee, specify Cuben, Maxican, Puerto Rican, stc.) 1 Never Married 2 Merried Specify: White BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 5+) H.S. graduate Teacher MD Public Schools 4 College 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname, Addison Venable Lizzie A. Thomas BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 William J. Redman-grandson 1232 Chesapeake Dr. - Churchton. MD 20733 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Buriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) Church Cemetery 7/18/92 Ewell, MD 21. SIGNATURE OF SANERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Bradshaw & Sons Funeral Home wel Ta end le 306 W. Main St. - Crisfield. 21817 23. PART I. Enter the diseases, or complications that equaed the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or haart fallure. List only ope cause on each line Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS resulting in death) month MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST hoad PART II. Other aignificent conditions contributing to death not reaulting in the underlying cause 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSTTAL:
1 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 | YES 2 | ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNET OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural INJURY 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicid PHYSICIAN: the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. ation end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) and menner ex 29c. LICENSE NUMBER BE D06844 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) David P. Largey, M.D. 1304 S. Division St. - Salisbury, MD 21801 JU 20 An Buildy

219-36-7450

LD Squarset Frincess Anne

. the Moll Tetrace Auts.

25

G. S. graduate 4 College Teacher . Il sublic schools

Liuxie A. Tracas aldness segion

willian J. agusn-grandson 1212 Thesa este Dr. - Churchton, 12 20713

Pradelaw & Bons Puteral and 306 W. hair St. - Cristial. L. Itata

.... , better . ILVal 1304 S. Civision St. - Inlimite. . . 11.01

MANAGER STATES IN

	N.	9		
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 xxurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. From the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLANI	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEA	ГН		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	M - M - 7 7	1			2. DATE OF DEATH DA		
	4. SOCIAL SECURITY NUMBER		0.5	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. Bit Co	RTHPLACE (State or Foreign untry)
	216-01-2071 9e. FACILITY NAME (If not institution, give stre	7	O / YRS.		R LOCATION OF DE	12/26/04 ATH	9c. COUNTY O	W. VA
TOR TOR	Alice Byrd Tawes Nursing Hom						Somerset	
DIRECTOR	10e. STATE 10b. COUNTY	106. COUNTY 10c. CITY, TOW			N OR LOCATION		10d, INSIDE CITY LIMITS?	
	MD SOME	MD Somerset s. STREET AND NUMBER		Crisfield 101. ZIP CODE			1 🗍 YES	
BY FUNERAL	26394 Old State Road			21817		USA		
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olivorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO. 1 YES 2 NO. 1 YES 2 NO. 1 YES 3 YES NO. 1 YES 3 YES NO. 1 YES 3 YES NO. 1		2 (A)NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye. 14. Wes, specify Cuben, Mexican, Puerto Rican, etc.) 15. YES 27. NO Specify:		a or No.— 14. RACE — American Indien, Black, White, etc. Specify: White		
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5 +)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 5+)		16b. KIND OF BUSINESS/INDUSTRY Electrical Contracting		Y	
OMP	H.S. Graduate 17. FATHER'S NAME (First, Middle, Last)		Electrician Electr					
BE C	Lawson McMuller	Lawson McMullen				Jones		
10	190. INFORMANT'S NAME (Type/Print) Doris M. McMullen	- wife			nd Number or Rural F	noute Number, City or Tow	n, State, Zip Code	
	20e. METHOO OF OISPOSITION 1 😿 Buriel 2 🗆 Cremation 3 🗆 Remov	20b	PLACE OF DISPOSITION other place)				CATION — City o	r Town, State
	4 Donetion 5 Other (Specify)	A	sbury Cem				risfiel	d, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817							
	23. PART i. Enter the diseases, or co shock, or heert failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	Conges		Lear	+ Fai	lure		Approximate Interval Between Onset and Death 2 mm/kg
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Renal Failure from Diabetic Renal Disease Carsinana of Urinary Bladder 248. WAS AN AUTOPSY PERFORMEO? 1 yes 2 NO 249. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 yes 2 NO					AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ICIA		HOSPITAL:	odies 2 □ 204		ACE OF DEATH (Ch			
ЖН	27. MANNER OF CEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ				
ВУ	Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY	M 1 VES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)			iral Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner ee stated.							
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	i Z. 15	ellos	O M.D.	29c. LICENSE NUN 7-29	4BER 505		NEO (Month, Day, Year) 16-92
Gregorio M. Belloso, M.D McCready Memorial Hospital - Crisfield, MD 218							ld,MD 21817	
	31. DATE FILEO (Month, Day, Year) 92	32. REGISTRAR'S SIGN	ATURE	L				

To Generally Care wond Constitute of the constit

Democracy Wilson and Company of the state of

property of the control of the party of the control

areds: www.second.com
306 W. nedn.st. - driefel.com
306 W. nedn.st. - driefel.com

. I in at to real the first of the second of

the state of the s

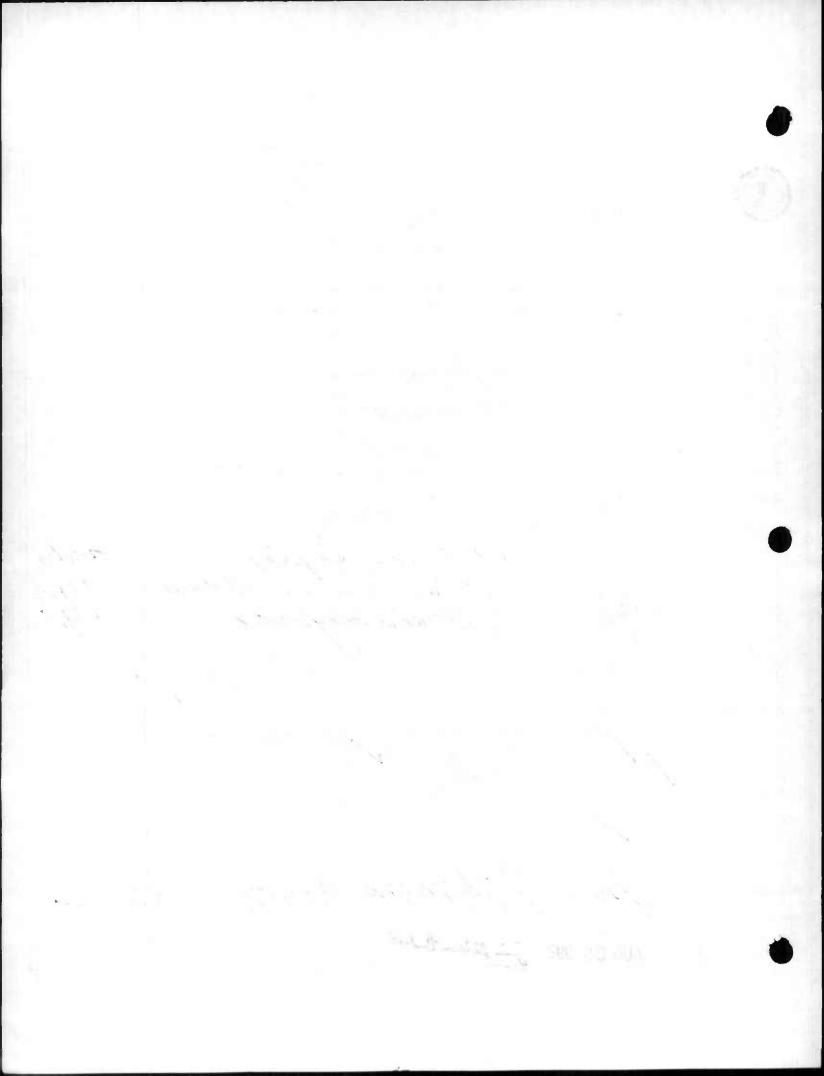
31. DATE FILED (Morith, Day, Year)
AUG 05 1992

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DI	EPARTMENT	OF HEALTH AN	D MENTAL HYGIEI	VE	21450	
	1. DECEDENT'S NAME (First, Middle, Lest) CODELL		MARTIN		OF BEATT	2. DATE OF DEATH	DAY YEA		
	4. SOCIAL SECURITY NUMBER 227 46 1239	5. SEX	5. AGE (In yrs. last bin	thday) IF UNDER	YEAR IF UNDER 24 HF DAYS HOURS MH	s. 7. DATE OF BIRTH	8. Bi	6:AM N RTNPLACE (State or Foreign puritry) .rginia	
TOR	9a. FACILITY NAME (If not institution, give s Carroll Manor Nu: RESIDENCE OF DECEDENT		32		TOWN OR LOCATION OF		9c. COUNTY O		
L DIRECTOR	10e. STATE 10b. COUNTY	rince Geor		ос. сіту, тоwn оі Ну	attsville		10d.		
FUNERAL	Carroll Manor				101. ZIP CODE		100	SA	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	п	yes, specify Cuben, Ma	PANIC ORIGIN? (Specify Yekicen, Puerto Ricen, atc.) ecity:	6	ACE - American Indian, ileck, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give k	ENT'S USUAL OCI ind of work done do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BU	SINESS/INDUSTR	Υ	
	17. FATNER'S NAME (First, Middle, Lest) James Lev	y Martin				NAME (First, Middle, Maider Virginia	Sumeme)		
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRESS		rel Route Number, City or Tox	vn, State, Zip Code)	
F	Geraldine Carter		90	8 N. 3	Oth Street	, Richmond,	VA 23	223	
	20e. METHOD OF DISPOSITION 1 © Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE Commence of								
	MT. CALVARY CEM. RICHMOND, VA 22. NAME AND ADDRESS OF FACILITY SCOTT-LIGHTFOOT FUN. HOME 3021 "N" STREET RICHMOND, VA 23223								
	22. PART Enter the diseases, of cahock, or heert fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due To (o	caused tha death. o on aech line. Strike R AS A CONSEQUEN	Do not anter t	Seps	such as cardiac or read		Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O	AS A CONSEQUEN	ice or S	Enper	es	w	ign	
MEDICAL	PART II. Other eignificant condition	a contributing to de	eath but not recul	Iting in the und	erlying cause given	In Part i. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
РНУ	1 VES 2 27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF IN. (Month, Day,	JURY 28	OOA 4 Nursii	Bc. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	NJURY — At home, (ferm, street, factor	1 YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC CHOCK only 0ne) 2 MEDICAL EXAMINER	CIAN: To the best of my	r knowledge, death o	occurred at the tim	e, date end place, end o	lue to the cause(e) end me	nner se stated.	e(a) end menner ee stated.	
BE	296. SIGNATURE AND TULE OF CERTIFIER	11=	Tosts	ono	29c. LICENSE I	NUMBER / 70	29d. DATE SION	SD (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO DR JAMES FOSTER				Avenue	Chevy Chase	MD 2	0015	

5530 Wisconsin Avenue, Chevy Chase, MD

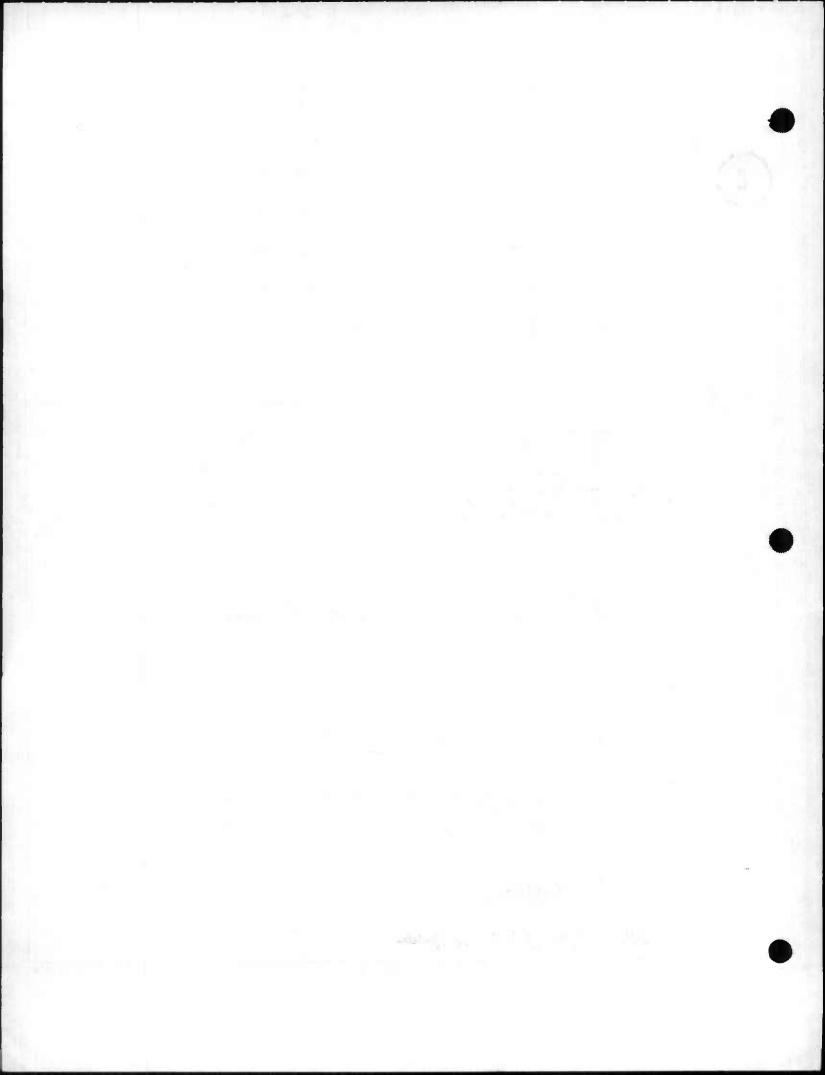
32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALLIMORE, MARYLAND 21215-0020	BALIIMORE, MARYLAND 21215-0020	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Panes 1	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	imoval.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ileal examiner must be notified at once.	

_	REGISTRAR		CE	RTIF	ICATE OF	DEAT	ГН	F	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH	1
	DOROTHY VIRGINIA MYERS								MONTH DAY		YEAR	10:40	A
	4. SOCIAL SECURITY NUMBER	R S. SEX 6. AGE (In yrs. In			inst birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH		a BIRTH	PLACE (State or Fore	
	212-24-3796	1 🗆 M 2 💢 F		YRS.	MONTHS DAYS	HOURS	MIN.	(Month, De	ly, Year)	1	Country	y)	ngri
	9a. FACILITY NAME (If not institution, give		02	12.5				11-2	0-27		_	yland	
000					9b. CITY, TOWN		ON OF DE	ATH		9c. COUN	ITY OF DI	EATH	
ō	Citizens Nursing	Home			Freder	ick				Fr	eder	ick	
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	TV		40. 017									
<u>E</u>					Y, TOWN OR LOCA	TION						10d, INSIDE CITY LIMITS?	
0		derick		Fr	ederick							1 X YES 2 N	10
¥	10e. STREET AND NUMBER				10	. ZIP CODE	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?	
BY FUNERAL DIRECTOR	1792 Hillmeade S	quare				2170)2			U.	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. NAM	IED	13. WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yes			- American Indian	
-	1 Never Married 2 Married	IF YES, GIVE W	YES 2 N	0		ecity Cube 2 NO		, Puerto Rica	n, atc.)	- 1	Black Specif	, Whita, etc.	
	3 Widowed 4 Divorced				""	20 110	оргону.			- 1	Specii	White	
COMPLETED	15. DECEDENT'S ED	UCATION	16a, DEC	EDENT'S	USUAL OCCUPATION	ON	-	16b. KIN	ID OF BUS	INESS/IND	USTRY		
<u></u>	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(GA IIIe.	e kind of Do NOT u	work done during mo se retired.)	st of worldn	g						
립	8 years			thi	ng Press	er		N.	one				
2	17. FATHER'S NAME (First, Middle, Last)		0110	CIII	16 11000		APRIC MAS	ME (First, Middl					
Ö		34-1-11							e, Maiden :	Sumame)			
BE	Gorman Victor M	Itchell						Cline					
2	19a. INFORMANT'S NAME (Type/Print)		- 1		ADDRESS (Street a								
	Ms. Patricia A.	White	17	92 1	Hillmead	e Squ	lare	Frede	rick	Mar	ylan	d 21702	
	20a, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ren	noval from State			OF DISPOSITION (No	me of		DATE	20c. LO	CATION C	Ity or To	vn, Stata	
	4 Donation 5 Other (Specify)		Mt. H	lope	Cemeter	У		7/1	Wood	lsbor	o. M	arvland	
	Mt. Hope Cemetery //I Woodsboro, Maryland 22. NAME AND ADDRESS OF FACILITY ROBERT E. DAILEY & SON FUNERAL HOMES, PA												
- 1	1 to feel C	150	01101	4	ROBER	ΓE.	DAIL	LEY &	SON 1	FUNER	AL H	OMES, PA	1
\rightarrow	Copine C	rocen	517	_	1201	NORTH	MAR	KET S	r. FI	REDER	ICK,	MD 2170)1
	23. PART I. Enter the diseases or shock, or heart failure.	List only one caus	caused the dea	th. Do i	not enter the mo	de of dyi	ng, such	as cardiac	or respir	atory arre	est,	Approximate	
	IMMEDIATE CAUSE (Final	_	, /									Interval Bet	
	disease or condition	· Enr	Carena									İ	
- 1	resulting in deality	DUE TO	OR ASIA CONSECU	JENCE O	F):							- 	-
2		· clist	120										
0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQ	JENCE O	F):							_	
¥	cause. Enter UNDERLYING	Cin	1.8		aler	0	1.	201					
프	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSECU	JENCE O	F):		11.3	LEUM				-	
E	resulting in death) LAST											İ	
CERTIFICATION		d											
4	PART ii. Other significant condition	ns contributing to d	feath but not re	sulting	In the Underlying	g cause g	iven in f	Part I, 24s	, WAS AN	WTOPSY	24b.	WERE AUTOPSY FIND	DINGS
DICAL									PERFOR			AWAILABLE PRIOR TO COMPLETION DF CAL	
8								- '[YES 2	170		OF DEATH?	000
ME								_				1 YES 2 NO	
ž													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF D	EATH (Chec	ck only one)					
S	1 TES 2 DIO	1 Inpatient 2	ER/Outpetient 3	DOA	OTHER:	e 5 🗆 Re	sidence 6	Other (Sp	ecity)				
7	27, MANNER OF DEATH	28e. DATE OF I	NJURY	285. TIM				28d. DESCRIE	BE HOW IN	JURY OCC	URED		
ВУ	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?												
	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF	INJURY — At hom	e, term, :	street, factory, offic			26f. LOCATIO	N (Street a	nd Number o	or Rural Ro	oute Number.	
E I	4 Homicide determined	bulloing, e	tc. (Specify)					City or To	wn, State)				- 1
COMPLETED	29a. CERTIFIER							-	-				\rightarrow
Ē	(Check only	ICIAN: To the best of n											
ō I	2 MEDICAL EXAMIN	ER: On the basis of exa	imination and/or in	vestigatio	n, in my opinion, d	eath occur	ed at the t	ime, data and	place, and	due to the	cause(s)	and manner as state	led.
	296. SIGNATURE AND TITLE OF CERTIFIE	B/)				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)	
BE	Xol Ita	un1~				-	L110			D 1	1/20	19)	
2	30. NAME AND ADDRESS OF PERSON WI		OF DEATH /ITEM	27) /Tuna	Print)	1//				U	1-1	15	
			/ h 'II'm	A	П	7	3. 3.4	m 217/	71				
ŀ	Lloyd E. Halvors 31. DATE FILED (Main, Day, Tex) 100	on, MD 14.	's signature	AVE	enue Fre	ieric	K, M	D 21/(JI				



	2
	24
60,	within
(687	executed
<u> </u>	2
.O. B.	certificate
S, D	death
Ö	the
E E	hat
RECC	requires t
_	WE
TA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor
ō	8

TO BE

Dr.

George

31. DATE FILED (Month, Day, Your) 6 1992

I.

Smith,

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		- 0.		CATE OF	DEAL			REG. NO).		_	145
	MONTH DAY YEAR									7			
ŀ	Esther Mae MI 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birt)				IF UNDER 1 YEAR	IF UNDER 2		June 7 DATE OF) <u>, r</u>			:28 p
ł	558-21-7537	1 M 2 F	100		ONTHS DAYS	HOURS	MIN	(Month, I	Day, Year)	000	Cou	ntry)	
H	9a. FACILITY NAME (If not institution, give:		100		b. CITY, TOWN (1 1 221712		Apr	1/,1			Kan	sas
н	Variable Control of the Control of t		_					ATH		220 4 6 2	JNTY OF		
ŀ	Homewood Retir	ement (Center		Fred	eric	:k			F	red	eri	<u>ck</u>
	10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOCAT	TION							NSIDE CITY
1	Maryland Fr	ederick	ζ		Frede	rick							IMITS? YES 2 🗌 N
r	10e. STREET AND NUMBER			1	101	. ZIP CODE				10a, CIT	FIZEN OF	100	OUNTRY?
ĺ.	31 West Patric	k Stree	ı t		2.1.701						U.S		
r	11. MARITAL STATUS	12 WAS DECEDED	T EVED IN ILC AP	RMED	13. WAS DEC		, 01	IC OBIGINS	Specify Ve				erican Indian
ı	1 Never Married 2 Married	FORCES?	MAR OR DATES	NO	If yes, sp	ecify Cuban	, Maxican	, Puerto Ric	an, etc.)	• o. no	Ble	ick, White	. atc.
ı	3 🙀 Widowed 4 🗌 Divorced	W TES, GIVE	MAR ON DATES		1 L TES	XXNO	Specify:				Spi	Wh	ite
r	15. DECEDENT'S EDU	CATION	16a. DE	ECEDENT'S US	SUAL OCCUPATION	ON		16b. K	IND OF BU	SINESS/IN			
⊩	(Specify only highest grade		- Illa	ive kind of wor b. Do NOT use i	rk done during mo retired.)	ost of working	9						
Elementary/Secondary (0-12) College (1-4 or 5+) 11 Homemaker													
r	11 Homemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)												
	Charles A	ugustus	s SC	HERE	3						ED	WAR	DS
r	Charles Augustus SCHERER Sarah Ann EDWARDS 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code)												
	Mr. Charles E. O'Bryon 1606 Rock Creek Dr., Frederick, MD 21702												
13—	20s. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of												
	1 Straight 2 Crementon 3 Removal from State 1 Donation 5 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of commerce) or other place) 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, S									CATION	City or	Town Ct.	da
П		noval from State	cemetery, cre	emetory or other	r place)		7/	1			-		
L		307	cemetery, cre	emetory or other	r place)		7 /	1			-		
L	4 Donetion 5 Other (Specify)	307	cemetery, cre	emetory or other	Cemet 22. NAME AN	ery ND ADDRESS		6/92	L	awre	nce	K	ansa
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERIAL SERVICE LI	censee Robe	Oak MO0	Hill 706	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	ansa: L Hom
	21. SIGNATURE OF FUNERIAL SERVICE LI	CENSEE Complications the	Oak MOO at caused the de	Hill 706 anth. Do not	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	Approximate
	23. PART I. Enter the dispasea, or ahook, or heart failure.	CENSEE Complications the	Oak MOO at caused the de	Hill 706 anth. Do not	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	ansa: L Hom
	23. PART I. Enter the dispases, or shock, or heart failure.	complications the	MOO at caused the dause on each line	706 neth. Do not	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	Approximate nterval Bet
	23. PART I. Enter the dispases, or shock, or heart failure.	complications the	MOO at caused the dause on each line	9706 aeth. Do not	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	Approximate nterval Bet
	23. PART I. Enter the dispasea, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	complications the	MOO at caused the de	9706 aeth. Do not	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	Approximate nterval Bet
	21. SIGNATURE OF FUNERIAL SERVICE LI 23. PART I. Enter the dispasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions.	complications the List only one cat	MOO at caused the de	Properties of the Hill	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	Approximate nterval Bet
	23. PART I. Enter the dispasea, or ahook, or heart feiture. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	complications the List only one cat	MOO at caused the dayse on each line (OR AS A CONSEC	Properties of the Hill	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	Approximate nterval Bet
	23. PART I. Enter the dispases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications the List only one cat a	MOO at caused the dayse on each line (OR AS A CONSEC	Protection of other Hill 1	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	Approximate nterval Bet
	21. SIGNATURE OF FUNERIAL SERVICE LI 21. SIGNATURE OF FUNERIAL SERVICE LI 22. PART I. Enter the dispasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	complications the List only one cat a	MOO at caused the dayse on aach line of (OR AS A CONSECTION OF AS A CO	Protection of other Hill 1	Cemet 22. NAME AN Keen 106	tery ND ADDRESS ey & East	Ba	6/92 surv sfor	d P.	A. I	ence Fun	era.	Approximate nterval Bet
	23. PART I. Enter the dispases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	complications the List only one cat DUE TO C. DUE TO d.	MOO At caused the day use on each line (OR AS A CONSECTION OF AS A CON	Protection of the Hill 1	Cemet 22. NAME AN Keen 106 antar the mo	Lery NO ADDRESS ey & East Ida of dyin	Ba; Chi	16/92 Storeurch	d P. St.	A.] Free liratory ar	ence Fun	era.	Approximate nterval Bet
	23. PART I. Enter the dispasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	complications the List only one can be DUE TO c. DUE TO d	MOO at caused the day use on each line (OR AS A CONSECTION OF AS A CON	Property or other Hill 1	Cemet 22. NAME AN Keen 106 antar the mo	Lery NO ADDRESS ey & East Ida of dyin	Ba; Chi	16/92 Storeurch	d P.	A.] Fredirectory are	Funede rest,	e, K era: ricl	AUTOPSY FING BEL PRIOR TO
	23. PART I. Enter the dispases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	complications the List only one can be DUE TO c. DUE TO d	MOO at caused the day use on each line (OR AS A CONSECTION OF AS A CON	Property or other Hill 1	Cemet 22. NAME AN Keen 106 antar the mo	Lery NO ADDRESS ey & East Ida of dyin	Ba; Chi	Sforeurch ae cardia	d P. St.,	A.] Fredirectory are	Funede rest,	e, K era: ricl	AUTOPSY FINE BLE PRIOR TO EXTINUE AUTOPSY FINE BLE PRIOR TO EXTINUE EXTINUE AUTOPSY FINE BLE PRIOR TO EXTINUE EXTINU
	23. PART I. Enter the dispasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	complications the List only one can be DUE TO c. DUE TO d	MOO at caused the day use on each line (OR AS A CONSECTION OF AS A CON	Property or other Hill 1	Cemet 22. NAME AN Keen 106 antar the mo	Lery NO ADDRESS ey & East Ida of dyin	Ba; Chi	Sforeurch ae cardia	d P. St., c or reap	A.] Fredirectory are	Funede rest,	e. K era: ricl	AUTOPSY FINE BLE PRIOR TO EXTINUE AUTOPSY FINE BLE PRIOR TO EXTINUE EXTINUE AUTOPSY FINE BLE PRIOR TO EXTINUE EXTINU
	23. PART I. Enter the dispasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	complications the List only one can be DUE TO c. DUE TO d	MOO at caused the day use on each line (OR AS A CONSECTION OF AS A CON	Property or other Hill 1	Cemet 22. NAME AN Keen 106 antar the mo	Lery NO ADDRESS ey & East Ida of dyin	Ba; Chi	Sforeurch ae cardia	d P. St., c or reap	A.] Fredirectory are	Funede rest,	e. K era. ricl	AUTOPSY FINE BLE PRIOR TO EXTENDED.
	23. PART I. Enter the dispases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition.	complications the List only one cat	MOO at caused the day use on each line (OR AS A CONSECTION OF AS A CON	Property or other Hill 1706 Bath. Do not a. OUENCE OF): OUENCE OF): OUENCE OF):	Cemet 22. NAME AN Keen 106 antar the mo	Lery NO ADDRESS ey & East Ida of dyin	Ba: Chi	Sforeurch as cardla	d P. St., c or reap	A.] Fredirectory are	Funede rest,	e. K era. ricl	AUTOPSY FINE BLE PRIOR TO EXTENDED.
	23. PART I. Enter the dispases, or shock, or heart failure. 13. IGNATURE OF FUNERAL SERVICE LIE 23. PART I. Enter the dispases, or shock, or heart failure. 14. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one can be DUE TO c. DUE TO d	MOO at caused the day use on each line (OR AS A CONSECTION OF AS A CON	OUENCE OF):	Cemet 22. NAME AN Keen 106 antar the mo	rery NO ADDRESS EAST da of dyln g cause gl	Ba: Chi	Part I. 2.	d P. St., c or reep	A.] Fredirectory are	Funede rest,	e. K era. ricl	AUTOPSY FINE BLE PRIOR TO EXTENDED.
	23. PART I. Enter the dispase, or abock, or heart failure. 23. PART I. Enter the dispase, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evental resulting in death) LAST PART II. Other significant conditions.	complications the List only one cat a	cometery, cre Oak MOO at caused the da use on asch line O (OR AS A CONSECT OR AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF):	Cemet 22. NAME AN Keen 106 antar the mo the underlying 28. PL THER: Nursing Hom PF 28c. INJ	g cause gl	Ba: Chi ng, auch	Part I. 2.	d P. St., c or reap	A. Fredirectory and Experimental Autropsy	Funede roat,	e. K era. ricl	AUTOPSY FINE BLE PRIOR TO EXTENDED.
	23. PART I. Enter the dispases, or shock, or heart failure. 23. PART I. Enter the dispases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	complications the List only one can b. DUE TO c. DUE TO d	cometery, cre Oak MOO at caused the da use on asch line O (OR AS A CONSECT OR AS A CONSE	OUENCE OF): reaulting in	the underlying 28. PL	rery NO ADDRESS Rey & East da of dylin g cause gl	Ba: Ching, such	Part I. 20 ck only one) G Other (S	d P. St., c or reap	A. Fredirectory and Experimental Autropsy	Funede roat,	e. K era. ricl	AUTOPSY FINE BLE PRIOR TO EXTENDED.
	23. PART I. Enter the dispase, or abock, or heart failure. 23. PART I. Enter the dispase, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions. 24. C. C. C. C. C. C. C. C. C. C. C. C. C.	complications the List only one cat a. DUE TO b. DUE TO d. D. DUE TO d. D. D. DUE TO d. D. D. D. D. D. D. D. D. D. D. D. D. D.	cometery, cre Oak MOO at caused the da use on asch line O (OR AS A CONSECT OR AS A CONSE	OVENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF):	the underlying 28. PL THER: WWY M 1 1 1 WO	g cause gl	Ba; Ching, such	Part I. 2. Cock only one) Other (S. 28d. DESCR. 28f. LOCATI	LIST ST. SPECIFY) ALL. WAS AN PERFOI	A. Fredirectory and Autropsy RMED?	Funede roat,	era.ricl	AUTOPSY FINIS BLE PRIOR TO LETION OF CART

29c. LICENSE NUMBER

D10587

1992

29d. DATE SIGNED (Month, Day, Year)

July

Section Street

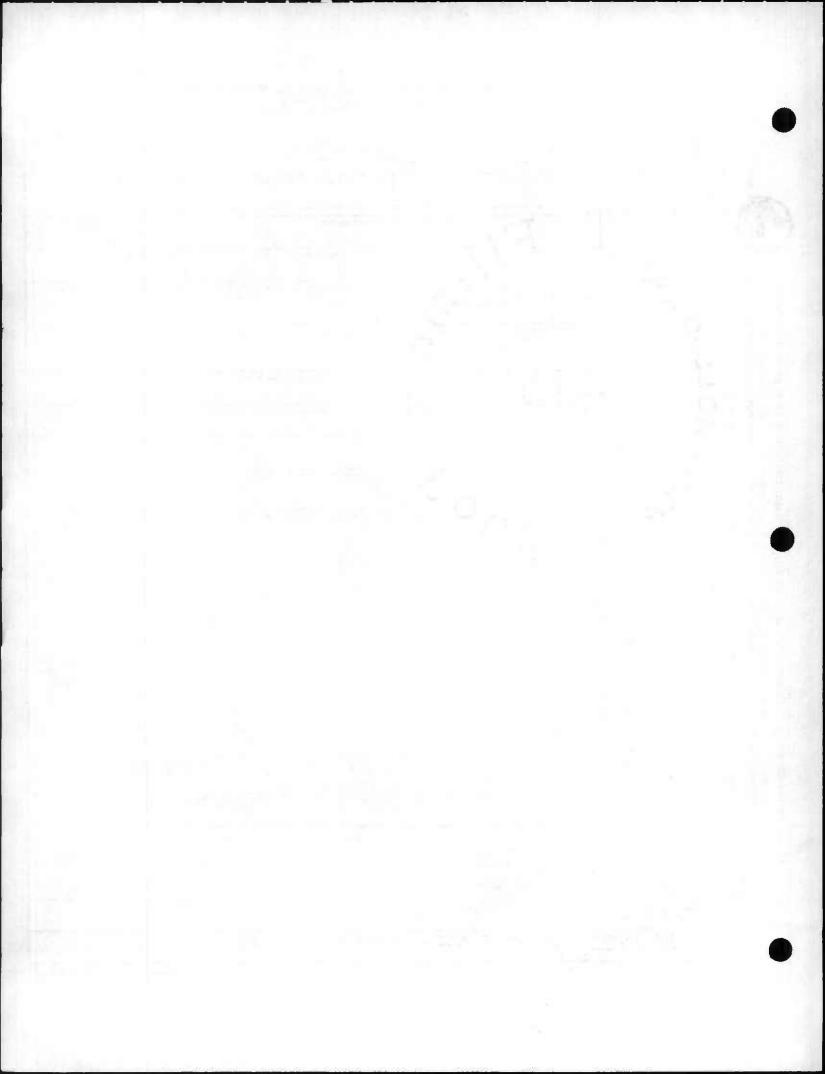
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-trans penal.	6		Special Strong	
LTIMORE, MAR ath. Page 6 may be retained uneral director, page 5 should	BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transmit permits oval.	the state of the s

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlant be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlan, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

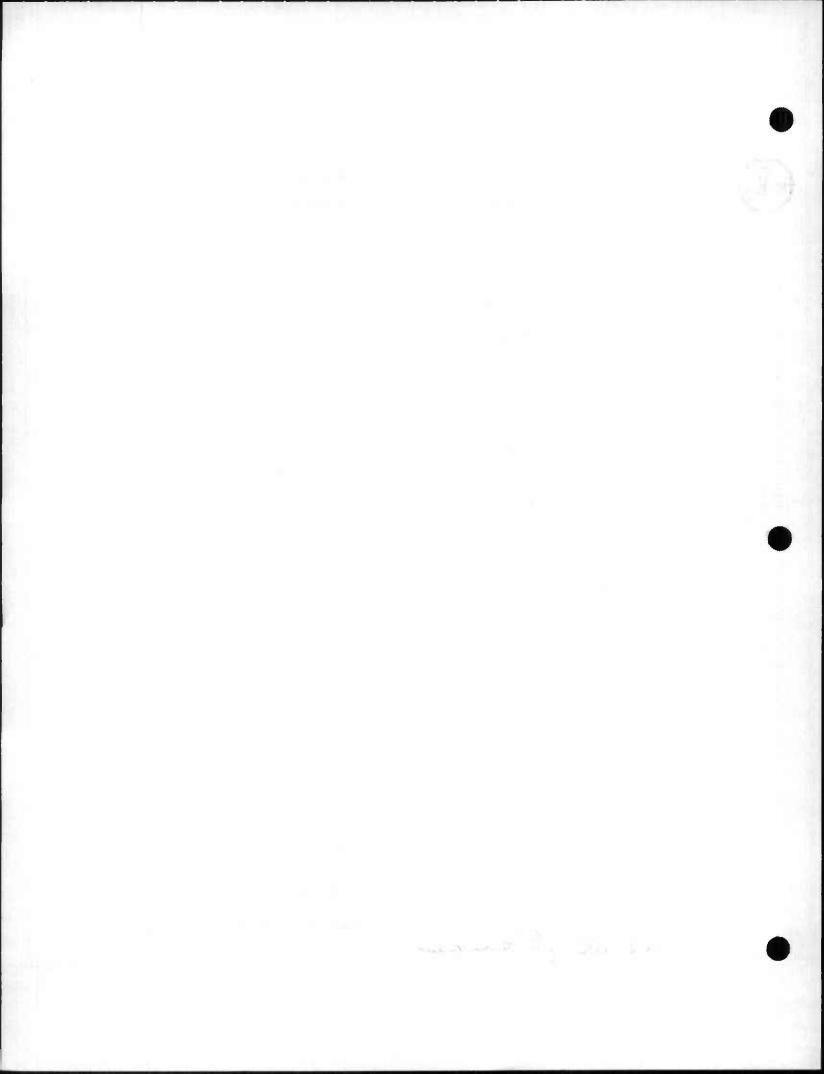
	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Fay Mic	Fay Elizat hael	eth MICHAEL	2. DATE OF OEATH MONTH DA	17 - 92 5 AM					
	4. SOCIAL SECURITY NUMBER 5. SEX 214-32-4145 1 □ M 2 🖫	56 YRS. MC	UNDER 1 YEAR IF UNDER 24 HRS, WITHE DAYS HOURS MIN.		8. BIRTHPLACE (State or Foreign Country) Pennsylvania					
TOR	96. FACILITY NAME (If not institution, give street and number) 12419 Stretton Lane Bowie Besidence of Decement									
DIRECTOR	Maryland Prince		own or location Bowie		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	12419 Stretton Lane		101. ZIP CODE 20715		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
BY	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARMEO 1 YES 2 NO E WAR OR DATES	13. WAS DECENOENT OF HISPA If yea, specify Cuban, Mexic 1 — YES 2 X NO Speci	an, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	5+)	done during most of working tired.)	166. KIND OF BUS	INESS/INDUSTRY					
OM	17. FATHER'S NAME (First, Middle, Last)	Kece	otionist 18. MOTNER'S N.	AME (First, Middle, Meiden S						
BE C	John Curtis Ruth		The second secon	ed Mathna						
TO B	19e. INFORMANT'S NAME (Type/Print)	196. MAILING AD	DRESS (Street end Number or Rural	Route Number, City or Town	1, State, Zip Code)					
	Mildred Collins 20a, METHOD OF DISPOSITION				stown, Md. 21740					
	1 Territor 5 Other (Specify)	20b. PLACE AND DATE OF Commetery, crematory or other Cedar Lav	place)		CATION - City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home									
	ocott tal	1 house	415 E. Wilson	n Blvd. Hag	erstown, Md. 21740					
	23. PART I. Enter the diseases, or complications shock, or heart fellure. List only one disease or condition resulting in death) DUE	etastatic TO (OR AS A CONSEQUENCE OF):	,	Carc	Interval Between					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSEQUENCE OF):								
ERTIFI	that initiated events resulting in death) LAST	TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing	to death but not resulting in t	he underlying ceuse given in	Part I. 24a. WAS AN / PERFORI	MED? AVAILABLE PRIOR TO COMPLETION OF CAUSE					
PHYSICIAN: MEDICAL					OF DEATH?					
ĕ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER HOSPITAL:	To	26. PLACE OF OEATN (CI	heck only one)						
14S	1 TYES 1 NO 1 Inpetient : 27. MANNER OF DEATH 280. OATE	ER/Outpatient 3 DOA 4	Nursing Home 5 Residence							
BY PI		, Day, Year) INJURY	M 1 YES 2 NO	28d. DESCRIBE NOW IN	JUNY OCCURED					
100	3 Suicide 26e. PLACI	OF INJURY — Al home, farm, streeting, etc. (Specify)	et, factory, office	nd Number or Rural Route Number,						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basic of				ner ee stated. I due to the cause(e) end manner ee stated.					
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED TO SERVE	2 mD	29c. LICENSE NU 5260	39/	29d. DATE SIGNED (Month), Day, Year) 7/17/92					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED P	WSE OF OBATH (IVEM 27) (1908 PT	rbert, Mo	207	70					
	31. DATE LEO MOGIN, DOS GOD 32. BEGIST	RAR'S SIGNATURE								



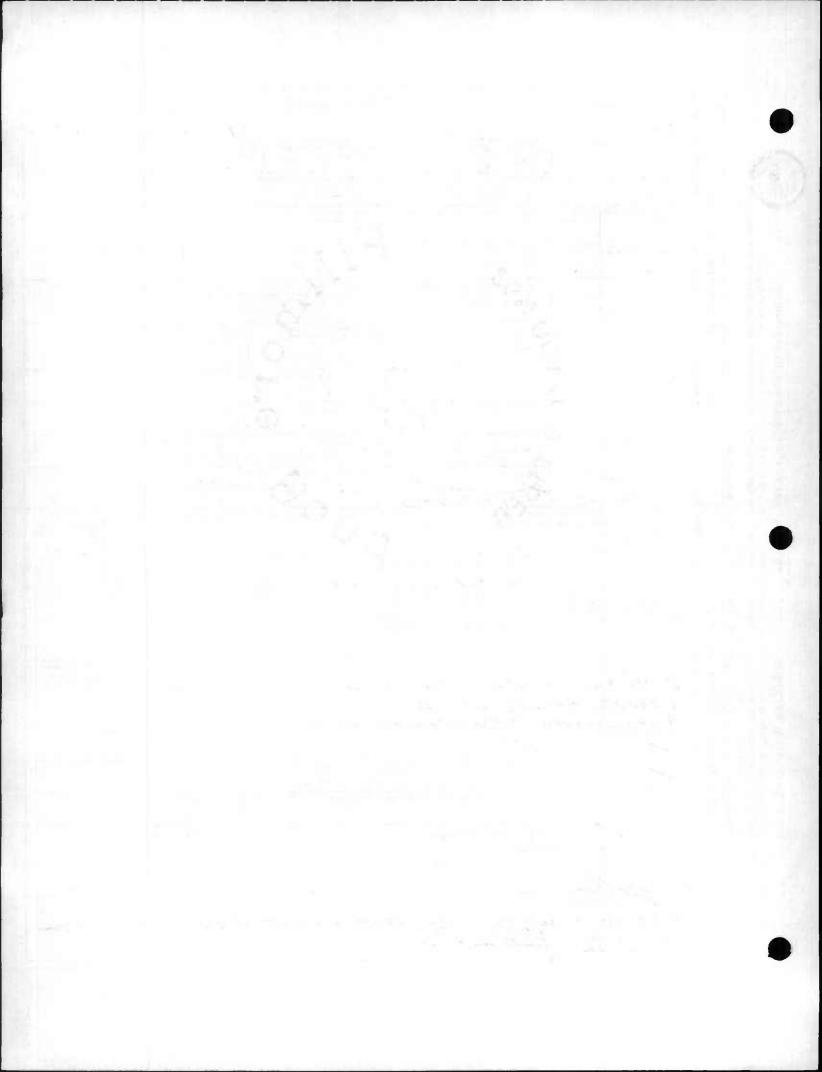
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C	ERTIF	ICATE O	F DEATH	MENTA	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last) Curtis Lee MA					MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-24-6041 6. SEX 1 ★ M 2 □ F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER 1 YEAR	-	(Mont	OF BIRTH th, Day, Year)		6. BIRTI	HPLACE (State or Foreign ry) Virginia
TOR	9a. FACILITY NAME (# not institution, give street and number) Washington County Hospit RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF Hagerstow			DEATH	EATH 9c. COUN			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
	Maryland Washington		Ha	gersto						1 X YES 2 □ NO
FUNERAL	229 N. Cleveland Avenue				101. ZIP CODE 21740				S.A.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS DECEDENT, EVER IN U.S. AI FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES AIR FORCE - KO			If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 XNO Speci	an, Puerto	N? (Specify Yes Ricen, etc.)			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5	16a. DE	CEDENT'S	USUAL OCCUPA work done during se retired.)	TION most of working	168	. KIND OF BU	SINESS/IN	DUSTRY	White
M	12	Co	rrect	ion Of:	ficer		State	Pri	son	
8	17. FATHER'S NAME (First, Middle, Last) Richard Manford				16. MOTHER'S N.			Sumame)		
BE	19s. INFORMANT'S NAME (Type/Print)	100	6 MAILING	ADDRESS (Sweet	0live			- 0: - 7		
임	Mary Manford									land 21740
	20a. METHOD OF DISPOSITION 1Å Burlat 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE A	AND DATE (OF DISPOSITION	Name of	DAT	E 20c. LO	CATION -	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Minnich Funeral Home									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate									
	shock, or heart feilure. List only one ce iMMEDIATE CAUSE (Final disease or condition resulting in death) oue m			andi	إن كة	arc	hor			Interval Between Onset and Death
ATION	cause. Enter UNDERLYING	OR AS A CONSEC	OUENCE OF	"):	,					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	(OR AS A CONSEC	OUENCE OF	7:						
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to	death but not r	resulting i	n the underly	ng cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25 MAR CARE BEEERDED TO MEDICAL									
2	EXAMINER? HOSPITAL:	HOSFITAL				neck only one)				
H	27. MANNER OF DEATH 26s. DATE O	FINJURY	28b. TIMI	E OF 28c, I	NJURY AT		6 Other (Specify) 28d. OESCRIBE HOW INJURY OCC			
BYP	1 Natural 5 Pending 2 Accident Investigation	Day, Year)	// ***	M 1	YORK? YES 2 NO					
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					(Month, Day, Year)
0	4140	A W			D2145	57		▶7/	216	٩٠
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL	SE OF DEATH (ITE	# 27) (Type.	_	HI (Ave	. 14	AGERI	ton	N.	un
	31. DATE FILED (Month, Day, Year) 732. REGISTR	AR'S SIGNATURE	73							<i>y</i>



REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.	
1. DECEDENT'S NAME (First, Middle, Last) HAROLD LERO	ALLES	Ca			2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		E (In yrs. leat birthday)	IF UNDER 1 YEAR	- mmra at (ma	7. DATE OF BIRTH	9 92	
212-14-7707	1 № M 2 🗆 F		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, You Oct. 9,	3916 N	BIRTHPLACE (State or Foreign Country) MAYYLAND
• FACILITY NAME (If not institution, give a Washington Count			96. CITY, TOWN Hagers	or location of d town		9c. COUNTY	y of DEATH Lington
RESIDENCE OF DECEDENT							
Washington County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Wash	ington		ar Spri				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 12 N. Mill St. 11. MARITAL STATUS			10	1. ZIP CODE 21722		10g. CITIZEI	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2) NO	If yes, s	CENDENT OF HISPA Decity Cuben, Mexico 3 2 NO Specia	NIC ORIGIN? (Specify an, Puerto Rican, atc. fy:	Yes or No— 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF	BUSINESS/INDUS	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)		ork done during more retired.) Driver			sale Bus	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Ma		
William Oscar Mi	les,Sr.		1	Cora H		den Surname)	
1911. INFORMANT'S NAME (Type/Print) Barry Miles					Proute Number, City or erstown,		
20a. METHOD OF DISPOSITION 1 (X) Burlai 2 Cremation 3 Rem 4 Dopation 5 Other (Specify)	oval from State	Ob. PLACE AND DATE O	FDISPOSITION (A	emetery7	-22-92 C	Location - ch	y or Town, State
21. EGHATURE OF FUNERAL SURVICE LIR			22. NAME A	ND ADDRESS OF FA			
23. PART I. Enter the diseases, or o	NI	wes	DOF	10 mp 3010	PoarSnri	10 MD 2	1722
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	N A	ECHUN	,		IDAY
resulting in death) LAST	d						
PART II. Other algnificent condition				g ceuse given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PIABETES ME		6 A			1 _ YE	2 ENO	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ALTERIOSCLERO	TIC CHANG	VARULA					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PYSS 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJUR (Month, Day, Year	/ 28b, TIME	OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUP	RED
3 Suicide 6 Could not be detarmined	28e, PLACE OF INJUI building, atc. (S)	RY — At home, farm, st pecify)	reet, factory, offic		28f. LOCATION (Str. City or Town, St	eet and Number or late)	Rural Route Number,
	CIAN: To the bast of my kno						ause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			IONED (Month, Day, Year)
Ken Mill	an (2)			DOIC			7-21-94
30. NAME AND ACORESS OF PERSON WHO	O COMPLETEO CAUSE OF	DEATH (ITEM 27) (Type	Print)	7010	10	101	
BARRY M. COG	A 32. REGISTRAR'S SK			Dr., HA	LEENS/OL	w, Mi	3,21242
JUL 22 1992	John Danden	FILME					



1	-	FOR STATE REGISTRAR
Г.	_	FOEDCHTIA NA

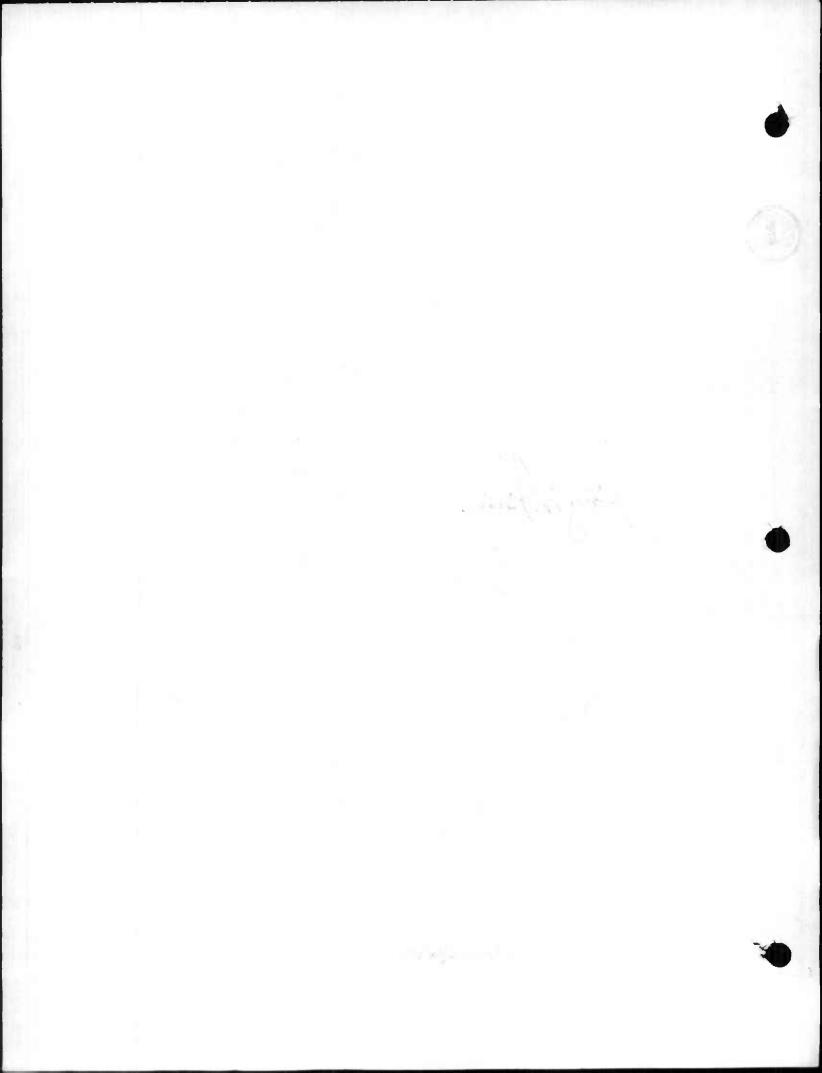
SOURCHART MARKE PRIX MORE AND A SECTION FOR THE AND ADDRESS (PRIX MORE) AND		1 - STATE REGISTRAR	STATE OF M		DEPAR					MENTA	REG. NO.	E		
ALCUS MILLER 1. SEX S	Ü	1. DECEDENT'S NAME (First, Middle, Last)						J L A		2. DATE	OF DEATH		WE LE	3. TIME OF DEATH
TAYLOUTY MANK (If on Printings, type stees and named) ### PAULTY MANK (If on Printings, type stees and named) ### PAULTY MANK (If on Printings, type stees and named) #### PAULTY MANK (If on Printings, type stees and named) ##### PAULTY MANK (If on Printings, type stees and named) ###################################			r AFY	1 722 0						JULY	13, 1	1992		9:00 PM M
BERNEW HOME OF GREATER WASHINGTON 80. CITY, TOWN ON LOCATION OF LOCATION 90. CITY TOWN ON LOCATION 90. CITY, TO										(Month, Day, Year) Cov			Countr	y)
BERREW HOME OF CREATER WASHINGTON ROCKVILLE MONTGOMERY No. SHARE MONTGOMERY No. SHARE MONTGOMERY No. SHARE No. SHARE MONTGOMERY No. SHARE No.			et and number)	00	71.0.	9b. CITY	TOWN OF	R LOCATIO	N OF DE		05/190			
SOUTHWENTONERS 10, 20 CTIZER OF WARK COUNTRY USA 11, MARKET STATUS 12, WAS DOCCOUNTED 12, WAS DOCCOUNTS 13, WAS DOCCOUNTS 13, WAS DOCCOUNTS 14, WAS ANALODEY PROPRIES 1, 1 VES 2, WAS DOCCOUNTS 1, 1 VES 2, W	OR				ı i				0. 0.					
SOUTHWENTONERS 10, 20 CTIZER OF WARK COUNTRY USA 11, MARKET STATUS 12, WAS DOCCOUNTED 12, WAS DOCCOUNTS 13, WAS DOCCOUNTS 13, WAS DOCCOUNTS 14, WAS ANALODEY PROPRIES 1, 1 VES 2, WAS DOCCOUNTS 1, 1 VES 2, W	ECT				10c CIT	V TOWN (DE LOCATION	ON				110111	COOL	
Sol. TITLET AND NUMBER Sol. TITLET OF WHAT COUNTRY SOL. STOCK SOL. TITLE OF WHAT COUNTRY SOL	DIR	MARYLAND MONT	GOMERY					ON						LIMITS?
DECEMBERS IN THE STAND COUNTING Specify WHATE Spe	AL					-	101,	ZIP CODE				10g. CITIZ	EN OF W	
Security Wideward Directed	NEH						20	0852				USA	1	
UNKNOWN) 18. MALING ADDRESS (Street and Number or Parall Pouts Number City or Town, State, Zip Code) WILLIAM MILLER 10. MATTOR OF DESTRUCTION STATE SOURCE OF TOWN STATE AND ADDRESS (Street and Number or Parall Pouts Number City or Town, State, Zip Code) WILLIAM MILLER 10. MATTOR OF DESTRUCTION STATE SOURCE OF TOWN STA	ВУ	1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA	YES 2XX	MED IO	13.	WAS DECE If yes, spec I YES :	NDENT O	F HISPAN , Maxice Specify	IIC ORIGIN n, Puerto F	7 (Specify Yes Rican, etc.)	or No-	Black	, White, atc.
UNKNOWN) 19. HITHOO OF DESTORMANT'S HAME (Type-Print) 19. HITHOO OF DESTORMANT'S HAME (Type-Print) 19. HITHOO OF DESTORMANT'S PAIR (Type-Print) 19. HITHOO OF DESTORMANT'S PAIR (Type-Print) 19. PLACE AND DATE OF OSPOSITION (Name of Destard Name of Pair Route Annual City or Town, State 2 County Bloom of State 2 Co	E I	15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	16a. DE(CEDENT'S	USUAL O	CCUPATION	N t of working		16b.	KIND OF BUS	INESS/INDU	JSTRY	
UNKNOWN) 19. HITHOO OF DESTORMANT'S HAME (Type-Print) 19. HITHOO OF DESTORMANT'S HAME (Type-Print) 19. HITHOO OF DESTORMANT'S PAIR (Type-Print) 19. HITHOO OF DESTORMANT'S PAIR (Type-Print) 19. PLACE AND DATE OF OSPOSITION (Name of Destard Name of Pair Route Annual City or Town, State 2 County Bloom of State 2 Co	7	Elamentary/Secondary (0-12)		life.	Do NOT us	se retired.)			,					
UNKNOWN 19. HOLLOWING (PyroPrint) 19. MALING ADDRESS (Street and Number or Pural Packs Number (City or Town, State, Zip Code) WILLIAM MILLER 10. PACE AND DATE OF DRINK STUVER SPRING, MD. 20901 20. PACE AND DATE OF OSPOSITION (Name of City or Town, State 2) Considerable Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature of Fabrica Signature Signature of Fabrica Signature Signature of Fabrica Signature S	OME			PRO	PRIE'	TOR/I	BUTCE				7.77			
WILLIAM MILLER 804 NORTHWEST DR. SILVER SPRING, MD. 20901 **SILVER SPRING, MD. 20901 **SILVER SPRING, MD. 20901 **SILVER SPRING, MD. 20901 **DATE Soc. LOCATION — City or Town, State Control of Country or Town, State Country or Other pices 21. BIGMATURE OF REACHING Removed from State Country or Other pices 22. MARK AND ADDRESS OF FACILITY MEMORIAL GDNS 7/15 FALLS CHURCH, VA. 23. BIGMATURE OF REACHING Removed from State Country or Other pices 24. MARK AND ADDRESS OF FACILITY MEMORIAL GDNS 7/15 FALLS CHURCH, VA. 25. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 27. MANE (ADDRESS) OF FACILITY DANZAANSKY—COLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 28. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 29. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 29. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 29. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 29. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG DANZAANSKY—COLDBERG 20. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG DANZAANSKY—COLDBERG 20. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG DANZAANSKY—COLDBERG 20. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG DANZAANSKY—COLDBERG 21. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG DANZAANSKY—COLDBERG 22. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG DANZAANSKY—COLDBERG 23. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG DANZAANSKY—COLDBERG 24. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG DANZAANSKY—COLDBERG 25. MARK AND ADDRESS OF FACILITY DANZAANSKY—COLDBERG DANZAANSKY—COLDBERG 26.							Ì				Aiddle, Maiden S	iumame)		
NULLIARY FULLIARY SULLIARY SPRING MD. 20901		19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street and				er, City or Town.	State, Zip (Code)	
Note Continue Co	-	WILLIAM MILLER 804 NORTHWEST DR. SILVER SPRING, MD. 20901												
22. MANE AND ADDRESS OF PACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 23. PART I. Enter the disease, or comprications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, IMMEDIATE CAUSE (Fine) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury) Advantage DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR		20b. PLACE AND DATE OF DISPOSITION (Name of Complete or other place)												
DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 22. PARTI I. Enter the disease, or compacations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, infarrial Between Onest and Death of Compacing to the part of the Compacing to the part of the Compacing to	ı	21. SIGNATURE OF FUMERAL SAMPLET THEIRS OF FACILITY												
Note Part Lender the disease or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, interval Between Onsat and Death Interval Between On		> Januar h	4.			D/	ANZAN	ISKY-	-GOL	DBER(
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE		23. PART I. Enter the diseases or cor	np cations that	causad the day	ath. Do n	Dt antar	the mod	e of dvir	d such	E PII	lac or respir	CKVIL	LL,	
DUE TO (OR AS A CONSEQUENCE OF): Harry, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initisted events resulting in death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other		IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Interval Between Onsat and Death Due To (OR AS A CONSEQUENCE OF):												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contribution of cause given in Part I. PART II. Other significant conditions contribution of Cause of Death (Check only one) 1	ATION	Sequantially list conditions, If sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contribution of cause given in Part I. PART II. Other significant conditions contribution of Cause of Death (Check only one) 1	FIC	CAUSE (Diseasa or injury C.												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death out not part II. PART II. Other significant conditions contributing in the underlying cause given in Part I. PART II. Other significant conditions and place and out of competition of C	ERT													
AMAILABLE PRIGHTO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 28. DATE OF INJURY At home, ferm, street, factory, office 28. PLACE OF INJURY At home, ferm, street, factory, office 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY At home, ferm, street, factory, office 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY At home, ferm, street, factory, office 29. CERTIFIER (Check only one) 29. CERTIFIER (Check only one) 29. SIGNATURE AND TILE OF CERTIFIER 29. DATE SIGNED (Month, Day, Year)	- C	PART II. Other significant conditions contributing to death but and requisited by												
2 Accident investigation M 1 YES 2 NO 2 Accident Suicide 6 Could not be determined City or Town, Stete) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 2 Accident Suicide 6 Could not be determined City or Town, Stete) City or Town, Stete) 2 - CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of axemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 - MEDICAL EXAMINER: On the basis of axemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 - MEDICAL EXAMINER: On the basis of axemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 - MEDICAL EXAMINER: On the basis of axemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 - MEDICAL EXAMINER: On the basis of axemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 - MEDICAL EXAMINER: On the basis of axemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 - MEDICAL EXAMINER: On the basis of axemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.		Anan	ua'				a or i y m g	cause gi	ven m	rant I.	PERFORM	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
2 Accident Acciden	×	Mypai	hyraidi	Sm'						_				
2 Accident investigation inves	AN						/28 PI A	CE OF DE	ATM (Cho	<u></u>				
2 Accident investigation inves	Sic			R/Outpatient 3	DOA	OTHER 4 Num	1:							
2 Accident investigation inves	E	27. MANNED OF DEATH	28e. DATE OF IN	IJURY	28b. TIME	OF	28c. INJUF	TA YE				JURY OCCU	RED	
3 Suicide 4 Homicide 6 Could not be determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. 29b. Signature AND VILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dev. Year)		2 Accident Investigation				М	1 YE		NO					
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	TEO													
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	OMPLE	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated.												
0 1-1-1 Mac m 033357 > 7/14/52		29b. SIGNATURE AND VILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
1 20 NAME AND ADDRESS OF DESCRIPTION WAS COLUMN	2	1-1-11/Mac m 033357 > 7/14/52									4/52			
OLE Jenathan Musher un 6105 Mentrese Red Rackulle inv.		OLee Jenat	-		27) (Type,	Print)	105	n	Je ni	rose	Rel	R	eck	ulle ins
31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SIGNATURE		JUL 16 '92	32. REGISTBAR	S SIGNATURE	482									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

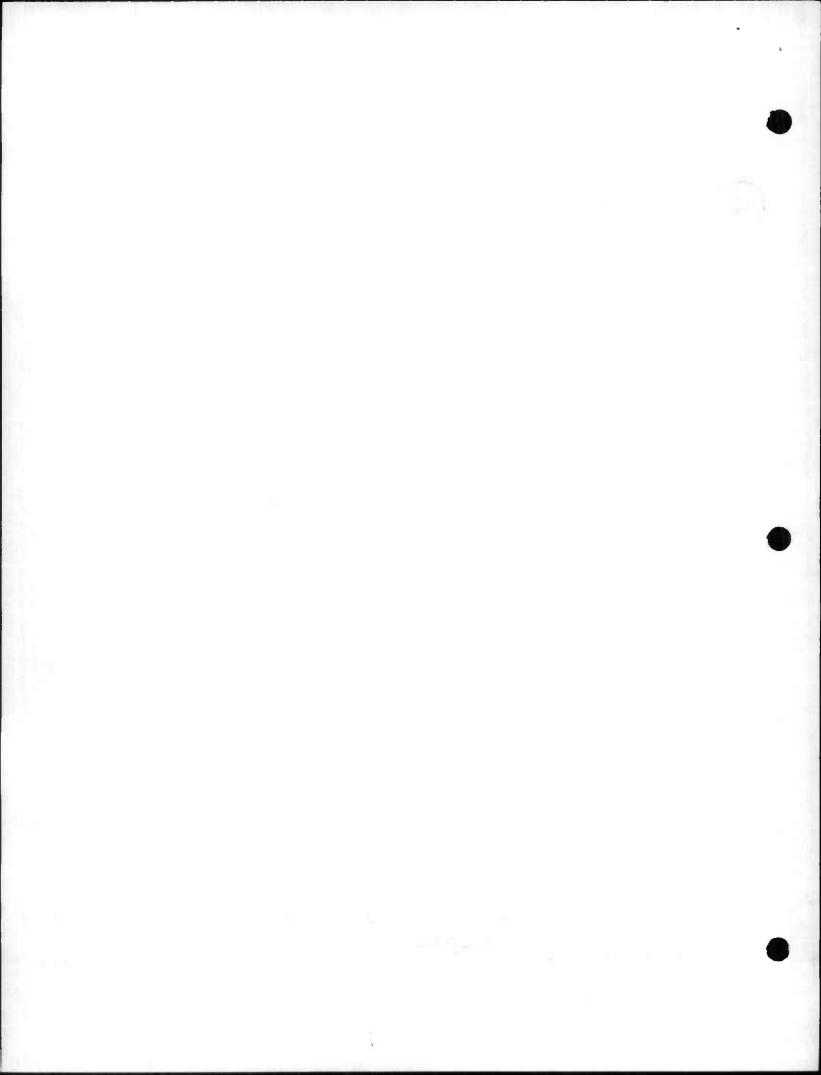
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



	house
	27
50,	within
687	popular
×	2
. 80	ifficate
Ö	Pad
0.	death
ŏ	4
OR	that
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TUE MOCDITAL OR ATTENDIAL DAVCINIAN. The law sequines that the death certificate he exercited within 24 to
_	1
TA	P.
5	AN
OF	DUVCIC
Z	ON
1810	TEMPI
2	0
	7
	MOCDITA
	N.
	- 10-

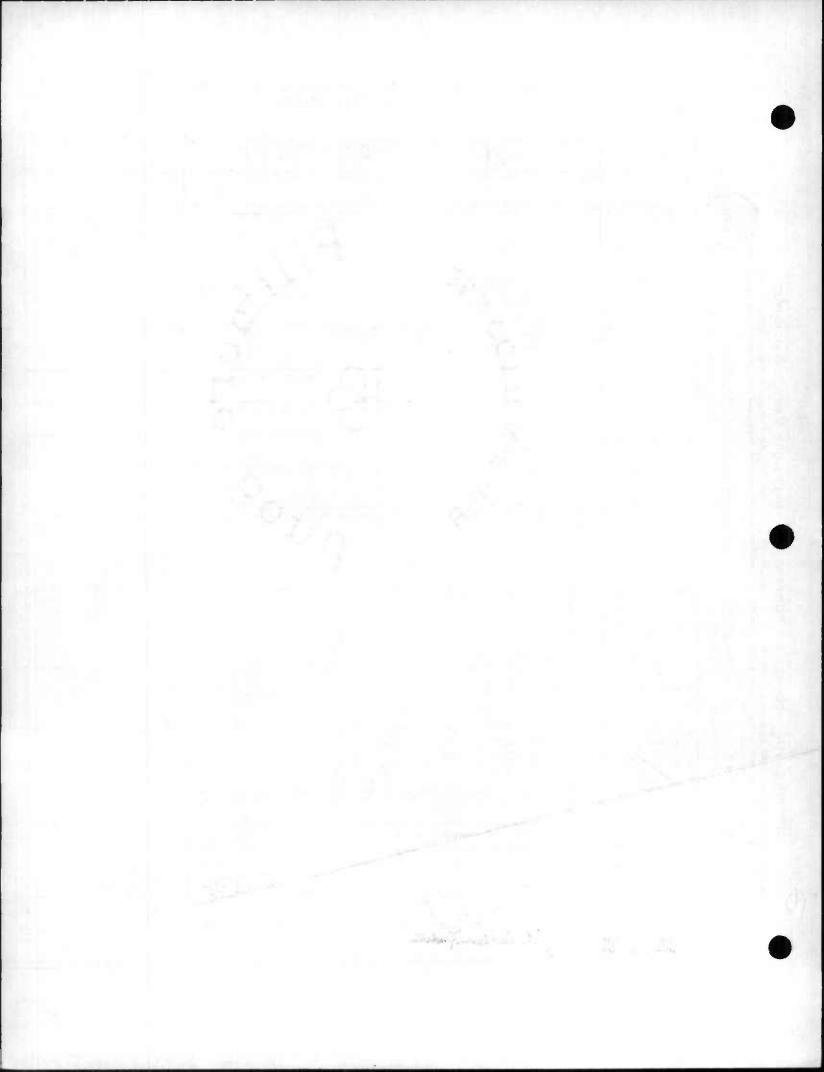
		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I			HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)	orie M	a shee)		2. DATE OF MONTH		3, TIME OF DEATH	
3_			1 🗆 M 2 💢 F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MAR.	22, 1925 VA	BIRTHPLACE (State or Foreign Country) ASHINGTON, D. C.	
	enda	HOLV CYASS	Hospital	/	Silve	OR LOCATION OF D		Ma	J + SAMEN	
	DIRE	10e. STATE 10b. COUNTY PRINC	IF GEORGE'S	10c. CIT	Y, TOWN OR LOCA	TION .		40e OTIVE	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?	
physician. burial-transit permi	NERAL	14800 45	Street	APT.42C		2070	7_	1	45A	
attending physician. se as the burial-trar	D BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2) NO	If yes, sp	CENDENT OF HISPA Decify Cuban, Mexico 3 2 NO Specif	in, Puerto Ric	Specify Yes or No 14 en, atc.)	RACE — American Indian, Black, White, etc. Specify: WHITE	
al or	TO BE COMPLETE	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	(Give kind of u	work done during mose retired.)	ost of working	16b, K	IND OF BUSINESS/INDUS	ITRY	
be det		17. FATHER'S NAME (First, Middle, Last) RAYMOND THORN	E				ME (First, Mic	die, Maiden Surname) BALLOU		
ay be retained page 5 should		PATRICIA M. ROBBIN	S (DAUGHTER		TYRONE			City or Rown, State, Zip Co IARLBORO, MA	ARYLAND 20772	
e 6 m		20e. METHOD OF DISPOSITION 1	val from State cen	METROPOL			7/14	20c. LOCATION — CR ALEXANDRI	A, VIRGINIA	
after death. Page 6 m by the funeral director, moval.		21. BIGHATUHE OF FUNERAL SERVICE LICE	Carpell	1	FRANCI 500 U	NIVERSIT	LINS I Y BLVI	FUNERAL HOM	PR.,MD.20901	
executed within 24 hours after d and completely filled in by the o burial, cremation, or removal.		23. PART I. Entar tha disastes, or co shock, or hear failura. Li IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Cardia	d the death. Do reach line. Pulmo	nary 1			c or respiratory arres	Approximata Interval Between Onset and Death	
th certificate be execu- ending physician and I Hygiene prior to bur- or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF						
requires that the en signed by the of Health and M thows any Inju	MEDICAL	PART II. Other algorificant conditions SEPSIS RENAL Cancer	neuticine	out not resulting	in tha underlyin	g ceuse given in		III. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
2 6 8 m	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			J.	
PHYSICIA this certii with the riked, or	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)							
OR ATTENDING I DIRECTOR: After hours after death Item 28 is mai		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, factory, offic	•		ON (Street end Number or Town, State)	Rural Route Number,	
Z Z Z =	COMPLET		AN: To the best of my know						euse(e) end manner ee atated.	
TO THE HOSPIT TO THE FUNER be filed within IMPORTANT:	TO BE C	296. SIGNATURE AND VITLE OF CURTIFIER	MMP			D335	MBER 62	29d. DATE S	HIGNED (Month, Day, Year)	
10		1010 UANNE		410 S		SPRIN	5 1	ld.		



TO BE COMPLETED BY FUNERAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAI		MENT OF HE		MENTAL	HYGIENE REG. NO.	12	214;	00
1. DECEDENT'S NAME (First, Middle, Last)	JOSEPHINE H.	MORRIS			2. DATE O	F DEATH	-	3. TIME OF DEA	TH
Josephine	H Ma	orris			MONTH	15	9Z	0335	Ам
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In			IF UNDER 24 HRS.	7. DATE O	F BIRTH	8. BIRTH	PLACE (State or F	oreign
578-28-3521	1 M 2 WF 9	YRS.	PONTHS DAYS	IOURS MIN.		Day, Year) 20,1897	MARY	LAND	
9e. FACILITY NAME (If not institution, give	street end number)		96. CITY, TOWN OR	LOCATION OF D			NTY OF DE		
WASHINGTON COUNT	Y HOSPITAL		HAGERS	TOWN		WA	SHING	TON	
RESIDENCE OF DECEDENT	TV.						J111110		
			TOWN OR LOCATIO	N				10d. INSIDE CITY LIMITS?	Y
PENNSYLVANIA F	RANKLIN	MERO	CERSBURG	heren in				1 YES 2	NO
			-	IP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?	- 11
18550 FURNACE RO	AL) 12. WAS DECEDENT EVER IN U	0.48450		17236			USA		
1 Never Merried 2 Married	FORCES? 1 TYES	2 XNO	If yes, spec	fy Cuben, Mexica	in, Puerto Ric	(Specify Yes or No— can, atc.)	14. RACE Black,	- American Indi White, etc.	en,
3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATE	S	1 TYES 2	NO Specif	y:		WHIT	E E	
15. DECEDENT'S EDI	JCATION 1	6a. DECEDENT'S US			16b. R	IND OF BUSINESS/IN			
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	rk done during most retired.)	of working					
12		HOMEMAK	KER						
17. FATHER'S NAME (First, Middle, Last)				IS. MOTHER'S NA	ME (First, Mic	idle, Melden Surname)			
DEMETRIUS COADE	HODGES			GENEVI:	EVE	BURCH			
190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street end	Number or Rural	Route Number	. City or Town, State, Zij	Code)	17236	
C. JANE MOSSELLEN	(DAUGHTER)	18550 H	FURNACE I	ROAD M	ERCERS	SBURG, PER	NNSYT.		
20a. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Ren	20b. Pl	LACE AND DATE OF	DISPOSITION (Nemi		DATE	20c. LOCATION -			
4 Donation 5 Other (Specify)	ARI	INGTON N	NATIONAL		7/20	ARLINGTO	DN.VT	RGTNTA	
21. SIGNATURE ASSTUNERAL SERVICE LI			22. NAME AND	ADDRESS OF FA	CILITY	FUNERAL I	TOME	THO	
1 (5/m/)	(D)V		500 IN	TUEBETT	TTIND	FUNERAL I	HOME,	INC.	
23. PART I. Enter the diseases, or	complications that ceused to	he death. Do not	t enter the mode	of dving, auc	h as cardia	c or respiratory as	DIR.	Approxim	
shock, or heart failure.	List only one cause on eac	h line.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or respiratory an		Interval B	atween
IMMEDIATE CAUSE (Finel disease or condition	Cons	-ir						Onset and	d Death
resulting in death)	B. DUE TO JOH AS A C	ONSEQUENCE OF:							
	Mint	1. N 1.		use				i	
Sequentially list conditions, if any, leeding to immediate	DUE TO OR AS A CI	ONSEQUENCE OF):	60	coe					
cause, Enter UNDERLYING									
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):							
resulting in deeth) LAST	d								
PART II. Other algolificant condition	no contribution to death but								
Acternosco	C C C	not resulting in	the underlying o	ause given in	Part I. 2	4a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY F AVAILABLE PRIOR	TO
MARIOSCIA	03(3				_	YES 2 HO		COMPLETION OF I	CAUSE
								1 YES 2	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLAC	E OF DEATH (Ch	eck only one)				
1 YES 2 NO	1 Inpetient 2 ER/Outpeti	ent 3 🗆 DOA 4	☐ Nursing Home		6 Other (Specify)			
27. MANNER OF DEATH 1 → Natural 5 → Pending	(Month, Day, Year)	28b. TIME (TY WORK	?	28d. DEŞCI	RIBE HOW INJURY OC	CURED		
2 Accident Investigation	A6 - PI 405 OF WHITE			2 NO					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stre	eet, factory, office			ION (Street end Number Town, State)	or Rural Ad	oute Number,	- 1
290. CERTIFIER									
(Check only	ICIAN: To the best of my knowled								
2 MEDICAL EXAMIN	ER: On the basis of examination e	nd/or investigation,	In my opinion, deat	h occured at the	time, date ar	nd place, and due to the	ne ceuse(e)	end manner ee s	stated.
296. SIGNATURE AND TITLE OF CONTURE	R		2	OF ENCENSE NUI	WBER	29d, DAT	E SIGNED	Month Die Mary	
/ Well				Y) 26	250	6	///	1/92	_
M. HAMP AND ADDRESS OF PUBLISH W	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type	PL 1/6	110	X	/- 1/		10	
31. DATE FILED (Month, Day, Visit	THE STHAR'S SIGNA	JREP.	1-17	Wif	17	EGON	Cu	140	
JUL 21 92	grander to	The same					2	1742	_



3. TIME OF DEATN

8:30 PM

YEAR

2. DATE OF DEATH

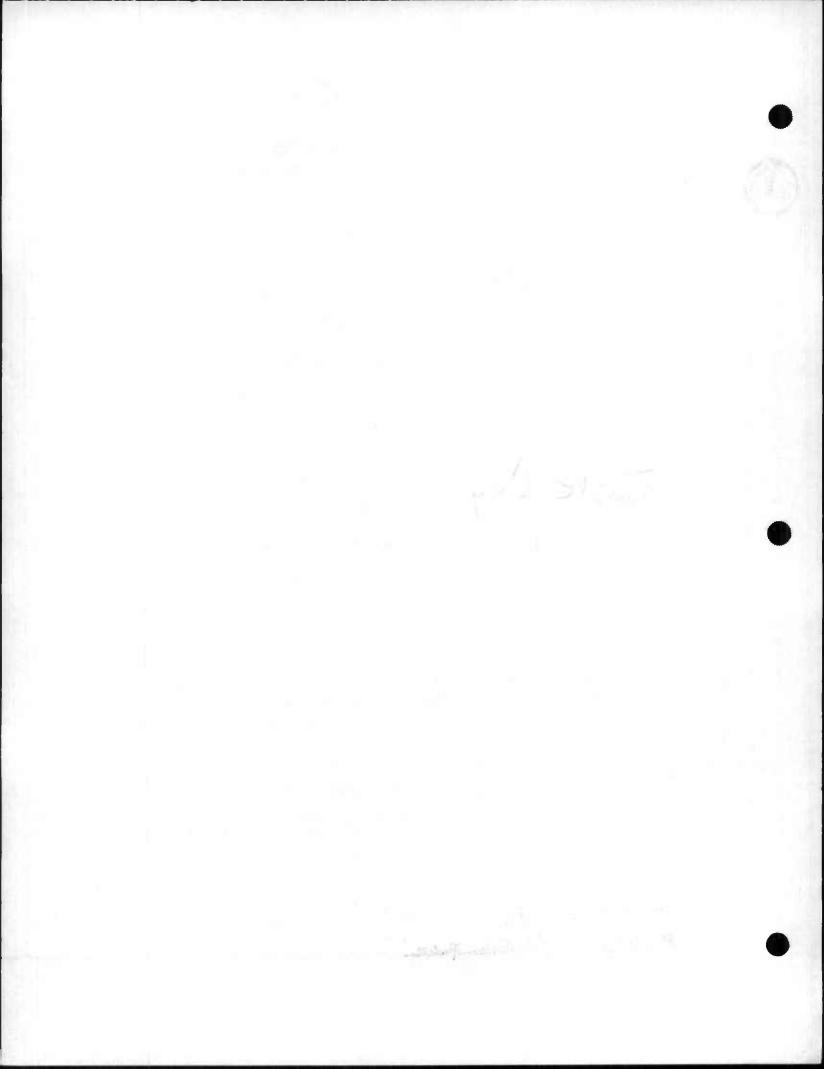
Pages
permit.

BALTIMORE, MARYLAND 21215-0020

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exe

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	George Sai		Miller			`				1	15	8 9	2	8:30
	4. SOCIAL SECURITY NUM	BER	S. SEX	5. AGE	(In yrs. last birthda	MONTHS	DAYS	IF UNDE	R 24 HRS, MIN.		OF BIRTN		8. BIRTHPL Country)	ACE (State or Foreign
	702-01-2615 1 K M 2 F 9a. FACILITY NAME (If not institution, give street and number)				74 YRS	MONTHS	DATE	NOUNE	BHITT.		ne 18,	1918		esota
_	Sa. FACILITY NAME (If not it		9b. CIT	Y, TOWN C	OR LOCAT	ION OF D	HTA		9c. COUNT	TY OF DEA	тн			
<u>6</u>	Suburban I		al			Ве	thes	da				Mon	tgome	ery
DIRECTOR	10a. STATE	10b. COUN	TY	10c. C	10c. CITY, TOWN OR LOCATION						1	Od. INSIDE CITY		
품	Maryland	Mont	gomery		Ro	ckvi	11e							LIMITS?
7	10e. STREET AND NUMBER		32			, 0.11 1 1		ZIP COE)E			10g. CITIZ		AT COUNTRY?
LONGH	11905 Ashle	ey Dri	ve					2085	2			Unit	ed St	ates
	11. MARITAL STATUS		12. WAS DECEDER			13	. WAS DEC	ENDENT	OF NISPAL	IIC ORIGI	17 (Specify Ye	1	14. RACE -	- American Indian.
87	1 Never Married 2 3 XXWidowed 4 Div	111	FORCES?	MAR OR D	ATES				an, Mexica Specifi		Rican, etc.)		Specify:	White, etc.
		CEDENT'S ED	World	War]										White
	(Specify on	ly highest grad	de completed)		16e. DECEDENT (Give kind of life. Do NOT	of work done use retired.	during mo.	ON st of work	ing	18b	KIND OF BU	SINESS/INDU	ISTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)										
	17. FATHER'S NAME (First, A	Alddle, Last)			Machi	nist	Supe		_		Engine Middle, Maiden			
	Fred Miller	-									WOONE, WEIGHT	Surramey		
20 H	19a. INFORMANT'S NAME (19b. MAILI	IG ADDRES	SS (Street a		ma Ba		ber, City or Tox	m. State. Zin (Code	22201
2	Gary P. Mil	ller									1319,			
	20a. METNOD OF DISPOSIT	TION		20b	PLACE AND DAT	E OF DISPO	SITION /Na		rree	DAT		CATION - C		
	1 N Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		moval from State	can	Parklawr	Mem	oria]	l Pa	rk '	7/22/	92 Roc	kville	e. Ma	rvland
	21. SIGNATURE OF FUNERA	AL SEMVICE L	JCENSEE /			22	NAME AN	ID ADDRE	SS OF FA	CILITY				
	► A\	.VE	I N	4.1	M0080	, I	DC.	300	West	onrey Mor	rune tgome	raı Ho	ome/R	Rockville
7	23. PART I. Effer the d	liseeses, or	complications the	et cause	d the death. Do	not ente	r the mo	de of de	, Mai	cylar	iac or man	850-28	305 ′	Approximete
	shock, or h	neert fallure	. List only one cer	use on e	ech line.								,	Interval Between
	IMMEDIATE CAUSE (Fi	nai	R 1/-45	TLO	WERL	NOT	thu.	710	MI	٨				la NAS
	resulting in death)		DUE TO	OR AS	CONSEQUENCE	OF):	.,	U.J.	UTI	4				COURT
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										40 YB			
	PART II. Other algorifica	ent condition	one contributing to	death b	ut not resulting	in the u	nderiving	z cause	given in	Part I.	24s. WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDING
MEDIONE	MON SMALL CAL CARCINOMA OF LEFT LUNS PERFORMED? ANALABLE PRIOR COMPLETION OF COMPLETIO									MILABLE PRIOR TO CMPLETION OF CAUSE				
1	STATUS DOST 1+FT ANGLARAGE TO AN 1 1000									F DEATH?				
	3(7) VES 2/0 NO													
	25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF 1	DEATH (Ch	ck only on	e)			
TSICIAL	28. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO OTHER:													
E	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day War) (Month, Day War) (Month, Day War) (Month, Day War) (Month, Day War)													
	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation Investigation													
5	3 Suicide 6 Could not be 26s. PLACE OF INJURY At home, term, street, factory, office building, stc. (Specify)										te Number,			
	4 Homicide determined City or Town, State)													
1					lados deetle see					4- 45		none on eleter	d.	
			SICIAN: To the best of											
	(Check only		SICIAN: To the best of a											nd menner as stated.
	(Check only	ICAL EXAMIN	NER: On the besia of a					eath occu		time, data		nd due to the	cause(a) a	nd manner as stated.
	(Check only one) 2 MED 29b. SIGNATURE AND TITLE	E OF CERTIFI	BR ZOLUL	M	n and/or investiga	tion, in my		eath occu	red at the	time, data		nd due to the	cause(a) a	
BE COMPLETE	(Check only 2 MED 29b. SIGNATURE AND TITLE 30 NAME AND ADDRESS O	E OF CERTUFI	BR ZOLUL	M	n and/or investiga	tion, in my		29c. LIC	ense NUN	time, data	and place, ar	nd due to the	cause(a) a	
TO BE COMPLETE	(Check only one) 2 MED 29b. SIGNATURE AND TITLE	E OF CERTUFI	BR ZOLUL	ISE-OF DE	ATH (ITEM 27) (Ty	tion, in my	opinion, de	29c. LIC	ense NUN	time, data	and place, ar	29d. DATE	cause(a) a	



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE MOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		500								92 21460	
_		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF			MENTAL HYGIEN REG. NO.			
		1. DECEOENT'S NAME (First, Middle, Last)	0-1-1	> 6.6		1000		2. DATE OF OEATH MONTH DA	AY	YEAR 3. TIME OF OEATH	
		Mc Gonigall	· Nalph	J 17 .	10000			7-12	1- 0	92 550 "	
				In yrs. lest birthday) YRS.	MONTHS DAY		R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)	
		9e. FACILITY NAME (If not institution, give stree	XX № 2 □ F 67	ī na.				8-6-24		Baltimore, MD	
	œ		All Control	4		WN OR LOCATIO		ATN	9c. COUN	TY OF DEATH	
	DIRECTOR	Washington Advent	ist Hospita	11	Takor	ma Parl	k		Mon	tgomery	
	REC	10e. STATE 10b. COUNTY		10c. CI7	TY, TOWN OR LO	CATION				10d. INSIDE CITY	
			ce George's	A	delphi					TYPES 2 NO	
	¥	10e. STREET AND NUMBER				10f, ZIP CODE	E		10g. CITIZ	EN OF WHAT COUNTRY?	
	4	8533 Riggs Road 20783 United States									
	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Diverced	2. WAS DECEOENT EVER IN FORCES? IN THE YES IF YES, GIVE WAR OR DA	2 NO	If yes		ın, Mexican,	IC ORIGIN? (Specify Yes i, Puerto Rican, atc.)		14. RACE — American Indian, Black, White, atc. Specify:	
		The State of the S				X	****			White	
	COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	16a. OECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	ng	16b. KIND OF BUS	HNESS/INDU	ISTRY	
	1	Elementary/Secondary (0-12) (College (1-4 or 5+)		stics			Dept. o	of Do	fondo	
JCG.	OM	17. FATHER'S NAME (First, Middle, Lest)	0			I 18. MOTE	NED'S NAM	ME (First, Middle, Meiden :		Telise	
6 ,		Floyd McGonigall							Surnaniej		
8 1	BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number. C									
1	임	Mary McGonigall							20783	acrey	
30 130		20e. METHOD OF DISPOSITION		PLACEANDDATE	OF DISPOSITION					City or Town, State	
		1 N Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	- G	etery, crematory or of eorge Wa	other place) ashingt	on Cen	n.	7/18/92		No. 10 Company of the	
examiner		21. SIGNATURE OF PINERAL SERVICE LIGEN	SEE / / /	1	22. NAM	E AND AODRES	SS OF FACE	JUTY		114	
EXAIL		* Philip (Varalch	•	118	00 New	a Ham	Funeral H	lome	diran Canina M	
28		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mods of dying, auch as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximately a shock, or heart failure. List only one cause on each line.									
E		shock, of heart failure. Lis iMMEDIATE CAUSE (Final	t only one ceuse on ea	ich jine.						interval Between Onset and Death	
5		disease or condition	Cons	brov.	astu	Lors	ACI	cident-		Oliset and Death	
Take I		resulting in death) a	OUE TO (OR AS A								
	z	Sequentially list conditions b.									
1	3	Sequentially list conditions, If any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):									
2	3	CAUSE (Disease or Injury									
THE PARTY	ERIFICATION	that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE O	₽):						
5 1	H.	d				-					
	1	PART il. Other algnificent conditions c	ontributing to death bu	it not resulting	in the underl	ying cause g	given in P			24b. WERE AUTOPSY FINOINGS	
100	MEDICAL		taportic.	foula	Se	-		1 YES 2,		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
1	i i		/						wh we	OF DEATH?	
2	ž										
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE OF DE	EATN (Chec	sk only one)			
1	2		OSPITAL: Inpetient 2 - ER/Outpe	itlent 3 🗆 DOA	OTHER:	fome 5 🗆 Re	sidence 6	3 ☐ Other (Specify)			
2	5	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. I						88d. DESCRIBE HOW INJURY OCCURED			
6 1	2	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO							
2 0	5 II	3 Suicide 8 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office 281.						281. LOCATION (Street or City or Town, State)	nd Number o	ir Rural Route Number,	
7 1											
	COMPLETE	Check only 1 CERTIFYING PHYSICIAL									
2 3	5	one) 2 MEDICAL EXAMINER: C	In the besis of examination	end/or investigation	on, to my opinio	n, death occur	ed at the tir	ime, date end place, and	f due to the	cause(s) end menner es stated.	
E u	u II	29b. SIGNATURE AND TITLE OF CERTIFIER	ingunt	H.D		29c. LICE	ENSE NUMB	BER	29d. DATE	SIGNEO (Month, Day, Year)	
	5		1			cD 21	428	3	D 7	15.92	
T F	- 11	30. NAME AND ADDRESS OF PERSON WHO O	OMP ETED CALLER OF DEA	TH STEM 27 Char	Darlant)	27					

31. DATE FILEO (Month, Day, Year)

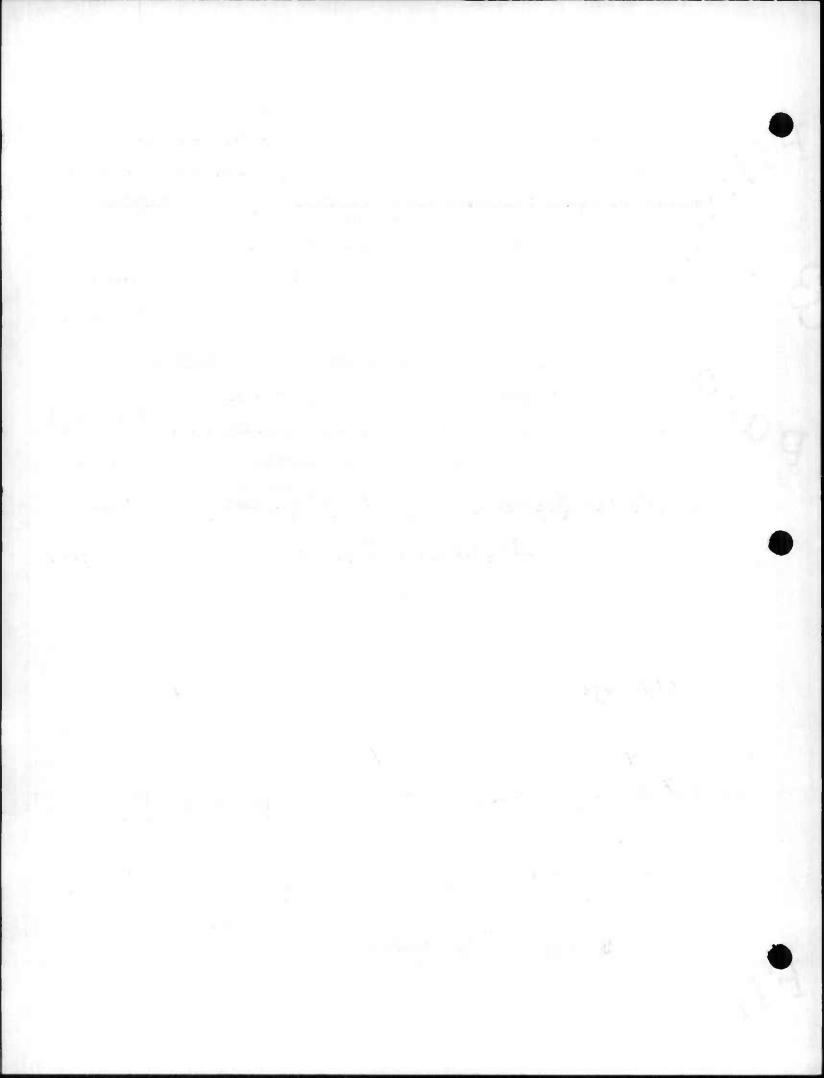
32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type M. YUS YVF 34.50 Fout when I

OHMH-16 Rev 1/89

in the first on Mary Mary Committee of the Stat

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND !	MENTAL HYGIEN			
		1. OECEDENT'S NAME (First, Middle, Last EVA JANE MYERS	"				2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	AY 1992		м
	1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign ountry)	
3-		213-01-1047D		89 YRS.			MAY 4, 19	9c. COUNTY O	VIRGINIA	_
(a)	D	99. FACILITY NAME (If not institution, given MALLARD BAY NURSI	CENT		CAMBR	RIDGE	EATH	2000	HESTER	
1	100	10e. STATE 10b. COUN	ITY	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?	٦
Dr. C.	ā		RCHESTER	I	ISHING C			I sa comment	1 TYES 2 NO	
of per	RAI	BOX 28			101	21634			U.S.A.	
03-3146 attending physician. se as the burial-transit	BY FUNERAL	11, MARITAL STATUS 1 Never Merried 2 Merried 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPAN	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	8 or No.— 14. F	HACE — American Indian, Black, White, etc. Specify: IITE/CAUC.	
21203-3146 tal or attending phys for use as the burn		15. DECEDENT'S E		18e. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUSTR		_
N - 3	LETED	(Specify only highest gra	Cotlege (1-4 or 5+)	IIIe. Do NOT L			ar or	WITNO		
	once.	en carriernio statar (ri-a stiddo Loca)	4	SSI	EAMSTRESS		ME (First, Middle, Melder	THING		_
LAND 21. by the hospital of the detached for	at on	17. FATHER'S NAME (First, Middle, Last) ISAAC CHRISTIA	N WOODCOCK				JANE LE			
MARY retained 5 should	TO B	190. INFORMANT'S NAME (Type/Print) MRS. EVA JANE SI	MMONS (DAUGHT	19b. MAILIN	G ADDRESS (Street a	Number or Rural	Route Number, City or Tov	RD., FI	EAND 21634 SHING CREEK	
S may be ctor, page	must be	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	b. PLACE OF DISPO	MEMORIA	metery, cremetory or	20c. LC	OCATION — City		
NLTIMOR leath. Page 6 m tuneral director,		21. SIGNATURE OF PURERAL SERVICE	- Average		22. NAME A	ND ADDRESS OF FA	CILITY	2011 1121	120 9 120 0	
BALTI ter death. the funera	examiner	Challen	Haran-PE	muce		N FUNERA	AL HOME CAMBRIDG	E. MD.	21613	
nours aft	medical	23 PAN L Enter the diseases, ahock, or heart feilur	e. List pniy one cause on	eech ilne.	not enter the mo	ode of dying, suc			Approximete interval Between Onset and Deat	
	nt, the	disease or condition resulting in death)			· Dise	ase			Syears	_
13146, precuted within and completely burial, cremat	c event,		DUE TO (OR AS	A CONSEQUENCE	OF):				,	
2	traumatic ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):		-			
O. BOX certificate be ding physiciar tygiene prior	other TIFIC	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE	OF):			·		_
death atten	CER OF		d							
RECORDS, requires that the deen signed by the of Health and Mer	amy in	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. Old a se 1 yes 2 No								
RECOR w requires that been signed to t, of Health a									1 TYES 2 NO	
Le tan	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_	PLACE OF OEATH (C	heck only one)			
	I, or ite HYSIC	1 TYES 2 TO NO	1 Inpatient 2 ER/Ou	-			6 Other (Specify)			
日本語	P. P.	27. MANNER OF DEATH 1 Noturel 5 Pending	200. DATE OF INJURY (Month, Day, Year)	28b. Ti	NJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	:D	
ONG DING After	- 10	2 Accident Investigation 3 Suicide 6 Could not 4 Homicide determined	28e. PLACE OF INJUI building, etc. (So				201. LOCATION (Stree City or Town, Stat	el. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
OR DIRE	E E	Check only T	IYSICIAN: To the beat of my kno	and the second						
HOSPITAL FUNERAL	NA NO	2 MEDICAL EXAM	IINER: On the basis of examinat	ion end/or investige	tion, in my opinion,					_
1 2 2 2 3	MPORTANT:	210. SIGNATURE AND TITLE OF CERT	They fast	2		D-2	205	DATE SI	22/92	
222	2	30, NAME AND ADDRESS OF PERSON			III CONTRACTOR OF THE PARTY OF	CAMPOTI	OCE MO	21612		
- 4		31, DATE FILED (Month, Day Year)	UGHLIN. M.D.			CAPIBELI	DGE. MD.	21613		
		JUL 23	'92 Guha	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	hallowane					

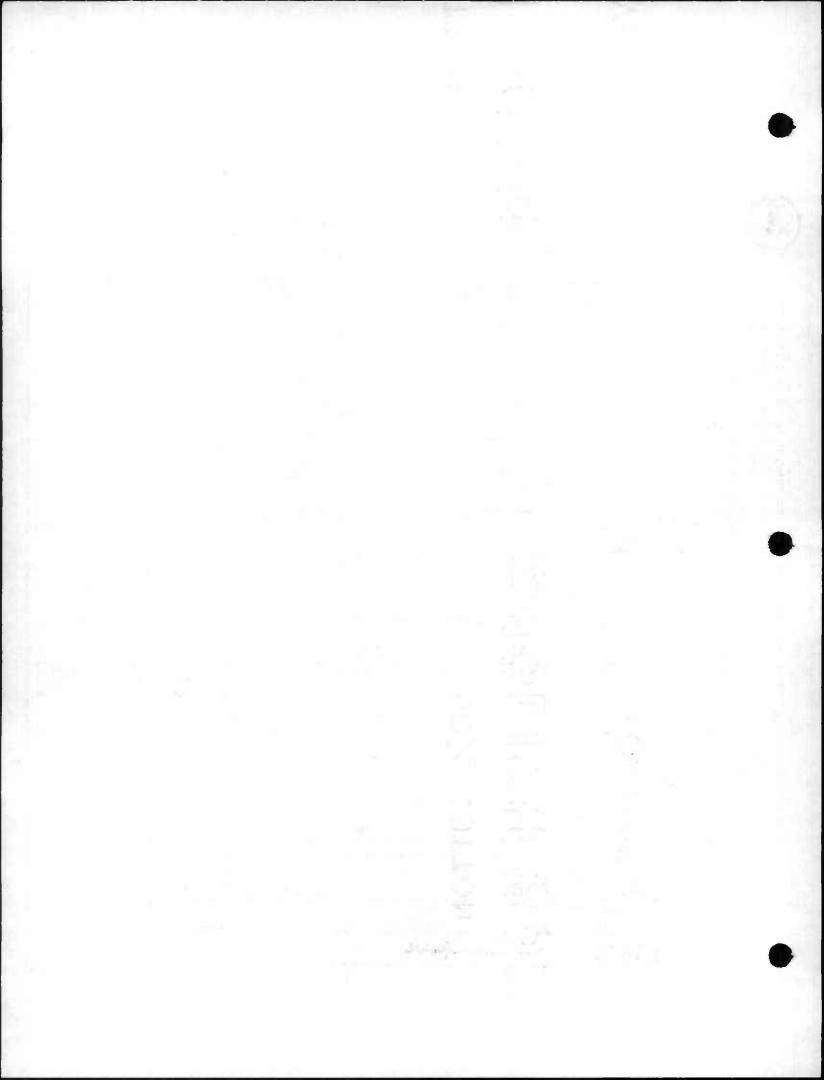


- 2	703	U
00	e	
9	20	
~	ä	ľ
2	2	
~	9	
(11)	3	d
0	E	d
O.	9	
٩	=	ı
	90	3
S		
	\$	•
	Tal	
0	10	
C	2	
ш	3	
Œ	5	
- 1	\$	
4		
-	E	
=	ż	١.
>	X	
1	S	
0	₹	
-	₫.	
~	9	
IVISION OF VITAL RECORDS, P.O. BOX 6870	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	
(A)	W.	1
=	5	į
2	OC.	
_	=	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or ramoral. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

. DECEDENT'S NAME (First, Middle, Last	n	CERTIFIC			2. DATE OF	DEATH		3. TIME OF DEATH
Jack	Lee Nelson				July	DAY		
I. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH	RTHPLACE (State or Foreign	
577-03-9229	1 🔀 M 2 🗌 F	81 YRS.	HONTHS DAYS	HOURS MIN.	Nov.			lebraska
e. FACILITY NAME (If not institution, give	street and number)	5	D. CITY, TOWN	OR LOCATION OF DE			9c. COUNTY C	F DEATH
Manor Care Nurs	sing Home		Poto	mac			Montg	gomery
IOs. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
MD Mor	ntgomery	Ве	ethesda					1 YES 2 NO
0e. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
7729 Old Che	ster Road			20814			U.	S.A.
1. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			CENDENT OF HISPAN			or No- 14. F	IACE — American Indian, Black, White, etc.
Never Married 2 Married Never Married 2 Married	IF YES, GIVE WAR OR			2 A NO Specify		n, etc.)		Specify:
	<u> </u>							White
15. DECEDENT'S ED (Specify only highest gra		(Give kind of wo	SUAL OCCUPATION rk done during modelined.)	ON ost of working	16b. K/A	ID OF BUSI	NESS/INDUSTF	NY .
Elementary/Secondary (0-12)	College (1-4 or 5+)							
12		Salesm	nan				ineeri	ng
7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA				
	larence Nels							tanbaugh
9a. INFORMANT'S NAME (Type/Print)				and Number or Rural F				
	asure	19605	Mosby V	Way, Pool				
20g, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Re	emoval from State	of cemetary, crematory of	of DISPOSITION	(Name	OATE	20c. LOC	ATION — City of	or Town, State
Donation 5 Other (Specify)		Parklawn Me				Roc	ckville	e, MD.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	0 0	22. NAME A	ND ADDRESS OF FA	De De	Vol H	[uneral	Home
Michan	VII) Lu	Mon	10 Ea	at Doom	Dawl- D	(aithar	a harma MD
		ed the death. Do no						sburg, MD.
	e. List only one cause on	each line.	t enter the mo	ode of dying, suc	h as cardiac	Dr respir	atory arrest,	Approximate Interval Between Onset and Death
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	B. List only one cause on S. DUE TO (OR AS DUE TO (OR AS C. DIE TO (OR AS	each line.	t enter the mo		h as cardiac	Dr respir	atory arrest,	Approximate Interval Between Onset and Death
ahock, or heart failure IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that infilted events	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	et enter the mo	obst me	Part I. 24	a. WAS AN / PERFORM	atory arrest,	Approximate Interval Between Onset and Death 24 hr HO 10 ye 12 ye 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	et enter the mo	obst me	Part I. 24	Dr respir	atory arrest,	Approximate interval Between Onset and Deatt 2 4 hr. Atla 10 40 12 4 hr. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	et enter the mo	obst me	Part I. 24	a. WAS AN / PERFORM	atory arrest,	Approximate Interval Between Onset and Death 24 hr. 10 years and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	t enter the mo	ode of dying, such	Part I. 24	a. WAS AN / PERFORM	atory arrest,	Approximate interval Between Onset and Deatt 2 4 hr. Atla 10 40 12 4 hr. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS HOSPITAL:	each line. MOV A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	t enter the mo	obst me	Part I. 24	a. WAS AN / PERFORM	atory arrest,	Approximate interval Between Onset and Deatt 2 4 hr. Atla 10 40 12 4 hr. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	each line. MOV A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	t enter the mo	ode of dying, such	Part I. 24	a. WAS AN / PERFORM	AUTOPSY MEO?	Approximate interval Between Onset and Death 2 4 1 2 4
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS HOSPITAL:	each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in urbstlent 3 DOA Y 28b. Time	the underlying the un	ode of dying, such	Part I. 24	a. WAS AN / PERFORM	atory arrest,	Approximate interval Between Onset and Death 2 4 1 2 4
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	each line. WO V A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in utpatient 3 DOA Y 28b. Time NJU	ot enter the mo	ode of dying, such	Part I. 24 1 Other (S) 2ed, DESCR	a. WAS AN / PERFORM YES 24	AUTOPSY MEO?	Approximate interval Between Onset and Deatt 2 4 hr. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	B. List only one cause on B. DUE TO (OR AS DUE TO	each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): CONS	ot enter the mo	ode of dying, such	Part I. 24 1 eck only one) 6 Other (S) 28d, DESCR	a. WAS AN / PERFORM YES 24	AUTOPSY MEO?	Approximate interval Between Onset and Death 2 4 1 2 4
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigatio 3 Suicide 8 Could not it datermined	B. List only one cause on B. DUE TO (OR AS DUE TO	each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): CONS	ot enter the mo	ode of dying, such	Part I. 24 1 eck only one) 6 Other (S) 28d, DESCR	a. WAS AN / PERFORM OF YES 20	AUTOPSY MEO?	Approximate interval Between Onset and Deatt 2 4 hr. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not to datermined 29a. CERTIFIER (Check only)	B. List only one cause on B. DUE TO (OR AS DUE TO	each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): B A CO	the underlying the un	ode of dying, such	Part I. 24 1 Other (S 28d, DESCR 28f, LOCATIK City or 1	a. WAS AN / PERFORI	AUTOPSY MEO? AUTOPSY MEO? AUTOPSY MEO? AUTOPSY MEO? AUTOPSY MEO?	Approximate interval Between Onset and Deatl 2
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not to datermined 29a. CERTIFIER (Check only)	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS DUE	each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): B A CO	the underlying the un	ode of dying, such	Part I. 24 Part I. 24 Other (S 28f. LOCATIC City or 1	a. WAS AN / PERFORI	AUTOPSY MEO? AUTOPSY MEO? AUTOPSY MEO? AND MARKET OF A MARKET O	Approximate interval Between Onset and Deatt 2 4 hr. 2
ahock, or heart failure IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not to datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED 1 CERTIFYING PH ORDINAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 3 MEDICAL EXAMINED 4 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 3 MEDICAL EXAMINED 4	B. List only one cause on B. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS DUE	each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): A CONSEQUENCE OF): B A CO	the underlying the un	ode of dying, such	Part I. 24 Part I. 24 Other (S) 28d. DESCR 28f. LOCATIC City or 1	a. WAS AN / PERFORM PERFORM YES 20 ON (Street all Own, State) a) and manual d place, and	AUTOPSY MEO? AUTOPSY MEO? AUTOPSY MEO? AND MATERIAL STATE SECTION AND AUTOPSY MEO? AND MATERIAL STATE SECTION AND AUTOPSY MEO?	Approximate interval Between Onset and Deatl 2 4 hr. All 1 1 2 4 hr. All 1 1 2 4 hr. All 1 2 4 hr. A
ahock, or heart failure IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditi 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not to datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED 1 CERTIFYING PH ORDINAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 3 MEDICAL EXAMINED 4 MEDICAL EXAMINED 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED 3 MEDICAL EXAMINED 4	DUE TO (OR AS DUE TO	each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): C A CONSEQUENCE OF): B A CONSEQUENCE OF): C A CONSEQUENCE	the underlying the un	ode of dying, such	Part I. 24 Part I. 24 Other (S 28f. LOCATIC City or 1	a. WAS AN / PERFORM PERFORM YES 20 ON (Street all Own, State) a) and manual d place, and	AUTOPSY MEO? AUTOPSY MEO? AUTOPSY MEO? AND MATERIAL STATE SECTION AND AUTOPSY MEO? AND MATERIAL STATE SECTION AND AUTOPSY MEO?	Approximate interval Between Onset and Deatt 2 4 hr. 2



1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE MONTI	OF DEATH	γ 1	EAR 3.	TIME OF DEATH
	Annabel	Olson			Ju.	ly 12,	1992		6:30 p M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	8.	Country)	ACE (State or Foreign
579-36-1642	1 M 2XXF	70 YRS.	MINS UNIS	noons IIIIn.	Jani	uary 2, 19:	22		ington D.C
9a. FACILITY NAME (If not institution, give	street and number)	91	a. CITY, TOWN C	R LOCATION OF	HTAB		9c. COUNT	Y OF DEAT	ПН
Shady Grove Ad	lventist Nur	sing Home		Rockvil	le		N	10ntg	omery
10a. STATE 10b. COUN	TY	10c. CITY, T	OWN OR LOCAT	ION				10	d. INSIDE CITY
Maryland	Montgomery			Bethe	sda			1	YES 2 X NO
10e. STREET AND NUMBER			10f	ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
5207 Wilson	Tano			2081	1		Unit	ed c	tates
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA		17 (Specify Yea			
1 Never Married 2XXMarried	FORCES? 1 Y	ES 2 XNO	If yes, spe	2X XNO Spec	en, Puerto I				American Indian, Thita, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	RUATES	1 U YES	ZX_XNO Spec	ay:			Specify:	White
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b	KIND OF BUS	INESS/INDUS	STRY	MILLE
(Specify only highest grad		(Give kind of work	done durina mo						
Elementary/Secondary (0-12)	College (1-4 or 5+)		-1		77~		States	Corr	armont
	5	Ge Ge	ologis					GOV	ernment
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, I	Middle, Maiden	Surname)		
Fay Cl	uff Brown				Dora	David	lson		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rura	Route Numi	ber, City or Town	, State, Zip C	ode)	
Richard D. C	lson	5207 W	ilson 1	Lane Bet	hesda	. Mary	land	2081	4
20a, METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI	ON (Name of cen	netery, crematory or			CATION - CII		·
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place) Ju	ly 14	, 1992					
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	Montgomery	Crema	COTIUM J	nc.				laryland
3	13- //		Rober	t A. Pur	iphre	y Fune	ral Ho	me/	isconsin
X) and	1 Kenty +	м00335		e Bethes					
23. PART I. Enter the diseases, or	complications that cau	sed the deeth. Do not	enter the mo	da of dying, eu	ch as card	diac or respi	retory arrea	it.	Approximate
shock, or heart failure	. List only one ceuse or	n each line.							Interval Between
IMMEDIATE CAUSE (Finel disease or condition	11 - 9	Fite B	- H	- 1					Onset and Death
resulting in death)	o. Thereware		rean!	and					weeks
	DUE TO (OR A	S A CONSEQUENCE OF):							
200	b								
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):							
cause. Enter UNDERLYING									
CAUSE (Disease or injury that initiated events	DUE TO (OR /	S A CONSEQUENCE OF):							
resulting in deeth) LAST									
	. d								
PART II. Other significent condition	ona contributing to deat	h but not resulting in t	the underlying	g cause given i	n Part I.	24s, WAS AN			ERE AUTOPSY FINDINGS
						PERFOR	_		MILABLE PRIOR TO OMPLETION OF CAUSE
						1 TYES 2	SONO	0	F DEATH?
								1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check only or	ne)			
1 TES 2 NO	1 Inpatient 2 ER/C		THER: Q Nursing Hom	e 5 🗆 Residence	6 🗆 Othe	or (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TIME C	F 28c. INJ	URY AT	26d. DES	SCRIBE HOW I	NJURY OCCU	RED	
1. Natural 5 Pending	(Morith, Day, Yea	injur		PRK? YES 2 NO					
2 Accident Investigation	28a PLACE OF INJ	URY — At home, farm, stre	et fectory offic		28/ 100	ATION (Street a	and Mumber or	Pural Pau	to Mumbar
3 Suicide 8 Could not b 4 Homicide detarmined	building, etc. (Specify)	et, lactory, offic	•	City	or Town, State)	IIIO MAINDEL OI	HUIZI HUU	te rearrison,
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my ke	nowledge, death occurred a	nt the time, deta	and place, and de	ue to the car	use(s) and mar	mer as stated		
ana)	NER: On the beale of examin	ation and/or investigation,	In my opinion, d	leath occured at th	ne time, dete	and place, an	d due to the	cause(s) a	nd manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	1 10 -	m		29c. LICENSE N			29d, DATE	SIGNED (M	lonth, Day, Year)
1000 80	www	'/		1150	146		7	1,3	192
30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	int)						
Stephen J. Newma	an M.D. 1926	1 Montgomer	y Vill	age Aver	nue G	aither	sbura.	Marv	land 20879
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S		-					1	
JUL 10 '92	guia Davidson	Andell.							

TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within. — Edus after death. Page 6 may be retained by the hospital or attending physician.

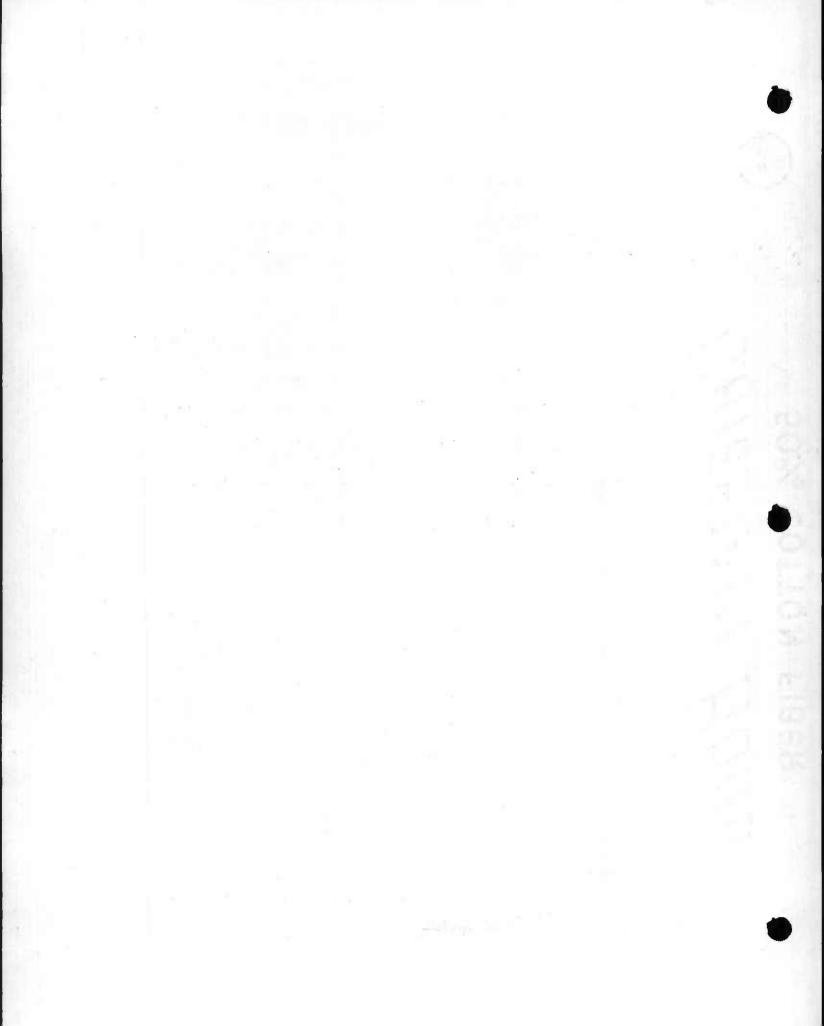
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89



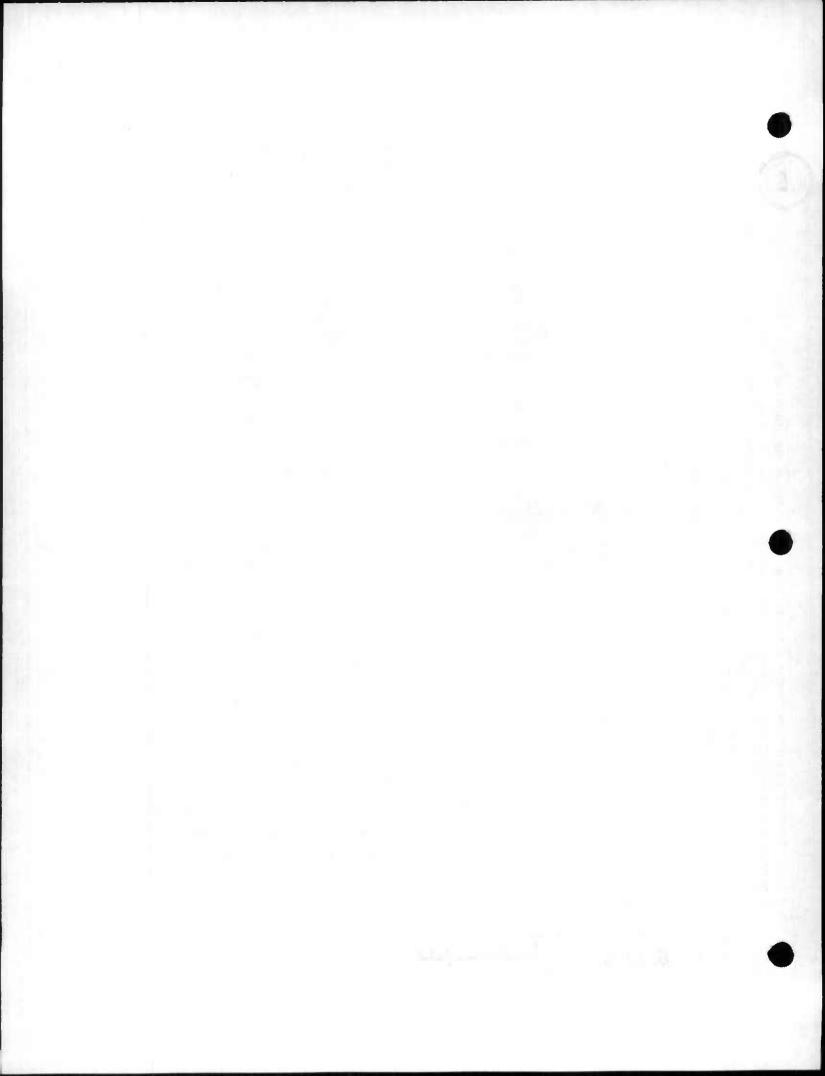
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	=	2	P	E
DIVISION OF VITAL RECORD	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	P	be filed within 72 hours after death with the State Dept. of Health and I	IMPORTANT: If Item 28 is marked, or Item 23 shows any in
ŭ	Sa	igne	ealt	2
Ш	edui	en s	H JO	2
<u>u.</u>	*	Pe	pr.	8
A	9	has	8	2
E	E	ale	tate	들
>	AN	Tife	le S	9
뇬	Sic	9	#	-
0	F	this	×	힅
Z	90	ter	ath	E
0	9	A	op _	69
S	=	6	afte	28
2	RA	REC	DIS	E
0	0	ō	9	=
	M	₹	2	=
	SS	NEI	this	퇴
	H	5	*	E
	王	黑	Fled	0
0	2	2	9	3
1()				

IDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020		
the death certificate be executed within 24 h	the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.		
y the attending physician and completely filled in by the ft of Mental Hygiene prior to burial, cremation, or removal.	y the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Memtal Hygiene prior to burial, cremation, or removal.	3 should	
Injury, or other traumatic event, the n	Injury, or other traumatic event, the medical examiner must be notified at once.		

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFICATE	0	F DEAT	TH		DEC	NO

	1 - FOR STATE REGISTRAR	TE OF MARYL	AND / DEPA	RTMEN	T OF H	EALTH DE AT	AND M	IENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last) AUDREY D.		O'NE					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	228-24-0778	5. SEX 6. AGE (In yrs. In 1) M 2 1 F 65		S. MONTHS DAYS		IF UNDER	ARINI	7. DATE OF BIRTH (Month, Day, Year) NOV. 23, 19	Year) Goul			
CTOR	9a. FACILITY NAME (If not institution, give street and 306 SOUTH WATERFO RESIDENCE OF DECEDENT				SILV	ER S	PRIN		GOMERY			
L DIRECTOR	106. STATE 106. COUNTY MARYLAND MONTGOM 106. STREET AND NUMBER	ERY	SILVER SPRING							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	306 SOUTH WATERFORD					2090	1			USA	WHAT COUNTRY?	
BY	1 Never Married 2 Married FO	S DECEDENT EVER II RCES? 1 1 YES ES, GIVE WAR OR D	2 XNO		If yes, sp	ENDENT OF Icity Cuban 24 NO	NISPANII , Mexican, Specify:	C ORIGIN? (Specify Ye Puerto Rican, etc.)	es or No—	14. RACI Bleck Speck WHI	,	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg 4	d) e (1-4 or 5 +)	16a. DECEDENT (Give kind of life. Do NOT HOMEMA	work done use retired.)	CCUPATIO during mo	N st of working	,	16b. KIND OF BU	JSINESS/INC			
BE COM	17. FATNER'S NAME (First, Middle, Last) GLEN F. DRAPER							E (First, Middle, Maidel HINE F	Sumame)	2		
TO	JOHN J. O NEIL (20a, METHOD OF DISPOSITION	HUSBAND)	306 S	OUTH	WATE	RFORI			ING,M	ARYL	AND 20901	
	1 N Burisi 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify) 21. SIGNATUME OF FUNERAL SERVICE LICENSEE		PLACE AND DATE	IEAVE	V CE	1ETER		7/15 SII		SPRI	NG, MARYLAND	
	- (Indrew & Cole			50	00 UI	NIVER	SITY		SIL.	SPR	INC.,MD.20901	
	23. PART I. Enter the diseased, Dr complice shock, Dr heart felure. List only IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	ech line.	Mon				as cerdled or reep			Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant conditions contributed to the significant contributed to	DIC	ceuse gi	ven in Pr	24a. WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inc.	ITAL:		OTHER	t:	ACE OF DE			-			
ву РНУ	A	. DATE OF INJURY (Month, Day, Year)	28b. Ti		28c. INJL WOR	RY AT	2	6 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED .				
	3 Suicide 6 Could not be determined	PLACE OF INJURY building, stc. (Speci	— At home, term,	, street, fact	ory, office		2	St. LOCATION (Street City or Town, State)	CATION (Street and Number or Rural Route Number, or Town, State)			
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the	the best of my knowle basis of examination	edge, death occur and/or investigate	red at the ti	me, dats : pinion, de	and place, a	and due to	the cause(s) and ma	nner sa state	ed. e csuse(a)	and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 39. MAME AND ADDRESS OF PERSON WHO COMPL	roull	este			29c HCEN	SE NUMBI	LAST .	29d. DATE	SIGNED 13	(Month, Day, Year)	
	WAMES A. BE	PEGISTRAR'S SIGNA	M)	480	8 F	HYSIC	(ANS	LANE R	DULY	ILLA	cu) 20250	



FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Checker

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) AKA HARRIET	ELIZABETH E.	c. owen	ENS		2. DATE OF DE MONTH	ATH DAY -	92 3	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yra. last birthday) 93 YRS. SOLIDAYS HOURS MIN. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 66-28-1899 MARYL											
TOR	96. FACILITY NAME (If not institution, give st SUBURBAN RESIDENCE OF DECEDENT	HOSPITA	44		OR LOCATION OF D			NTY OF DEATH	H GOMERY			
DIRECTOR	10e. STATE 10b. COUNTY	NTGOMERY KENSINGTON										
FUNERAL	106. STREET AND NUMBER 10610 NASH PLACE 109. CITIZEN OF WHA 20895 USA											
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 ZNO	If yes, s	CENDENT OF HISPA Decity Cuben, Mexic 3 2 NO Speci	en, Puerto Ricen,	cify Yes or No— atc.)	14. RACE — Black, Wi Specify:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of silfe. Do NOT us	USUAL OCCUPATI work done during mi se retired.)	ON ost of working	16b, KIND	OF BUSINESS/IND	USTRY				
OME	17. FATHER'S NAME (First, Middle, Last)		HOMEMAI	CEK	16 MOTHED'S N	AME (First, Middle,	Molder Communi					
BE C	JOSEPH	CLAGETT			GRACE		COLLIN	S				
TO B	19a. INFORMANT'S NAME (Type/Print)						y or Town, State, Zip					
-		WENS	10610	NASH PL	ACE, KEN	SINGTON	, MD 208	95				
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remo 4 Donation 5 Donation Donation Company Description Donation Descript	wal from State C1	p. PLACE AND DATE (netery, gremetory or o EDAR HII	OF DISPOSITION (N. ther place)	eme of EDV	1	20c. LOCATION — C		State			
	21. SIGNATURE OF FUNERAL SERVICE CONSERVATION OF THE STATE OF THE STAT											
	23. PART I. Enter the disesses or co	omplications that cause	d the death. Do r									
	23. PART I. Enter the disesses, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) SENILE MYOCACO 10 PATHY 2 Mo C											
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	F):								
ا ا ^د	PART II. Other significent conditions	contributing to deeth b	out not resulting	n tha underlyin	g ceuse given in		WAS AN AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS			
MEDICAL	HIP FRA	TOTORE					YES 2 NO	OF I	ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO			
PHYSICIAN: ME									,,			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (CA	neck only one)						
HYS	1 TYES 2 NO 27. MANNER OF DEATH	128a. OATE OF INJURY	patient 3 DOA 28b. TIM		ne 5 🗆 Rasidence		HOW INJURY OCC	11050				
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJ	URY WO	PRK? YES 2 NO	200. DESCRIBE	HOW INJURY OCC	DHED				
	3 Suicide 6 Could not be determined	28e, PLACE OF INJURY building, etc. (Spec	— At home, farm, s	kreet, factory, offic	•	28f. LOCATION City or Town	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		IAN: To the best of my know							I manner ee stated.			
BE C	296, SIGNATURE AND TITLE OF CERTIFIER	3			29c LICENSE NUI	MRFR	204 DATE	SIGNED (Man	One March			
TO B	Daniel K	osen	1		Do4	766	> 7	-18	-92			
-		COMPLETED CAUSE OF DE	10400 . C	Print)	news 4	4 606/	KENSING	50 N, 1	-92 402855			
	JUL 20 92	32. REGISTRAR'S SIGN	ATURE									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) PEARL		ORLI	EANS		2. DATE OF DEATH	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 579-78-4272	1 □ M 2 🛣 F 8	4 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE CHIEFTH (Month, Day, Year) 6 - 14 -	8. BIRTHPLACE (State or Foreign Country)					
TOR	9a. FACILITY NAME (If not institution, give of HOLY CROSS HOS) RESIDENCE OF DECEDENT				ER SPRIN		9c. COUNTY OF MONTG					
DIRECTOR	10a. STATE 10b. COUNT	,		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	100. STREET AND NUMBER 4545 CONNECTICE	UT AVENUE #320		101	20008			WHAT COUNTRY? STATES				
8≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	XNO	If yes, spe	ENDENT OF HISPAN polity Cuban, Mexica 2A NO Specifi	IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No 14. RAC Blac Spec	E — American Indian, ik, White, etc. Hy: WHITE				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Give kind of wor life. Do NOT use if	rk done during mo: retired.)	N st of working	186. KIND OF BUS	N HOME					
OM	17. FATHER'S NAME (First, Middle, Lest)	1	HOMEMAN	CEK	16. MOTHER'S NA	ME (First, Middle, Meiden						
BE (ISAAC FRIEDMAN 1941. INFORMANT'S NAME (Type/Print)		-		IDA R	(KNOWN)					
2	DR. STANLEY WOLF	(NEPHEW)	1			Poute Number, City or Town						
	DR. STANLEY WOLF (NEPHEW) 7213 GREENTREE ROAD-BETHESDA, MD. 20817 20c. METHOD OF DISPOSITION 1 X Burdal 2 Commention 3 Removal from State 4 Donation 1 Comment Comme											
	21. SIGNATURE OF FUNERAL SESSVICE OF			DANZA	D ADDRESS OF FA	DBERG MEMO		PELS, INC. MD. 20852				
	IMMEDIATE CAUSE (Final	List only one cause on each	line.	t enter the mod	de of dying, suc	h as cardiac or respi	ratory arrest,	Approximata interval Between Onset and Death				
NO	disease or condition resulting in death) a. U = 0.3 e 0.5 is DUE TO (OR AS A CONSEQUENCE OF): Dety dust is a consequence of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions, of the conditions of the conditio											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. P+-2-1 DUE TO (OR AS A CO)	F, b,	r. Het	100			1992				
CERTI	resulting in death) LAST	a Cozistera	Kens	T Fo	Alune		(22					
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	a contributing to deeth but n	Anen i	the underlying	cause given in	Pert I. 24a. WAS AN PERFORI	MED?	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMO				
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	To	26. PL	ACE OF DEATH (Ch	ack only one)						
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpatier 28e. DATE OF INJURY	nt 3 DOA 4	Nursing Home		6 Other (Specify)	LIURY OCCURED					
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	, NJUR	M 1 🗆 Y	ES 2 (40	28d. DESCRIBE HOW INJURY OCCURED						
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) N 6											
COMPLETED		CIAN: To the best of my knowledge R: On the besie of examination end						e) end menner es stated.				
TO BE C	296. SIGNATUPE AND TITLE OF CERTIFIER	til To			D T	129	29d. DATE SIGNED	(Month, Day, Year)				
		1776 WIR	L Coles	ville	RU S	S, Md a	0 410					
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATUR	RE									

The Party and

, Armyronautok

26, 12 16

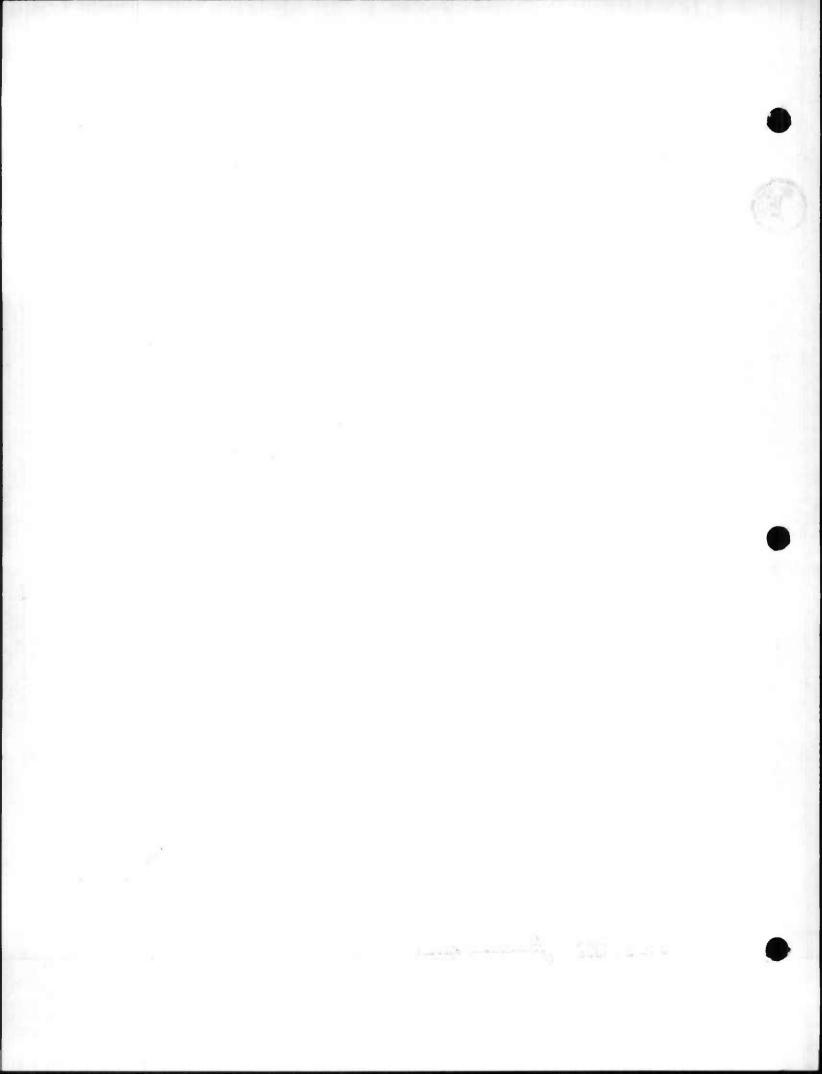
Ž.,	2	_
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present a be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF MA			TMENT (ENTAL	L HYGIEN	E ~	32	21467
	1. DECEDENT'S NAME (FIRST,	Vir	ginia Pineda						2. DATE OF DEATH DAY 3			72	3. TIME OF DEATH A 0040 M	
7	4. SOCIAL SECURITY NUMB 215-34-4185 9a. FACILITY NAME (If not in		1 🗆 M 2 👯 F	AGE (In yrs. las	yrs.	141	MYS		MIN.	(Month 03/3	OF BIRTH 1, Day, Year) 30/193		Sand	y Hook, MD
E E	The Carlotte of the Carlotte o	Frederick Memorial Hospital				96. CITY, TOWN OR LOCATION OF DEATH Frederick						9c. COU	Fr	ederick
DIREC	Maryland Frederick				10c. CIT	y, town or i Br		ow swick						10d. INSIDE CITY LIMITS? TYPES 2 NO
FUNERAL	100. STREET AND NUMBER 815 N. Map	ole Ave	enue				10f.	ZIP CODE	716				ZEN OF V	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 3 Never Married 4 Divo	3431	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES ZX	MED NO	If y	es, spe	ENDENT OF ecify Cuban, 2X NO	Mexican,	ORIGIN Puerto R	? (Specify Yes Rican, etc.)	or No-	14. RACI Black Spec	E — American Indian, k, Whita, etc. My: White
COMPLETED		EDENT'S EDUC highest grade		(G	ive kind of v Do NOT us	usual occi vork done duri e retired.)	JPATIO ing mos	N st of working		16b.	Homem:		DUSTRY	
BE CO	17. FATHER'S NAME (First, Mi Gilbert Le	e Cole	2						ers nam 1en		Aiddle, Maiden : CS	Surname)		
10	Luciano P.	Pine	da, Jr.		815 N	N. Map	le	Aven			os, City or Town	, MD	21	716
						DATE OF DISPOSITION (Nama of page 1940; place) One of the place Cemetery 7/7 DATE 20c. LOCATION — City or Town, 8 Brunswick, MD								
	Barbara	A. W	A.lat	ULU uneral	ûn Dir	John T. Williams Funeral Home r. 100 Petersville Rd., Brunswick, MD 21716							, MD 21716	
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the dishock, or heart failure. List only one cause on each line				ouence of: Ouence of: Ouence of:					Approximate interval Between Onset and Death				
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resu				esulting I	n the unde	rlying	ceuse giv	ven in P	art i.	24a. WAS AN AUTOPSY PERFORMED?		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	R/Outpetient 3	Прод	OTHER:		ACE OF DEA						
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)					E OF 28 URY	c. INJU	JRY AT	1		CRIBE HOW IN	JURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home building, stc. (Specify)				me, farm, a	M 1 YES 2 NO				281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)				Route Number,
COMPLETED	29a. CERTIFIER 1 CHARACTER CONTROL OF CONTRO		CIAN: To the best of my) and manner as stated.
BE	296. BIOMATURE AND TIME OF CENTERIES					29c. LICENSE NUME				ABER 29d, DATE				(Month, Day, Year)
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Arthur G. Manalo, MD 187 Thomas Johnson Drive, Frederick, M 31. DATE FILED (Monte, Day, Year) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE									ck, MD					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	į
	i
	ı
	i
	ı
	ı
	ı
8	ı
Ē	ı
7	
90	1
2	1
Ē	İ
ᇹ	
=	Ì
8	ı
-	ĺ
S	ı
E	ı
1	ı
Ē	Į
Ē	
xamin	
examin	
cal examin	
dical examin	

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		ENTAL HYGIENI REG. NO.	E	2:300	
	1. DECEDENT'S NAME (First, Middle, Last)		- 0	1		2. DATE OF DEATH MONTH DA	Y YEAF	3. TIME OF DEATH	
	CATHERINE	ALBERT		ELPS		7 2			
	4. SOCIAL SECURITY NUMBER 213-09-8527		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 1	7. DATE OF BIRTH (Month, Day, Year)	ATTHPLACE (State or Foreign untry)		
	9a. FACILITY NAME (If not institution, give a		7 185.	Sh CITY TOWN	OR LOCATION OF DEAT	1-27-191	8 May	ryland	
E E				Freder			Freder		
5	Frederick Memoria						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DIRECTOR	Maryland Free	derick		y, town on locat				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN O	1 X YES 2 NO	
FUNERAL	204 Main Street				21773			S.A.	
S.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPANIC ecity, Cuban, Maxican,	ORIGIN? (Specify Yes	or No- 14. R/	ACE American Indian, lack, White, atc.	
BY I	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:	Posito ricari, stc./		white	
ETED	15, DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	18b. KIND OF BUS	INESS/INDUSTRY	1	
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	_	vork done during mo e retired.)	st of working	Leather	Goods		
COMPL			Seamstre	255					
	17. FATHER'S NAME (First, Middle, Last) LORENZO S. Miller					E (First, Middle, Meiden:			
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAJLING	ADDRESS (Street a		ute Number, City or Town	1 '		
2	A. Grayson Phelps		204 Mid	ain St.,	Myersvil	le, Marylo	and 217	73	
	20a. METHOD OF DISPOSITION 1 1 Burlet 2 Cremation 3 Rem			OF DISPOSITION (No		DATE 20c. LOC	CATION — City or	Town, State	
	4 Donation 6 Other (Specify)		.Zion'u.					, Maryland	
	21. SIGNATURE OF TONERAL SERVICE LIC) I			NO AOORESS OF FACIL	504	4 Main:	-	
	Tally X P	rekette						e, MD 21773	
	The state of the same of the state of the st	List only one ceuse on ee	ch line.	ot enter the mo	de of dying, such	ss cerdiac or respir	ratory arrest,	Approximate Interval Between	
	disease or condition resulting in death)	Puln	morar	2 Eu	uboli'			Onset and Death	
		DME TO (OR AS A	CONSEQUENCE OF	0.0.				1	
NO.	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	n: 1	1		-4-1		
CAT	if sny, leading to immediate cause. Enter UNDERLYING	200	Gen	yles	io di	1 N.	copy	4	
TIF	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (DO'AS A	CONSEQUENCE OF	9.0	11 110	, her	_		
CERTIFICATION	resulting in death) CAST	a	no-c	000	wy.	M			
AL 0	PART II. Other algnificent condition	s contributing to deeth bu	it not resulting	n the underlying	g cause given in Pa	ert i. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC						1 TYES 2	1111	COMPLETION OF CAUSE OF DEATH?	
MEDI						_		1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF OEATH (Check	t anti anal			
SIC	EXAMINER?	HOSPITAL:	itlent 3 DOA	OTHER:	e 6 Residence 6				
PHY	27. MANNER OF DEATH	26a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26c, INJ		28d. OESCRIBE HOW IN	JURY OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
8	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Specific	— At home, farm, s	streat, factory, offic	2	261. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,	
	29s. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my knowle	ados doeth essue	d at the time date					
COMPLET	1	R: On the besis of examination						e(a) and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	20			29c. LICENSE NUMBI	ER	29d. CATE SIGN	ED (Month, Day, Joar)	
TO B	1 KNOW T) Chor	un		20097	6	12/	24/92	
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OEA	TH (ITEM 27) (Type	Print)	11/11	C. Aud	Gar	DELEVENT	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	7067	11/100	se for	rees	LEVIE LE	
	JUL 27 1992	Fei Sinder R	neell						
	JUL 27 1992	This trindent R	while						



1	-	FOR STATE REGISTR	AR
1	-	ECEDENTIC	

	1 - STATE REGISTRAR		CE	RTIF			DEAT		MENIAL TIGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last) BunnyA. Pul	len							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	July 13	s, 19	92	6:20 a. M
	228-40-3680	X⊠ M 2 □ F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT. Day. Year)	, 19	3 Found	IRGINIA
OR	90. FACILITY NAME (If not institution, give Montgomery		Hospit	al)lne	H LOCATIO	N OF DE	ATH		itgom	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN C	OR LOCAT	ION				T	10d. INSIDE CITY
DIR	MARYLAND MON	TGOMERY		SI	LVEF	SF	RINC	3				LIMITS?
FUNERAL	1305 HARDING L	ANE					ZIP CODE					HAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WI KOREAN	TYES 2 N			If yes, sp	ENDENT OF	, Mexica	n, Puerto Rican, etc.) Black, White, e			
	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16e. DEC	EDENT'S	USUAL O	CCUPATIO	ON st of working	,	16b. KIND OF E	USINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			retired.)		st of working		EASTER	N CH	EMIC	AL WASTE
	17. FATHER'S NAME (First, Middle, Laist) GEORGE P. PUL:	LEN							ME (First, Middle, Meidle FRAZIE			36-
D BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAJLING	ADDRESS	(Street e	nd Number	or Rural F	Route Number, City or 1	own, State, Z	ip Code)	
일	GEORGE PULLEN		1.3	05	HARI	DING	LA.	,SI	LLVER SP	RING	,MD.	20905
	20s METHOD OF DISPOSITION Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	novat from State	20b. PLACE A	20b. PLACE AND DATE of DISPOSITION (Name of CATE OATE SPRING, STATE OF TOWN, State OF TOWN, State OF TOWN, STATE OF THE PROPERTY OF TOWN, STATE OF TOWN, STA								
	21. SIGNATURE OF FUNERAL SERVICE U	DIJB	e la				ADDRES		AKON			L HOME GTON, D.C.
CERTIFICATION	ahock, or haart feliure. List only one cause/on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Thrombosis, right coronary artery DUE TO (OR AS A CONSEQUENCE OF):								Approximate interval Between Onset and Death Minutes Years			
ERT	resulting in deeth) LAST	d										
PHYSICIAN: MEDICAL C							g cause g	iven in	PERFORMEO? AV			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 XYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF OE	ATH (Che	ck only one)			
YSI	1 TYES 2 NO	1 XInpatient 2 🗆			4 🗆 Nun	ing Hom		idence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, De		26b. TtM IN.	E OF URY M		URY AT RK? 'ES 2	NO	26d. DESCRIBE HOV	/ INJURY OC	CURED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Rou City or Town, State)							oute Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS											end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	man_ 1	1 4-4		logi	st	29c. LICEI	086				(Month, Day, Year) 14, 1992
2	Joan R. Kuma:		Montg	27) (Type OME)	Print)	ene			spital,			
	31. DATE FILED (Month, Day, Year) JUL 16 32	32. REGISTRAR	-									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

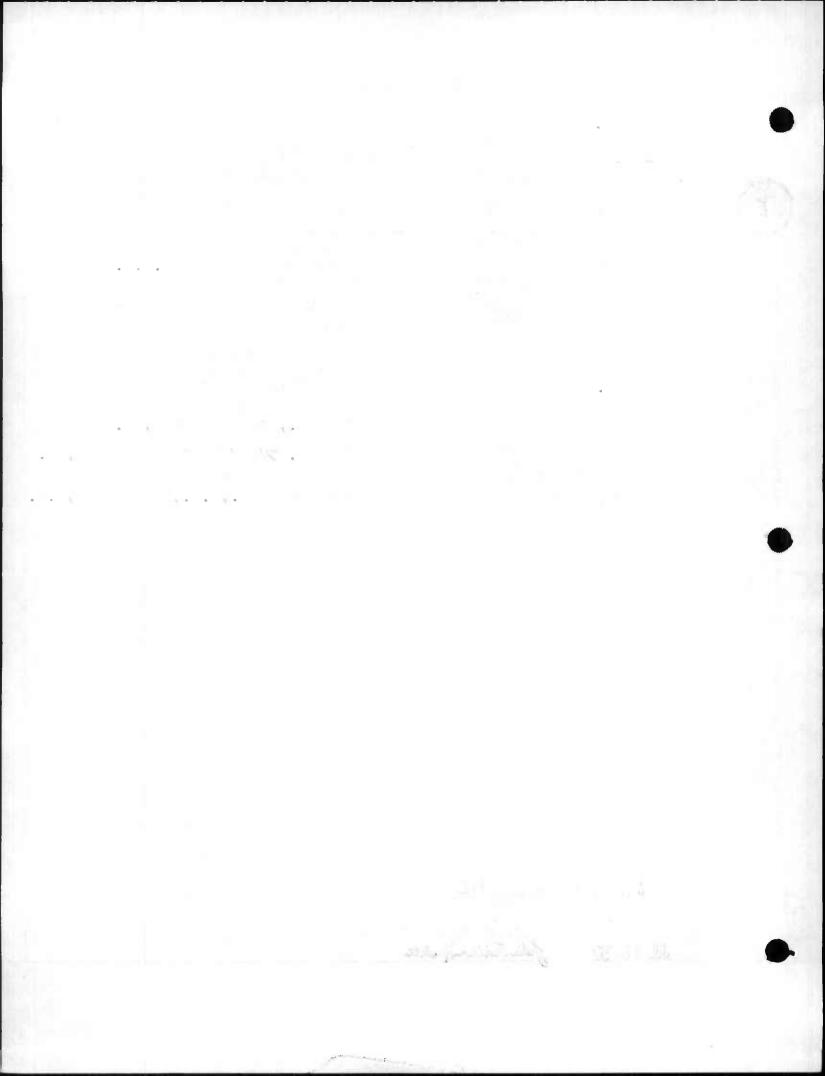
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DHMH-16 Rev 1/89



RDS, P.	that the death	ed by the attent
DIVISION OF VITAL RECORDS, P.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attent
DIVISION OF	IL OR ATTENDING PHY	L DIRECTOR: After this
1	TO THE HOSPITA	TO THE FUNERA

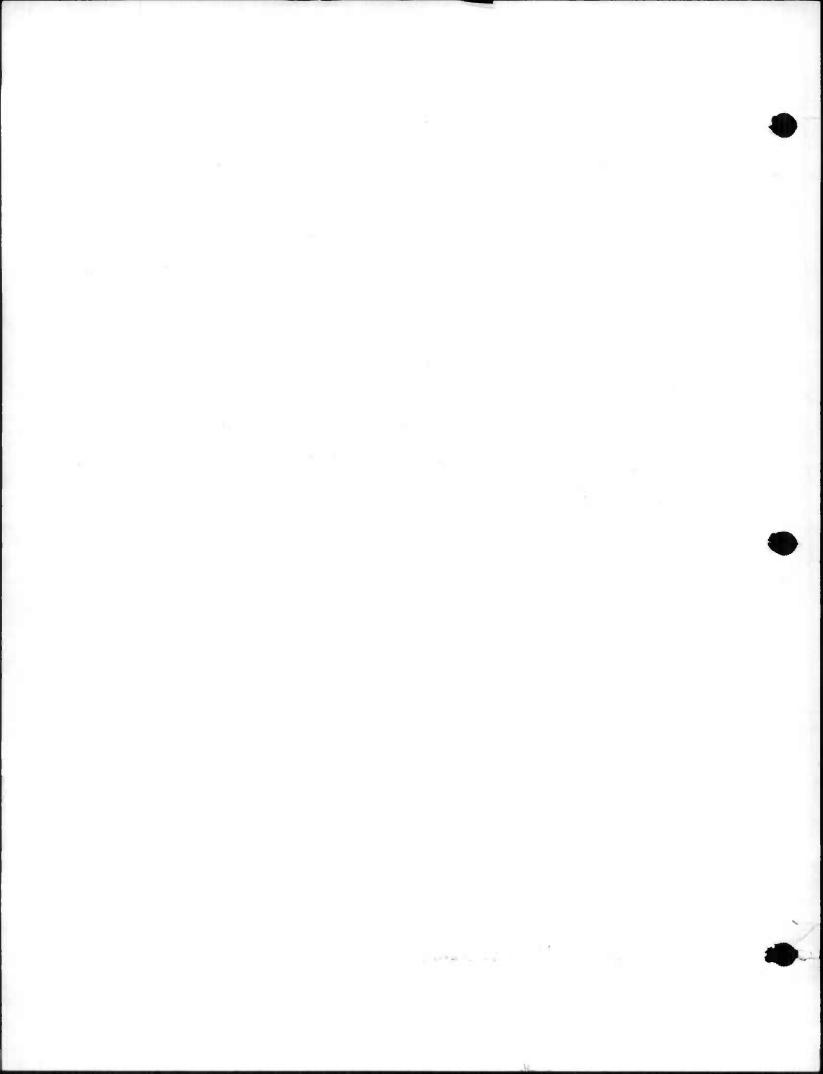
	FOR	STATE OF MARYLAND /	DEDARTMENT	OF HEALTH AND	MENTAL HYGIEN		2 21470			
	1 - STATE REGISTRAR			OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Less)	IbliESE	f		2. DATE OF OEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	8 92	3. TIME OF DEATH 2 15 A M			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (in yrs. last	birthday) IF UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/2/07	(BIRTHPLACE (State or Foreign Country) MD Capital Height			
POR	9a, FACILITY NAME (If not institution, give street BHOULE GNOVE NO		9ь. СІТУ	TOWN OR LOCATION OF DI		9c. COUNTY	OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY MD Montgo	mery	10c. CITY, TOWN C	Spring			10d. INSIDE CITY LIMITS? 1 XX YES 2 NO			
FUNERAL	912 Snider Lane			101. ZIP CODE 20905	·		of what country? ted States			
BY FUN	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES ZYN IF YES, GIVE WAR OR OATES	0	WAS DECENDENT OF HISPAIN From the HISPAIN FROM THE HISPAI	an, Puerto Rican, atc.)	s or No — 14.	RACE — American Indian, Black, White, etc. Specify: White			
once.	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12)	mpleted) (Gi life.	CEDENT'S USUAL OF the kind of work done to NOT use retired.)	CCUPATION during most of working	16b. KIND OF BU	siness/indust	тяу			
111 m	17. FATHER'S NAME (First, Middle, Lest) Bentley Feaster				ME (First, Middle, Meiden Whiting	Surname)				
TO BE	19a. INFORMANT'S NAME (Type/Print) June Andrews			S (Street and Number or Rural Lane, Silve	100000000000000000000000000000000000000		^{de)} 1905			
must be	20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Union Cemetery 7/20/92 20c. LOCATION - City or Town, State Burtonsville, MD									
examiner	21. SIGNATURAL SERVICE LICENSEE 22. NAME AND ADDRESS OF PACILITY. HINES LINAL FUNGUAL HOME (1800 A H A) 25 MD 70904									
gere pror to brusa, cremator, or remova. other traumatic event, the medical examiner must TIFICATION	23. PART I. Entar the diseases, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Approximate interval Batweer onset end of Death								
matic event	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
y, or other traumatic	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	C. DUE TO (OR AS A CONSEQUENCE OF):								
	DADY is Other elemificant conditions	contribution to death but not a	and the same	adadular asusa aluan ta	Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS			
shows any inju	PART II. Other eignificant conditions of		esulting in the th	tueriying cause given in		RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
A SE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000VAL	Lancia	28. PLACE OF DEATH (C	heck only one)					
red, or item PHYSICI	1 - YES 72 - HO	IOSPITAL: Inpatient 2 ER/Outpatient 3		rsing Home 5 - Residence	T					
BY PH	27. MANNER OF DEATH 1 Nitural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE\$CRIBE HOW					
n 28 is	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	rne, farm, street, fac	tory, office	28f. LOCATION (Street City or Town, State		Rural Route Number,			
MP H	onel only	AN; To the bast of my knowledge, de On the basis of examination and/or					euse(a) and manner as stated.			
POR BE	29b. SIGNATURE AND TUPLE OF CERTIFIED) hur)	29c. LICENSE NU		29d. OATE S	GNED (Month, Day, Year)			
2 = 2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)				1 11			

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Olney

awis

DHMH-18 Rev 1/89



	- Ping
A	
ľ	
-	med
	nsit pe

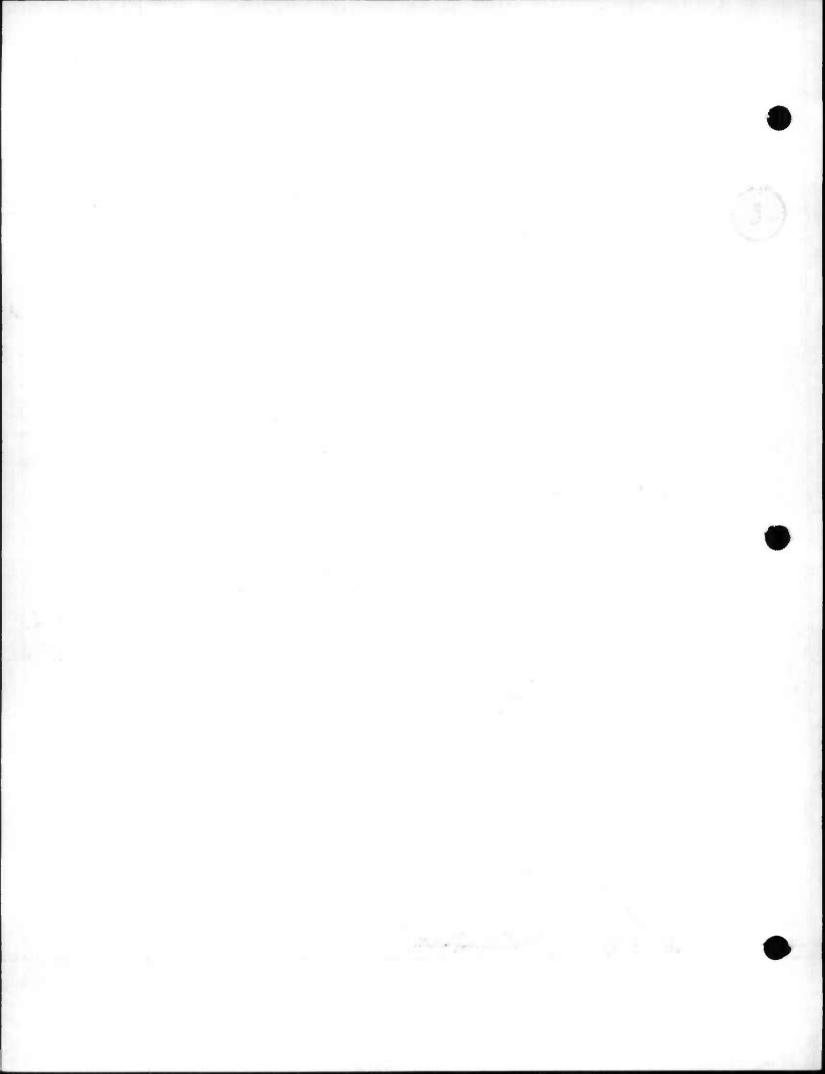
Page 6 may be retained by the hospital or attending physician, director, page 5 should be detached for use as the burial-train TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physici	In by the funeral director, page 5 should be detached for use as the burial-
	24 not	filled
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	L DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t

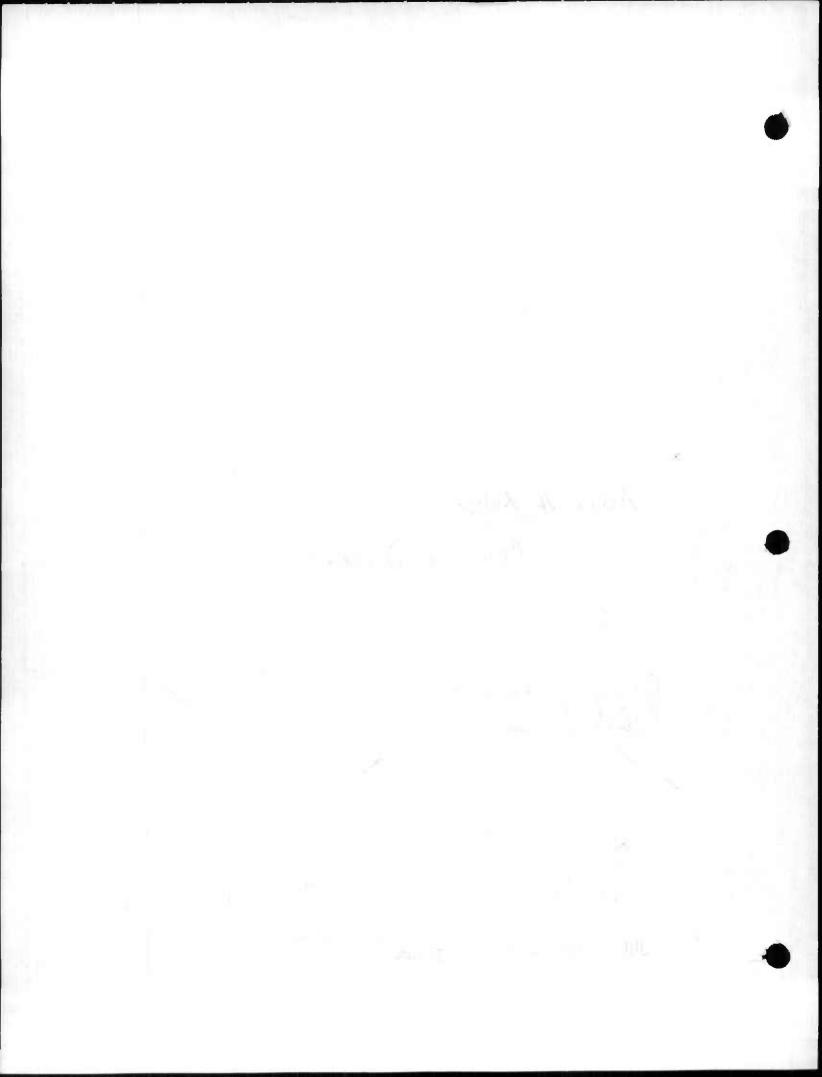
DR TATE EGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
EDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH

	1 • FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E		
1	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	-		3. TIME OF DEATH
	Geneva	Geneva L. Proctor					r 7 7 0	YEAR	м
	4. SOCIAL SECURITY NUMBER	8. SEX 8. AGE (II	n yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1,10	8. BIRTH	IPLACE (State or Foreign
ı.	212-20-4035	□ M 2X F 73		THE DAYS	HOURS MIN.	Aug 3,19	18	Pen	nsylvania
	9e. FACILITY NAME (If not institution, give stree			. CITY, TOWN C	R LOCATION OF DE			NTY OF D	The state of the s
5	Welspring Nur	sing Home		Glen	Burnie	1	Anr	ne A	rundel
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT						1 1 1 1 1 1	10 11	I dilde I
2	10e. STATE 10b, COUNTY			OWN OR LOCAT	NT 42				10d, INSIDE CITY LIMITS?
Ö		Arundel	G		Burnie				1 X YES 2 NO
₹	10e. STREET AND NUMBER				ZIP CODE		10g. CIT	IZEN OF V	VHAT COUNTRY?
	258 Thompson	Ave,			21060		U.	S.A	•
בַּ		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian, t, White, etc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			Speci	
				<u> </u>					ack
	15. DECEDENT'S EDUCAT (Specify only highest grade co		16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo.	N sl of working	16b. KIND OF BUS	INESS/INC	DUSTRY	
		College (1-4 or 5 +)		The same of the sa					
COMPLE	8th Grade		Domest	1C		None			
ဒ	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden			
	Allen Brow	n			Pear				
2	19e. INFORMANT'S NAME (Type/Print)	aughter)				Route Number, City or Town			21108
	Ms Loretta Matth				_	re, Mille			
	20e. METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 Remove		PLACE AND DATE OF D Mery, cremetory or other CZION C				CATION —		1 1 7 1 1 1
	4 Donation 5 Other (Specify)		t Zion C				ure		
- 1	21. SIGNATURE OF FORERAL SERVICE LICEN	1		Snow	den Fun	neral Hom	e P	.A.	20850
	Signer &	brond	en	246	N. Wash	nington S	t, I	Rock	ville, Md
	23. PART I. Enter the diseases, or cor	nplications that caused	the deeth. Do not	entar the mo	da of dying, sucl	h ss cardiac or raspi	ratory an	rest,	Approximate
	shock, or hear feilure. Lis iMMEDIATE CAUSE (Fine)	hroni	c Renal	Fail	ire).	A .			Onset and Death
	disesse or condition resulting in death) s.	Chrone,	Ker	ral	French	un			
	resulting in death) s.	DUE TO (OR AS A	CONSEQUENCE OF):	. 10	100	-			1
z		1) valueti	Vephonathy						
HIIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	Diabe	tes Me	llitus			
3	cause. Enter UNDERLYING CAUSE (Disease or injury	Movela	1 /4	enn	W				
=	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					_	
E E	resulting in death) LAST								
	PART il Other aignificant conditions	contributing to death bu	of not resulting in the	na underlying	Cause given in	Part I. 24s, WAS AN	ALITOPSV	T 24h	WERE AUTOPSY FINDINGS
5	Plur March	ascula	1 Dire	are		PERFOR	MED?	+	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Tongress I	eripheal			200	1 TYES 2	□ MO		OF OEATH?
	- 7 - 7		vasculai	DISE	ase	- 1			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Angina		00 84	AGE OF OFATH ON				
2	EXAMINER?	IOSPITAL:		HER	ACE OF DEATH (Ch				
2	1 VES 2 NO 1	Inpatient 2 ER/Outpa		-		6 Other (Specify)			
ż	1 Nettural 5 Pending	(Month, Day, Yeer)	28b. TIME OI INJURY	WO	RK?	28d. DEŞCRIBE NOW II	HJURY OC	CURED	
5	2 Accident Investigation	200 DI ACE OF INHIBOV	***		ES 2 NO				
2	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At nome, term, stree (y)	t, tectory, office	'	281, LOCATION (Street a City or Town, Stete)	nd Number	r or Rumi F	loute Number,
PLEIEU									
<u> </u>		N: To the best of my knowle							
50	2 MEDICAL EXAMINER:	On the beele of examination	end/or investigation, in	my opinion, de	eath occured at the	time, date end piece, end	d due to th	ne ceuse(e) end menner ee stated.
NE NE	29b. SIGNATURE AND TILE OF CERTIFIER	MUS AH	0.0		29c. LICENSE NUN	ABER	29d. DAT	E SIGNED	(Month, Day, Year)
	W-Muse	170		oclar	D 216	84	•	7/	1578)
-	30. NAME AND ADDRESS OF PERSON WHO		TN (ITEM 27) (Typey Prin	(1)			2 411	0	40 21061 -
	CV-CYRIAC-N-D	(600 C	KACNE	000(+398	GUINISU	1~~1	5-1	70 21061 -
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	- 17					
	JUL 16 '92 g	the Davidson-Ma	ALCO CO						



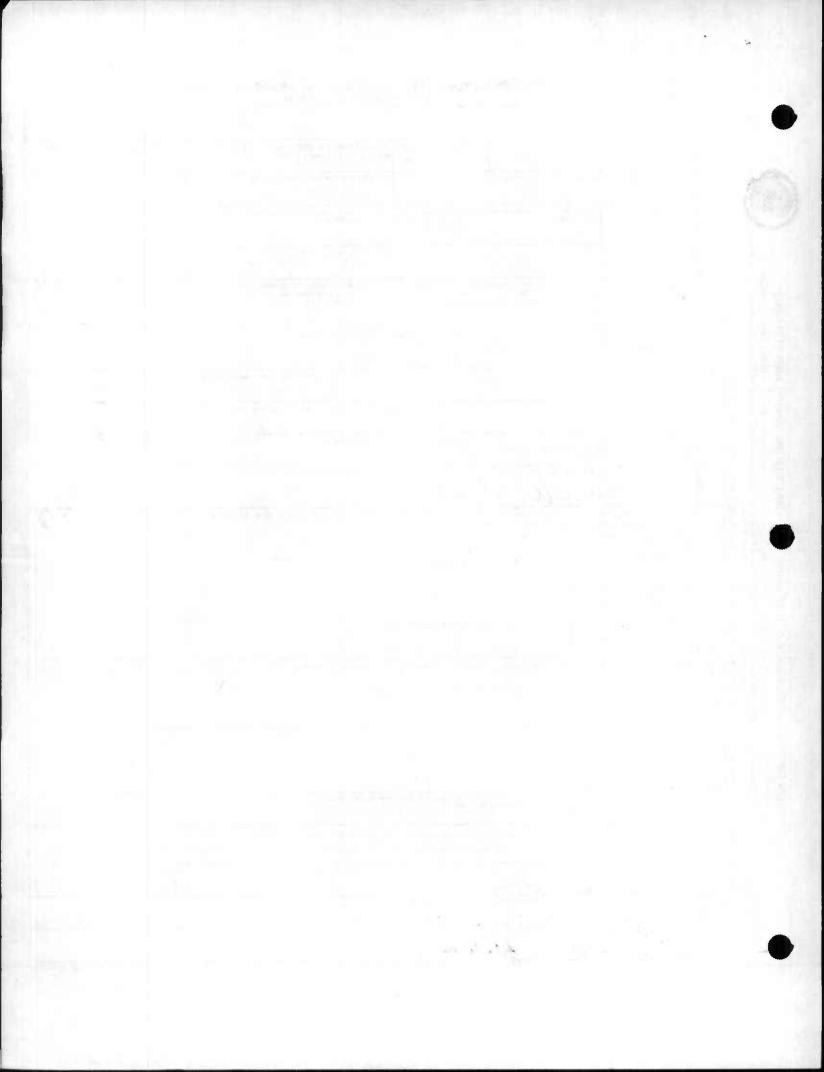
	afte	44.
_	Sin	4
	2	lool
•	24	i i
'n	Ė	and
9	A D	8
8	etn	50
9	900	0
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	8	Sign
ñ	ate	w.ci.
	tific	20
۲	93	office
1	eath	Marke
3	9	po
7	#	7
5	#	Pop
S	ires	Pion
#	regu	500
_	AR.	9
<	Pe	P C
	-	1900
>	CIA	artif
5	S	0 9
-	4	4
ว	N.	Atto
7	ENC	ä
5	A	E
5	S.	DID
-	¥	W
	SPI	NFR
	웃	H
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FINEDAL DIDECTOR. After this confidence has been signed by the openaling abusiness and commission to be as
	2	E

_	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Ruth Wa	arfield	RIPPEON	I	2. DATE MONT	_	190	3. TIME OF DEATH 2 7:30 A. M	
	4. SOCIAL SECURITY NUMBER 220-16-1028 9e. FACILITY NAME (If not institution, give a	1 🗆 M 2 💢 F	(In yrs. last birthday) 77 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE (Mont	OF BIRTH h, Day, Year) . 13,1	.914 M	BIRTHPLACE (State or Foreign Country) [aryland]	
		Retirement Co	enter		derick	EATH			of DEATH ederick	
DIREC	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Frederick Mount Airy								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 6228 1	New London Ro	oad	10	OF. ZIP CODE 21771				S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 V ND	If yea, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Specif	en, Puerto	i? (Specify Yea Rican, etc.)	n or No- 14	. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	,	ON ost of working			SINESS/INDUS		
	17. FATHER'S NAME (First, Middle, Lest)	Lester	Te. Etzle:	ller	18. MOTHER'S NA Nell	ME (First, I		Sumeme)	onal Bank	
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Num	ber, City or Tow		de)	
	Mr. Allen W. Etz] 20a. METHOD OF DISPOSITION 1 Description 3 Rem 4 Description 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Allon Resthaven Memorial Gardens 7-6-92 Frederick, Maryl 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 Fast Church St., Frederick, Md. 21 23. PART I. Enter the diseases, or complications that caused this death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately approximat									
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that infiliated events	DUE TO (OR AS A	CONSEQUENCE O)isea	os or dying, suc	n au carc	nac or reapi	ratory arrest	Approximate Interval Between Onset and Deati	
MEDICAL	PART II. Other significant condition PART III. Other significant condition PART III. Other significant condition	contributing to death be	ut not resulting		- 1000		24s. WAS AN PERFOR	MED3.	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 WO	
PHYSICIAN:	EXAMINERY 1 YES 2 NO	HOSPITAL:	etient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch					
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s, DATE OF INJURY (Month, Day, Year)	29b. TOM INJ	E OF 28c. INJ				NUMY OCCUR	EO	
ED	3 Suicide & Could not be determined	28e. PLACE OF INJURY building, etc. /fiped	— At home, farm, (ATION (Street a or Rown, State)	ind Number or I	Sural Picula Number				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of my knowl	edge, death occum	nd at the lime, date	end place, end due	Io Ihe cau	se(e) end man	ner ea atated.	suse(e) end manner as stated,	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO				DZ6		6	29d. DATE SI		
	Dr. Allen J. Gil 31. DATE FILE JULIN, Day, You! 1992				e, Frede	rick.	Md.	21702		



-
-
-
•
ı
1
1
•
j
1
Ì

1. DECEDENT'S NAME (First, Middle, Last)						DEA		2.04	REG. N			3. TIME OF DEATH	
ABEL ORTA				R	ODRI	GUEZ			MTM	DAY	YEAR 92	9:25	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER	R 1 YEAR	IF UNDE	24 HRS.	7. DAT	E OF BIRTH		B. BIRT	HPLACE (State or Forei	
217-35-6747	1 XM 2 - F	35	YRS.	MONTHS	DAYS	HOURS	MINI.		-12-1		Cour	Texas	
9a. FACILITY NAME (If not institution, give				9b. CITY	Y, TOWN C	OR LOCAT	ON OF DE	EATH		9c. COUNTY OF DEATH			
UNIVERSITY HOSPI	TAL			BA	LTIM	IORE							
10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	
Maryland	Baltimo	re					Up	per	CO			1 YES 2XXNI	
10s. STREET AND NUMBER					101	ZIP COD	_			10g. CIT		WHAT COUNTRY?	
15810 Hanover								115				SA	
Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 W	NO NO		If yes, sp	ecify Cubi	n, Mexics	n, Puerl	BIN7 (Specify o Rican, atc.)			CE — American Indian, ck, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES			YYES	2 🗌 NO	Specify		exica	an	Spe	Mexica	
15. DECEDENT'S EDU (Specify only highest grade			ECEDENT'S Give kind of				90	1	6b. KIND OF	BUSINESS/IN	DUSTRY	13	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	le. Do NOT u	se retired.)					0 1		** 7		
G.E.D. 17. FATHER'S NAME (First, Middle, Last)			Lands	cape	er						Unl	imited	
Francisco Roa	riquez								ios 1		ria		
19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRES	\$ (Street =				mber, City or				
Susann Marie	Stoner								erco,				
20a, METHOD OF DISPOSITION 1 IX Burial 2 I Cremation 3 I Ram	ound from State	20b. PLACE	ANDDATE	OF DISPOS	SITION (Na	me of		-		LOCATION -			
4 Donation 8 Other (Specify)		Hamps	stead	Cem	eter	У		7/:	24 E	lampst	ead,	Md.	
21. SIGNATURE OF FENERAL SERVICE LI	CENSEE	16		22.	NAME AN	ID ADDRE	SS OF FA	CILITY					
1-1111		11							Elin	ie Fun	eral	Home	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	S. S.	It coused the desire on each line	ie.	9.	34 S	. Ma		tre	et, Ha	_	ad,	Md. 21074 Approximate interval Bets Onset and D	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	sb	Voun	EDUENCE O	9. not enter	34 S	. Ma		tre	et, Ha	mpste	ad,	Md. 21074 Approximate Interval Bets	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s	(OR AS A CONSE	EDUENCE O	9. not enter	34 S	• Ma	ing, suci	tree	et, Ha	ampste	ad,	Md. 21074 Approximate Interval Bette Onset and D	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s	(OR AS A CONSE	EDUENCE O	9. not enter	34 S	• Ma	ing, suci	tree	et, Haurdlec or res	AN AUTOPSY FORMED?	ad,	Approximate interval Bety Onset and D	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s	(OR AS A CONSE	EDUENCE O	9. not enter	34 S	• Ma	ing, suci	tree	et, Haurdlec or res	ampste	ad,	Approximate Interval Bety Onset and Conset a	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s	(OR AS A CONSE	EDUENCE O	9. not enter	34 S	• Ma	ing, suci	tree	et, Haurdlec or res	AN AUTOPSY FORMED?	ad,	Approximate Interval Bety Onset and D	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	s	(OR AS A CONSE	EDUENCE O	9. not enter	34 S	• Ma	ing, suci	Part I.	24a. WAS. PERF	AN AUTOPSY FORMED?	ad,	Approximate Interval Bety Onset and Conset a	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s	(OR AS A CONSE	EDUENCE O	9. not enter	34 S r the mo-	. Ma de of dy	given in	Part I.	24e. WAS PERF 1 VES	AN AUTOPSY FORMED?	ad,	Approximate Interval Bety Onset and Conset a	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially flist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. If any cause in the ca	B. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not i	EDUENCE O EQUENCE O resulting	9. not enter F): F): OTHER 4 Nur	34 S r the mo-	. Ma de of dy g ceuse g	given in	Part I.	24a. WAS. PERF	AN AUTOPSY ORMED?	rest,	Approximate Interval Bety Onset and Conset a	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pisease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO c. DUE TO d. HOSPITAL:	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but not i	EDUENCE O	9. not enter F): F): OTHER 4 Nur	34 S r the mo-	. Made of dy	given in	Part I.	24e. WAS PERF 1 VES	AN AUTOPSY ORMED?	24	Approximate Interval Bets Onset and Conset a	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are successful to the conditions of	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	EDUENCE O EQUENCE O resulting 28b. TiMin. IN. IN. IN. IN. IN. IN. IN. IN. IN. IN	9. F): F): OTHER A Number of Sp M street, fact	34 S r the mo-	. Made of dy	given in	Part I.	24e. WAS. PERF 1 YES One) her (Specify) ESCRIBE HOT UBJECTION, STIE	AN AUTOPSY ORMED? 2 NO	cured NED	Approximate Interval Betwoen Interval Betwoen Interval Betwoen Interval Betwoen Interval Between Interval Between Interval Between Interval Between Interval Between Interval	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	EDUENCE O EQUENCE O resulting 28b. TIMM INV. 3:1	9. F): F): OTHER A Number of Sp M street, fact	34 S r the mo-	. Made of dy	given in	Part I.	24e. WAS. PERF 1 VES	AN AUTOPSY ORMED? 2 NO	cured NED	Approximate Interval Betwoen Interval Betwoen Interval Betwoen Interval Betwoen Interval Between Interval Between Interval Between Interval Between Interval Between Interval	
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity filst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 ND 127. MANNER OF DEATH 1 Netural Netu	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE	EDUENCE O EDUENCE O FEQUENCE O Tesuiting 28b. TIM IN 3:1 Ome, farm, RIVATT.	9. not enter F): F): OTHEE 4 Nur Sp M street, fact E POI ed at the t	34 S r the mo-	and place	given in EATH (Che seldence	Part I. Part I. SU 281. LC CHE to the c	24a. WAS. PERF 1 YES One) Are (Specify) ESCRIBE HOU JBJECT CATION (Sire) y or Town, Ste MPSTEA suse(s) and in	AN AUTOPSY CORMED? 2 NO N INJURY OC PART OF THE PART	24 CCURED NED SAIN RYLA	Approximate interval Bety Onset and D Onse	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE	EDUENCE O EDUENCE O FEQUENCE O Tesuiting 28b. TIM IN 3:1 Ome, farm, RIVATT.	9. not enter F): F): OTHEE 4 Nur Sp M street, fact E POI ed at the t	34 S r the mo-	and place	given in EATH (Che seldence	Part I. Part I. SU 281. LC CHE to the c	24a. WAS. PERF 1 YES One) Are (Specify) ESCRIBE HOU JBJECT CATION (Sire) y or Town, Ste MPSTEA suse(s) and in	AN AUTOPSY CORMED? 2 NO N INJURY OC PART OF THE PART	24 CCURED NED SAIN RYLA	Approximate interval Bety Onset and D Onse	
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity filst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 ND 127. MANNER OF DEATH 1 Netural Netu	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE	EDUENCE O EDUENCE O FEQUENCE O Tesuiting 28b. TIM IN 3:1 Ome, farm, RIVATT.	9. not enter F): F): OTHEE 4 Nur Sp M street, fact E POI ed at the t	34 S r the mo-	ACE OF D ACE OF D ACE OF D TRK? and place eath occur 29c. LICE	given in EATH (Che seldence ND and due ed at the	Part I. Part I. SI SI SI SI HEI to the c	24a. WAS. PERF 1 YES One) Are (Specify) ESCRIBE HOU JBJECT CATION (Sire) y or Town, Ste MPSTEA suse(s) and in	AN AUTOPSY FORMED? 2 NO N INJURY OC DROW TO	coursed NED SATA RYLA the cause (re signer	Approximate interval Betwood onset and Conse	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO	(OR AS A CONSE (OR AS A CONSE	EDUENCE O EDUENCE O FEQUENCE O TO DOA 28b. TIM 3:1 Ome, farm, RIVAT Feeth occurr Investigation	9. F): F): In the ur OTHER 4 Nur BOP BURY 5D M E POI ed at the ten, in my of	34 S r the mo-	ACE OF D ACE OF D ACE OF D TRK? and place eath occur 29c. LICE	given in EATH (Chi	Part I. Part I. SI SI SI SI HEI to the c	24a. WAS. PERF 1 YES One) Are (Specify) ESCRIBE HOU JBJECT CATION (Sire) y or Town, Ste MPSTEA suse(s) and in	AN AUTOPSY FORMED? 2 NO N INJURY OC DROW TO	coursed NED SATA RYLA the cause (re signer	Approximate interval Betwood onset and Conse	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE	EDUENCE O EQUENCE O FOR THE STATE OF THE S	9. F): F): OTHER 4 Nur BE OF 5D M street, fact E POI ad at the t on, in my o	34 S r the mo-	and place eath occur	EATH (Che leidence le	Part I. Part I. SICH CAR CAR CAR CAR CAR CAR CAR CAR CAR CAR	24a. WAS PERF 1 VES 24a. WAS PERF 1 VES DOTE (Specify) ESCRIBE HOW JBJECT CATION (Streety or Town, Ste MPSTEA ause(s) and in the and place,	AN AUTOPSY ORMED? 2 INO N INJURY OCH DROW To	24 CCURED NED SAIN RYLA He cause (TE SIGNE)	Approximate interval Bety Onset and D b. WERE AUTOPSY FIND AMARABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 AVES 2 NO 1 PAUL RO a) and manner as state of (Month, Day, Year) / 1992	
23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE	EDUENCE O EQUENCE O FOR THE STATE OF THE S	9. F): F): In the ur OTHER 4 Nur BOP BURY 5D M E POI ed at the ten, in my of	34 S r the mo-	and place eath occur	EATH (Che leidence le	Part I. Part I. SICH CAR CAR CAR CAR CAR CAR CAR CAR CAR CAR	24a. WAS. PERF 1 YES One) Are (Specify) ESCRIBE HOU JBJECT CATION (Sire) y or Town, Ste MPSTEA suse(s) and in	AN AUTOPSY ORMED? 2 INO N INJURY OCH DROW To	24 CCURED NED SAIN RYLA He cause (TE SIGNE)	Approximate interval Betwood onset and Conse	



PM

21550

1 YES 2 NO

▶ 07-05-92

Approximate

FUNE

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ED

COMPLET item

ш

8

2

injury.

any

23

0 marked,

69

28

FUNERAL within 72 h

HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT. II

RECORDS,

OF VITAL

DIVISION

the

signed by the that

pt. of F

certificate has be h the State Dept. W.

OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate ha hours after death with the State D

CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First Middle Last)

	- 13	1. DECEDENT'S NAME (FIRST,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	j
		LEAMON	F.		ROSE						July 5, 1	992	YEAR	8:15	Р
	OR	4. SOCIAL SECURITY NUMB	or war (in yrs.				birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Forei		ilan
D		241-26-4826		1 💢 M 2 🗌 F	72 YRS		MONTHS	DAYS	HOURS	MIN.	Nov 23, 1	919	N.	Carolina	
pino		9e. FACILITY NAME (If not in:	stitution, give s	street end number)			9b. CITY	TOWN C	R LOCATI	ON OF D	EATH	9c. COUNTY OF DEATH		DEATH	
		Garrett Cou	nty M	emorial I	Hospita	1	Oakland					Garrett			
	5	RESIDENCE OF DEC	EDENT										OGIL		_
31	ı iii	10e. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN	R LOCAT	ION				-	10d. INSIDE CITY	_
널	DIRE	D.C.				W	ashir	gto	n					LIMITS?	0
пес	A P	10e. STREET AND NUMBER								101. ZIP CODE					
Sit		5000 H Stre	et. S	. E.				- 1					G A	WHAT COUNTRY?	

USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 2 NO 1 🔀 Never Married 2 🗌 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specify: 1941-1944 Black 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY

(Spe (Give kind of work done life: Do NOT use retired.) st of working Elementary/Secondary (0-12) College (1-4 or 5+) 5 Laborer Farming 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Frank Rose Mary Whitney

19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cuppett-Weeks Nursing Home 7th & Alder Streets

23. PART I. Enter the diseases, or complications that ceused the deeth. Do not antar the mode of dying, such as cardiec or respiratory arrest,

Oakland, Md. 21550 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 1 Buriel 2 Cremetion 3 Removal from State Oakland Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 7/9 Oakland, Maryland

21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box 243 M00167 Durst Funeral Home - Oakland, Md.

shock, or heart feliure. Liet only ona ceues on sech lins. nterval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition pneumonia 3 days reauiting In death) OUE TO (OR AS A CONSEQUENCE OF): congestive heart failure 3 days Sequentially ilet conditione. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING athersclerotic cardiavascular disease years

CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO dementia 1 YES 2 NO COMPLETION OF CAUSE

25. WAS CASE REFERRED TO MEDIC	_				26. PLACE OF GEATH	Check only one)	
EXAMINER? 1 YES 2 NO		HOSPITAL:	3 🗆 DOA	OTHE 4 \(\text{No.}	R: rsing Home 5 - Realdens	e 6 Other (Specify)	
7. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be		26e. DATE OF INJURY (Month, Day, Year)	26b. TIN	ME OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. OEŞCRIBE HOW INJURY OCCUREO	
		28e. PLACE OF INJURY — At I building, etc. (Specify)	nome, farm,	street, fa	ctory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

29a, CERTIFIER 1 📆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D25759

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Walter K. Naumann, M.D., Accident MD 21520

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE A MONON

4 Homicide

Her Hilly come + At a St.

	a	ž
	5	.5
	2	3
	4	Fills
_	2	2
	喜	100
0	1	2
2	P	8
8	8	3
9	8	2
×	8	
0	2	.2
~	9	· ig
ш	23	£
o.	ē	5
9	8	ij
Q.	6	3
10	de	è
0	92	å
~	===	2
F	ha	÷
\circ	40	8
0	il-	eio.
Ш	3	9
Œ	2	3
_	*	0
4	90	ž
-	F	100
-	Z	ě
	8	t
4	S	0
0	至	Pic.
7	9	+
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	DIRECTOR. After this partificate has been sinned by the attendion physician and completely filled in by
2	9	Α.
S	W	a
=	A	E
=	œ	ď
0	0	č

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIFI	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		. TIME OF DEATH
	Eve	lyn Croth	hers	Riggs	3		June	29, 1992	YEAR	9:13 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	L AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	ВТН	8. BIRTHPI	LACE (State or Foreign
	215-32-3124	1 M 2 F	84	YRS.	MONTHS DAYS	HOURS MIN.	Nov .	Year)	Country)	ryland
	9a. FACILITY NAME (If not institution, give a	itreet and number)			9b. CITY, TOWN	OR LOCATION OF D			TY OF DEA	
E E	Record Stre	et. Home			Fnc	derick		167		
5	RESIDENCE OF DECEDENT	o mone			1.1.6	derick		1	rede	rick
DIRECTOR	10a. STATE 10b. COUNT	*		10c. CITY,	TOWN OR LOCA	TION	_		1	Od. INSIDE CITY
	Maryland Fr	ederick			Frede	rick			1	YES 2 NO
AL	10e. STREET AND NUMBER				10	. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
E	115 Record	Street				21701			TT	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E			13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spe	cify Yes or No	14. RACE -	- American Indian.
	1 Never Married 2 Married	FORCES? 1		Ao		ecify Cuban, Mexico		etc.)	Spacify:	White, etc.
BY	3 🔀 Widowed 4 🗌 Divorced								Ī	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade				SUAL OCCUPATE		16b, KIND	OF BUSINESS/INDU	STRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use	retired.)	at or working				
₫	7			Hous	ewife	_		Own ho	me	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				
BE (Bradley Je	fferson Br	randent	ourg		E	valine	Hyatt		
10	19a. INFORMANT'S NAME (Type/Print)		19					y or Town, State, Zip (
F	Record Street Ho	me		11.5	Record	St., Fr	ederick	, Md. 21	701	
	20a. METHOD OF DISPOSITION XXX Buriel 2 Cremellon 3 Rem	ough from State	20b. PLACE	AND DATE OF	DISPOSITION (N	ame of	DATE	20c. LOCATION C	ity or Town	n, Slate
	4 Donation 5 Other (Specify)	— Tom State	Pro	viden	ce Ceme	tery 07	/01/92	Kempto	wn. I	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	ND ADDRESS OF FA	CILITY			
	De Colling I.	Moles	. the			L. Mole				
		1 - 0,000	.00		2640	1 Ridge	Rd. Da	mascus.	Md.	
	23. PART I. Enter the diseasea, or cahock, or heart fallure.	List only one cause	on each line	eath. Do no e.	t enter the mo	de of dying, suc	th as cardiac o	r reapiratory arre	at,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition									Onset and Death
	resulting in death)	. Recurr	cent_Ce	rebra	l vascu	lar acci	dent			l day
		DUE TO (O	AS A CONSE	OUENCE OF)						
N	Sequentially list conditions,	Arteri	oscler	otic	vascula	r diseas	e			5 years
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OI	R AS A CONSE	QUENCE OF)						
일	CAUSE (Disease or injury	c	R AS A CONSE	OUTNOT OF						
Ē	that initiated events resulting in death) LAST	562 10 (61	n as a conse	GOENCE OF)						
ij		d								
	PART II. Other aignificant condition	a contributing to de	eath but not	reaulting in	the underlyin	g cause given in		WAS AN AUTOPSY		FRE AUTOPSY FINDINGS
DICAL								PERFORMED?	C	WAILABLE PRIOR TO OMPLETION OF CAUSE
MED							''	YES 2 NO		F DEATH?
2							_		'	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26 Pi	ACE OF DEATH (Ch	anck only one)		_	
3	EXAMINER? 1 YES 25 NO	HOSPITAL:	D/Dutantiant 1		OTHER:					
¥ I	27. MANNER OF DEATH	28e, DATE OF IN		26b. TIME		e 5 Rasidence			1000	
	1 Natural 5 Pending	(Month, Day,		INJU	RY WO	RK?	200, DEŞCHIBE	HOW INJURY OCCU	IRED	
BY	2 Accident Investigation	26a. PLACE OF I	MILIDY ALL			rES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	building, etc	c. (Specify)	Ano, Iarm, st	eet, factory, offic	•	City or Town	(Street and Number on, State)	r Rurai Rou	ite Number,
	29a. CERTIFIER									
4	(Check only 1 X CERTIFYING PHYSI									
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of exam	ninetion and/or	Investigation.	in my opinion, d	eath occured at the	time, data and p	leca, and due to the	cause(a) a	nd menner as stated.
ш	296. SIGNATURE AND STILE OF CERTIFIER					29c. LICENSE NUI	WBER	29d. DATE	SIGNED (M	fonth, Day, Year)
O B	Ze Mr	47 %,	alvery)		D019	02	▶ Ji	une 2	29,1992
2	30. NAME AND ADDRESS OF PERSON WH		OF DEATH (ITE	M 27) (Type, F	Print)					
	LeRoy T. Davis	s, M.D.	801	Toll :	House A	ve., Fre	derick.	Md. 217	01	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE							
	JUL 8 1992 Ju	hia Davidson-V	fandell.							

. , • • • ę · To St. . . The country was a second to the country of the country

REGISTRAR Y 6				OLKII	IIOAII	_ 01	DEATH	-	REG.				
OECEDENT'S NAME (First, BETTY	Middle, Last)		J.			700		MON		DAY	YEAR		OF DEATN
SOCIAL SECURITY NUMB	ER	5. SEX		yrs. last birthda	v) IE IMPE	R 1 YEAR	ELKEY IF UNDER 24 HRS.	7.04	E OF BIRTH	30	1992	11:2	
218-78-7810		1 🗆 M 2/0XF	5		MONTHE	DAYS	HOURS MIN.	(Mo	14/19		Count	(עיי	
. FACILITY NAME (If not ins	stitution, give			,	9b. CIT	Y, TOWN	OR LOCATION OF		14/1		UNTY OF	les T	OWII,
WASHINGTON RESIDENCE OF DEC		Y HOSPITA	<u>T</u>		HAGI	ERST	OWN			WAS	HING	ON	
De. STATE	10b. COUNT	TY		10c. (NWOT ,YTE	OR LOCA	TION					10d. INSI	DE CITY
aryland	Wash	ington		I	Knoxv	ille						LIMIT 1 TES	15? 2 2 €€NO
a. STREET AND NUMBER 2126 Rohrer	svill	e Road				10	1. ZIP CODE 21758			10g. CI		WHAT COUP	NTRY?
I. MARITAL STATUS		12. WAS DECEOE			13.	WAS DEC	ENDENT OF HISE	ANIC ORIG	IN? (Specify	Yes or No-	14. RAC	E — Americ	
Never Married 2XX		IF YES, GIVE					ecify Cuben, Mexi 22XNO Spe		Ricen, etc.)		k, white, at the Whi	
15. DECI (Specify only	EDENT'S EDL	JCATION e completed)	1	16e. OECEDENT			ON ost of working	11	Sb. KINO OF	BUSINESS/II	NDUSTRY		
Elementary/Secondary (0-		College (1-4 or 5	+}	IIIa. Do NOT	use retired.)								
7. FATHER'S NAME (First, MI	Idalfo I anth			House	vife					memak			
Thomas Hard							16. MOTNER'S			den Sumeme)			
De. INFORMANT'S NAME (%				195. MAIL I	NG ADDRES	S (Street o	Lucy and Number or Run			Four Chate	Tin Codel		
ohn E. Roel							ville R					1758	
a. METHOD OF DISPOSITI	ION	140		LACE AND OAT	E OF DISPO	SITION (Na				LOCATION -			
Burial 2 Cremation Donation 5 Other		noval from State	cemet	ery, crematory o	r other place.)		1	_				
Barbara 3. PART I. Enter the di	A. Wi	11iams, F	Funera	al Dir.	7et Ce	emete NAME AI John 100	T. Will Petersv	liams 111e	Fune	Bruns	ome wick	MD	
Barbara 3. PART i. Enter the dishock, or he MMEDIATE CAUSE (Fin- lisease or condition	A. W1.	111ams, F complications the List only one can	Funera it caused to use on sec	al Dir.	o not enter	emete NAME AI John 100	T. Will Petersy de of dying, sa	Liams	Fune	ral H Bruns	ome wick	MD App	21716 proximata prval Betw set and D
Barbara 23. PART I. Enter the dishock, or he MMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition from the leading to immediate. Enter UNDERLYIII	L SERVICE LI A. W1 Seeses, or part fallure. lons, diate NG	111ams, F complications the List only one can a. MIXED DUE TO	Funera it caused t use on sec	al Dir. the death. De	o not enter	emete NAME AI John 100	T. Will Petersy de of dying, sa	Liams	Fune	ral H Bruns	ome wick	MD App	oroximata ervai Betv
23. PART i. Enter the di	A. WI seeses, or eart failure. cons, diate NG	111ams, F complications the List only one can a. MIXED DUE TO	DRU (OR AS A C	al Dir.	OF):	emete NAME AI John 100	T. Will Petersy de of dying, sa	Liams	Fune	ral H Bruns	ome wick	MD App	oroximata ervai Betv
Barbara 3. PART i. Enter the dishock, or he MMEDIATE CAUSE (Finisease or condition esulting in death) Sequentially list condition and in the condition of the	A. WI. seeses, or eart failure. all dons, diate NG ry	111ams, F complications the List only one can a. MIXED DUE TO b. DUE TO c. DUE TO d	Funera It caused to USE on sec OR AS A C (OR AS A C	al Dir. al Dir. al Dir. al Dir. al Dir. al Dir. consequence	7et Ce	emete. NAME AI JOHN 100 I	T. Will Petersy de of dying, so	FACILITY Liams 111e Ich aa ce	Fune Rd., rdlac or re	eral H Bruns repiratory a	ome wick,	Applinte One	proximate rval Betweet and D
Barbara 23. PART I. Enter the dishock, or he MMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition and the condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injurishet initiated events resulting in death) LAST PART II. Other significant	A. WI. seeses, or part failure. sel	111ams, F complications the List only one can a. MIXED DUE TO b. DUE TO c. DUE TO d	Funera at caused 1 use on acc OR AS A C (OR AS A C	al Dir. the death. Do th line. G INT CONSEQUENCE	OF:	emete. NAME AND JOHN 100 Tritha moderlying	To Will Petersv de of dying, se	raciumy Liams Liam	Fune Rd., rdiac or rd	eral H Bruns epiratory a	ome wick,	MD Applinte One	oroximata rival Betw let and D OPSY FINDS PRIOR TO OF CAUST 7
Barbara 3. PART I. Enter the dishock, or he MMEDIATE CAUSE (Findisease or condition esulting in death) Gequentially list condition and the second condition of the second co	A. W1. seeses, or part fallure. sel	111ams, F complications the List only one can a. MIXED DUE TO b. DUE TO c. DUE TO d	Funera at caused 1 use on acc OR AS A C (OR AS A C	al Dir. the death. Do th line. G INT CONSEQUENCE	OF:	emete. NAME AND JOHN 100 Tritha moderlying	To Will Petersv de of dying, se	raciumy Liams Liam	Fune Rd., rdiac or rd	eral H Bruns spiratory a	ome wick,	Applinte One	oroximata rival Betw set and D OPSY FINDS PRIOR TO OF CAUST 7
Barbara 3. PART i. Enter the dishock, or he MMEDIATE CAUSE (Findisease or condition esulting in death) is equentially list condition any, leading to immediate. Enter UNDERLY II AUSE (Disease or injuriant initiated events esulting in death) LAST ART II. Other significant ATHEROSCL CELL CARC E. WAS CASE REFERRED TO EXAMINER?	A. W1. seeses, or part fallure. sel	111ams, F complications the List only one car a. MIXED DUE TO b. DUE TO d. DUE TO d. LC CARD A	Punera at caused 1 use on sec OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO	al Dir. al Dir	OF:	emete. NAME AI John 100 r tha mo	To Will Petersv de of dying, se	raciumy Liams 111e Ich as ce	Pune Rd., rdiec or re	eral H Bruns spiratory a	ome wick,	MD Applinte One	oroximata rival Betw set and D OPSY FINDS PRIOR TO OF CAUST 7
Barbara 3. PART i. Enter the dishock, or he MMEDIATE CAUSE (Findisease or condition esulting in death) is equentially list condition any, leading to immediate. Enter UNDERLY II AUSE (Disease or injuriant initiated events esulting in death) LAST ART II. Other significant ATHEROSCL CELL CARC EXAMINER? 17 YES 2 NO	A. W1. seeses, or part fallure. sel	111ams, F complications the List only one can a. MIXED DUE TO b. DUE TO d. DUE TO d. LC CARD A HOSPITAL: 1 Inpatient 2 C	Funera It caused to a second con as a concept to the content of t	al Dir. al Dir	OF: OF): OTHE	emete. NAME AI John 100 r tha mo A T I (moderlyin, S F A S 28. Pi R: reing Norm	To Will Petersvi de of dying, so g cause given i E: REN ACE OF DEATN (1)	n Part i.	24a. Was PER 1 V VE	AN AUTOPSY FORMED?	Ome wick, rrest,	MD Applinte One	oroximata rival Betw set and D OPSY FINDS PRIOR TO OF CAUST 7
Barbara 3. PART I. Enter the dishock, or he MMEDIATE CAUSE (Finilisease or condition esulting in death) Gequentially list condition esulting in death) Gequentially list condition esulting in death) Gequentially list condition esulting in death) ALL Common of the condition	A. W1. seeses, or part fallure. sel	111ams, F complications the List only one car a. MIXED DUE TO b. DUE TO d. DUE TO d. LC CARD A	Uneratic sused to see on second (OR AS A CO)	al Dir. al	OF: OF): OTHE	emete. NAME AI JOHN 100 r tha mo A T I () A T I () 26. PI R: reing Nom 26c. INJ	g cause given in the second control of the s	n Part I. A L Check only 28d. Di	24a. WAS PER 1 YE One) Ner (Specify) ESCRIBE NO.	eral H Bruns spiratory a	Ome wick rrest,	Appinte One	oroximata rival Betw set and D OPSY FINDS PRIOR TO OF CAUST 7
Barbara 3. PART I. Enter the dishock, or he MMEDIATE CAUSE (Findisease or condition esuiting in death) Gequentially list condition esuiting in death) Gequentially list condition esuiting in death) Gequentially list condition esuiting in death) ART if the condition esuiting in death LAST ART if Other significant ATHEROSCICELL CARC S. WAS CASE REFERRED TO EXAMINER? 1X YES 2 NO 7. MANNER OF DEATH 1 Netural 5 X 5 2 Accident 1	A. W1. Seeses, or part fallure. Int condition EROI INOM D MEDICAL Pending	111ams, F complications the List only one case a. MIXED DUE TO b. DUE TO c. DUE TO d	OR AS A CO (OR AS	C. Olivando Consequence CONSEQUENCE CONSEQ	OF): OF): OF): OTHE A D I G	nderlying 26. Pt 28. Pt R: 28. Pt R: 28. Wo 1 1	g cause given in the state of Death (the state	n Part I. Check only 28d. D	24a. WAS PER 1 V YE CATION (Str. y or Town, S	Eral H Bruns Sepiratory a FAN AUTOPS' FORMED? S 2 NO W INJURY OF U S E Sept and Numb ate) 2 1 2	CCURED D D F or or Rural f 6 RC	MD Appinte One One One One One One One One One On	Proximate private and Dispersive and
Barbara 23. PART I. Enter the dishock, or he MMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuriant initiated events resulting in death) LAST PART II. Other significant resulting in death) LAST CELL CARC S. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 NE 2 Accident 1 Ocentical Condition of the condi	A. WI Seeses, or part failure. Is eases, or part failure	111ams, F complications the List only one can a. MIXED DUE TO b. DUE TO c. DUE TO d	Tunera to caused to see on accompany to the caused to see on accompany to the caused to see on accompany to the caused to the ca	Al Dir. Al	OF): OF):	emete. NAME AI JOhn 100 or the moderlying A T I (A T I (R: reing Nom 26c, INJ tory, office	To Will Petersv de of dying, su N GE: REN ACE OF DEATN (C) TO BE S RESIDENCY ACE OF DEATN (C) TO BE S RESIDENCY TO BE S	n Part i. A L Sheck only 28d. Di 28t. Lo Ch K N	24a, Was PER 1 V VE	AN AUTOPSY FORMED? 3 2 NO W INJURY OF USE Seet and Number see at a number se	CCURED D D For or Fural 16 R C	Applinte One Applinte One Were Authority of Death of De	Proximate Priv
Barbara 23. PART I. Enter the dishock, or he MMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuriant initiated events resulting in death) LAST PART II. Other significant resulting in death) LAST CELL CARC S. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 NE 2 Accident 1 Ocentical Condition of the condi	A. W1. Seeses, or part fallure. Is essess, or part fallure. Is ons, diate NG ry T	111ams, F complications the List only one case. MIXED DUE TO b. DUE TO d. DUE TO d. LC CARD A HOSPITAL: 1 Inpetient 2 26a. DATE OF 6. Duliding, H O M ICIAN: To the best of effer. On the best of effer.	Tunera to caused to see on accompany to the caused to see on accompany to the caused to see on accompany to the caused to the ca	Al Dir. Al	OF): OF):	emete. NAME AI JOhn 100 or the moderlying A T I (A T I (R: reing Nom 26c, INJ tory, office	To Will Petersv de of dying, su N GE: REN ACE OF DEATN (C) TO BE S RESIDENCY ACE OF DEATN (C) TO BE S RESIDENCY TO BE S	In Part I. Check only: 28d. DU 28d. LO Check the check only on the check only on the check o	24a, Was PER 1 V VE	AN AUTOPSY FORMED? BY INJURY OF USE Best and Number 2 2 No manner es st , and due to	CCURED D D For or Fural I ated. Ithe cause(e) TE SIGNED	Applinte One Applinte One Were Authority of Death of De	PROPERTY FINDING TO ON OF CAUP? 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

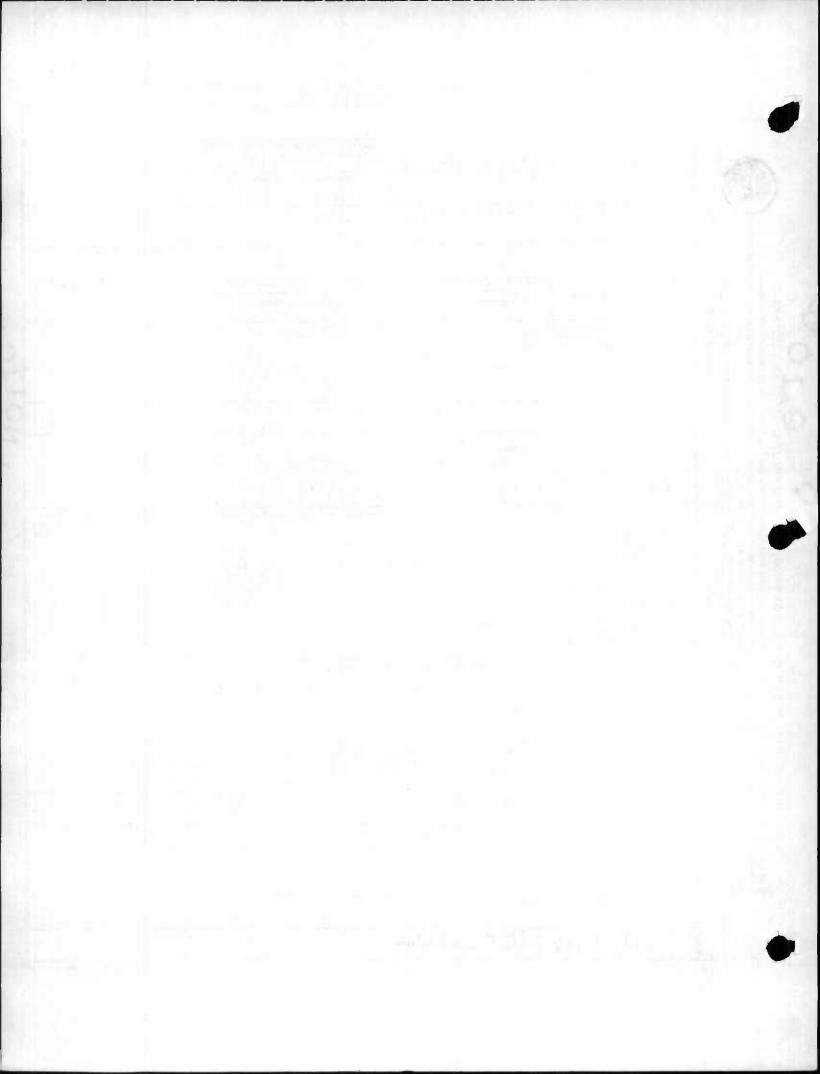
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1992

OHMH-16 Rev 1/89



9	5
age	din
death, F	funeral
after	y the
Sung 17	filled in b
ecuted within	hysician and completely
pe ea	ician a
ertificate	ng phys
death c	by the attending p
the	the
es that	gned by
requir	been si
e By	has
ENDING PHYSICIAN: The law requires that the death certificate be executed within a tracus after death. Page 6	R: After this certificate has been signed by the attending physician and completely filled in by the funeral direct
ENDING	R: After

	500						2 21477
	1 - STATE OF MAR		RTMENT OF I	TEALTH AND M	ENTAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last) PRESTON	BRADLEY	REED	^	2. DATE OF DEATH DO	AV VEA	AR. 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. / 577-01-8728 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AGE (In yrs. lest birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign ountry) ASHINGTON, DC
DR.	9a. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSPITAL			OR LOCATION OF DEAT		9c. COUNTY C	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					1101.11	
DIRECTOR	MARYLAND MONTGOMERY	10c. C	KENSING	TON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3312 OBERON STREET		10	20895		10g. CITIZEN (OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR O	YES 2- NO	If yes, sp	CENDENT OF HISPANIC Hecify Cuban, Mexican, 3 2 X NO Specify:			RACE — American Indian, Bleck, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 College (1-4 or 5 +)	16e. DECEDENT' (Give kind o	s usual occupation of work done during me use retired.) MAKER	ON ost of working	NAVAL O		
E COM	17. FATHER'S NAME (First, Middle, Lest) COLEY BRADLEY REED				E (First, Middle, Meiden IVY CHEW	Sumame) NING	
TO BE	19e. INFORMANT'S NAME (Type/Print) E. JUNE REED			TREET, KE			
	26s. METHOD OF DISPOSITION 1	206. PLACE AND DATE				CATION — CHY C	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	neille		S ADDRESS COLLE			E, INC. SP., MD 20901
	23. PART I. Enter the diseases, or complications that care abook, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.	not enter the mo	ode of dying, such	na cardiac or respi	iratory arrest,	Approximate interval Between Onset and Death
	DUE TO (OR	AS A CONSEQUENCE	OF):		D	Sace	0
NOI	Sequentially list conditions, DUE TO (OR	AS A CONSEQUENCE	0F):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	ratury Fo	illure				Minutes
CERTIFICATION		ular Dy					Minutes Years
	PART II. Other algnificant conditions contributing to dea	th but not resulting	in the underlyin	g cause given in Pr	ert I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL	Die beter me	- 17	-		_ 1 - YES 2	N	COMPLETION OF CAUSE OF DEATH?
Σ	- courses	Ja ver	2	75 600	_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. VES 2 NO 1 Input lent 2 ER	/Outpatient 3 DOA	OTHER: 4 \(Nursing Horizontal Horizontal Nursing Horizontal Nur	LACE OF DEATH (Check	k only one)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, XI 2 Accident Investigation		NJURY WO	PURY AT 2 PRK? YES 2 NO	26d. DEŞCRIBE HOW I	NJURY OCCURE	D
		JURY — At home, farm (Specify)	, street, factory, offic	2	28I. LOCATION (Street of City or Town, State)		ural Floute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my lambda one) 2 MEDICAL EXAMINER: On the basis of examination of examination of examinat						use(s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB			NED (Month, Day, Year)
TO B	Oth Vale	m	-	2085	43	D-1-	13-65
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	oe, Print)	7.6	10th	Sc	mer
	31 DATE FILED (Month Day Ver) 32 DECISTRADS	7	3. 8	518M	15 cons	iN.	AUR

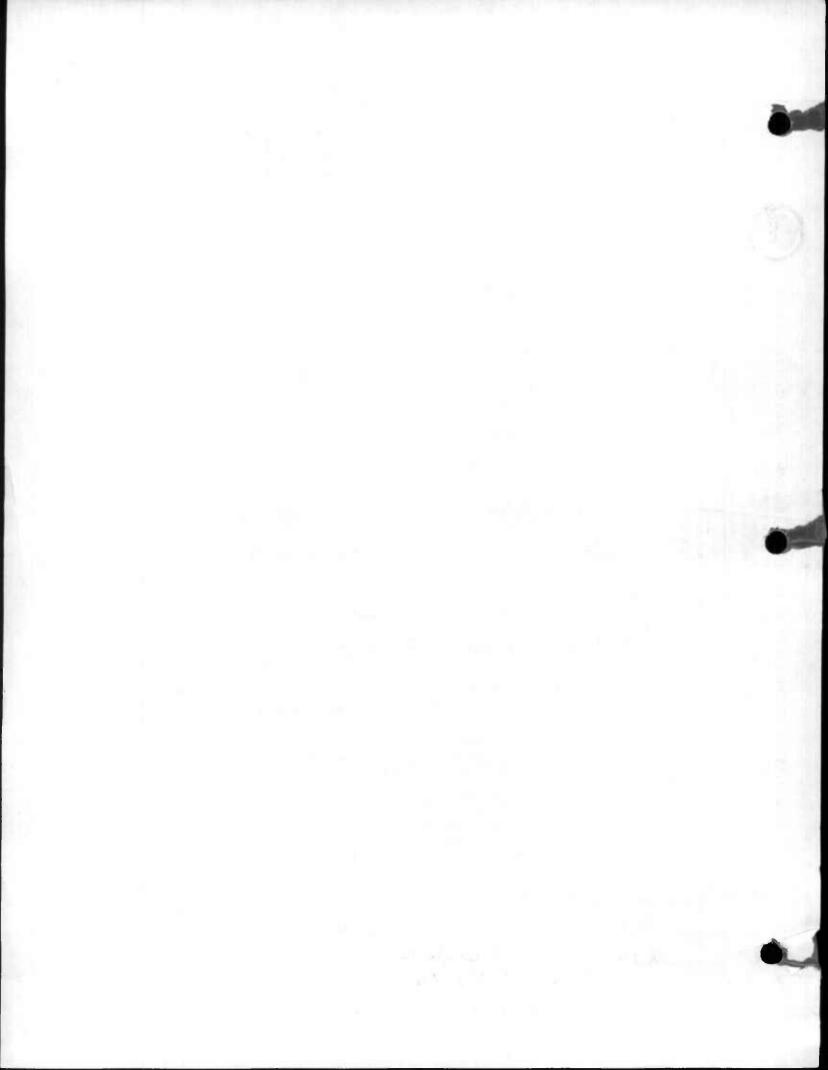
23. REGISTRAR'S SIGNATURE

197 fulia Davidon Redelle

Edward T. Cullen MD Edward & Culley W.

JUL 16

DHMH-16 Rev 1/89



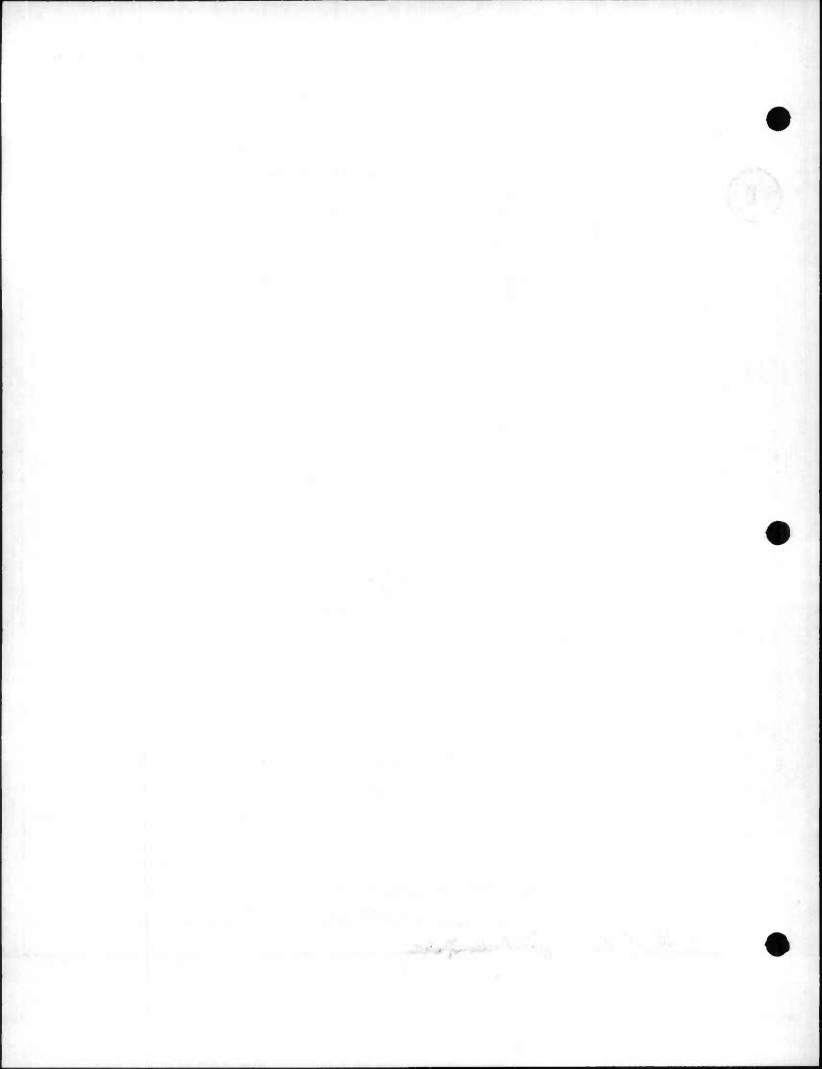
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR				CERTIFI	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE	OF DEATN			3. TIME OF DEATH
EMMANUEI	. A. I	RIVADEL	0				771	3/92	W	YEAR	3:48 p. m
4. SOCIAL SECURITY NUMB		5. SEX		yrs. lest birthday) /- YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign ry)
9a. FACILITY NAME (If not in		M 2 □ F	6	4 (19)	AL OUTH TOWN	OR LOCATION OF DE		30/27			IPPINES
Montgomen			ospi	tal		ney	EATN			tgo	mery
100. STATE MARYLAND	10b. COUNTY			10c. CITY	OCKVILL	-					10d. INSIDE CITY LIMITS? 1 YES 2 NO
13810 ART	'IC AV	ENUE			10	1. ZIP CODE 20853					WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 🔼 NO	If yes, s	CENDENT OF NISPAN Decify Cuban, Mexica S 2 2 NO Specify	in, Puarto I		or No-	14. RACI Blaci Spec	E — American Indian, k, White, etc.
15. DEC (Specify only	EDENT'S EDUC	CATION completed)		18a. DECEDENT'S I	USUAL OCCUPATI		16b	. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	-)	INO. DO NOT use	e retired.)	ost or working	GO	VERNME	NT/F	ΔVMA	CTED
17. FATNER'S NAME (First, M.	iddle, Last)					18. MOTHER'S NA				MILL	DIEK
DOMINGO 19a, INFORMANT'S NAME (7)	RIVAD	ELO				VICTOR			ATAY		
AMPARO P. R		0				AVENUE, R					
20a, METHOD OF DISPOSITI	n 3 🗆 Remo	ovel from State	20b.	PLACEANDOATEO	E DISPOSITION //		OAT	E 20c LO	CATION —	City or To	nwn, State
21. SIGNATURE OF TUNERA		ENSEE		SATE OF I							G, MD
1 Livo	tlyo	y. Car	ubi	ll		5° J. COLI IVERSITY					INC, MD 20901
23. PART/I. Enter the dishock, or himmediate CAUSE (findiseese or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuthat initiated eventa resulting in death) LAS	iona, diete	GUE TO	COR AS	CONSEQUENCE OF	ystem	tion	Poli				Approximete Intarval Between Onset and Death
PART II. Other algnifica	nt condition	contributing to	death bu	t not resulting in	n the underlyin	g cause given in	Part I.	24a. WAS AN		24b	. WERE AUTOPSY FINOINGS
- 16	mal f	acture					_	PERFOR			AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				LACE OF DEATH (Ch	eck only on	e)			
1 TYES 2 NO		1 Inputient 2	ER/Outpe		OTHER: 4 Nursing Hon	ne 5 🗆 Rasidence	8 🗆 Othe	r (Specify)			
2 Accident	Pending Investigation	28a. DATE OF (Month, D	ay, Year)	28b. TIME INJU	M 1	JURY AT DRK? YES 2 NO		CRIBE NOW II			
	Could not be determined	28e. PLACE O building,	etc. (Specif	— At home, farm, st	treet, factory, offic	:•	28f. LOC City	ATION (Street a or Town, State)	nd Numbe	r or Rumil F	loute Number,
						and piece, and due death occured at the					i) and manner se stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	Tolel a	C			290. LICENSE NUR	MBER		29d. DAT	E SIGNEO	(Month, Day, Year)
30. NAME AND ADDRESS OF		_	E OF DEA	TN (ITEM 27) (Type,	Print)	-1	011		-	, ,	
Robert				Nobel	17 2	120	1 M)			
JUL 17 '92	Year)	32. REGISTRA									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First CHARLES		W.	RIN	NEHART			2. DATE O	OF DEATH	4 1	ğg'2	3. TIME OF OEATH 3:09a
4. SOCIAL SECURITY NUME 577-09-67		5. SEX 1X M 2 - F	6. AGE (In yr		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year)	908	Country)	
9a. FACILITY NAME (If not in	stitution, give s	treet and number)		9	b. CITY, TOWN	OR LOCATION OF D		11/1		NTY OF OE	RYLAND ATH
MONTGOME RESIDENCE OF DEC	EDENT		OSPIT	TAL	OLNEY				MON	TGOM	MERY
MARYLAND	MONT	GOMERY			OWN OR LOCA ER SPR						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CITI		IAT COUNTRY?
15101 INTE	RLACHE	N DRIVE #	103			20906			US	A	
11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes, sp	CENDENT OF HISPAI ecify Cuben, Maxico 2 NO Specifi	m, Puarto Ri	(Specify Yes can, atc.)	or No—	Specific.	American Indian, White, atc.
15. DEC (Specify only	EDENT'S EDUC	CATION completed)	164	DECEDENT'S US	UAL OCCUPATI	ON	16b. I	KIND OF BUS	INESS/IND	USTRY	
Elementery/Secondary (0	-12)	College (1-4 or 5+)		BUSINE:	etired.)	St of Working	OV	NER O	F SE	RVICE	STATION
17. FATHER'S NAME (First, M.	ddle, Last)					18. MOTHER'S NA					
CHARLES HE		NEHART				LEONA	WOLE	7			
19a. INFORMANT'S NAME (7)						nd Number or Rural					
ETHEL S. RI				15101	INTERLA	CHEN DR	IVE #1	.03 SI	LVER	SPRI	NG, MD 209
Bu METHOD OF DISPOSITI	n 3 🗌 Remo	real from plate	20b. PLA cemetery	CE AND DATE OF D	DISPOSITION (NO	TORY	DATE			City or Town	n, Stata IARYLAND
1. SIGNATURE OF FUNERAL	SERVICE LIG	INSE	10			D ADDRESS OF FA	CILITY	DICE	MIWO	OD, M	IAKILAND
· X/Mile	ON	Kual	di'		HINES	-RINALDI NEW HAN	FUNE	E AVE	. ST	LVER	SPRING, MI
IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition from the condition of the condition	one, Siete	Lest only one ceue Lest only one ceue Lest only DUE TO ((A NACE)	e on eech	iine.							Approximete Interval Between Onset and Death 2 hum 2 hum 2 hull
AUSE (Disease or Injurhet initieted events esuiting in death) LAST	nt condition	DUE TO (leath but n	ot resulting in the			Part I. 2	4a. WAS AN A PERFORE	UTOPSY AED?	A C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
							-			1	TYES 2 10
5. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	1	T 0	28. PL	ACE OF DEATH (Ch	eck only one)				
1 YES 2 TO NO		1 Inpatient 2		t 3 🗆 DOA 4 [Nursing Hom	5 🗆 Residence	6 Other (Specify)			
1 Natural 5 🗆 F	ending	26s. DATE OF II (Month, Day	Year)	28b. TIME OF	WO	JRY AT RK? 'ES 2 NO	28d. DESC	RIBE HOW IN	JURY OCC	URED	
3 Sulcide 8 C	could not be etermined	26s. PLACE OF building, e	INJURY — A Ic. (Specify)	t home, lerm, atree	t, lactory, office		281. LOCAT	ION (Street an Town, State)	d Number	or Rural Rou	te Number,
(Check only one) 2 MEDIC	FYING PHYSIC	IAN: To the best of m	ny knowledge mination end	, death occurred at	the time, date	end place, and due	to the cause	(s) end menn	er as state	d, cause(s) a	nd menner as stated,
96. SIGNATURE AND TITLE	OF CERTIFIER	Mani		4 0		29c. LICENSE NUM	IBER		29d DATE	SIGNED /M	Innth Day Yearl
O. J. LAW	PERSON WHO	POMPLETED CAUSE	OF DEATH (O/ M	Kes he	D25 akiona	e i	DRine	2 S.	Spen	ig hus
JUL 21 92	ear)	A REMSTRAP	s sight our			<u>-</u>					





BALTIMORE, MARYLAND 21215-0020	hours after death. Phoe 6 may be weed by the hospital or artending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director are 6 shounds detected for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAI			HEALTH AND	MENTAL HYGIEN REG. NO	- 0	2-21480	
	1. DECEDENT'S NAME (First, Middle, Last Mary	E. Kid	Mary E.			7-14	7 - 4	YEAR 12:20 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	ASE on yes been been out	IF UNDER 1 YEAR		/Month, Day, Ward		BIRTHPLACE (State or Foreign Country)	
	212-40-6258 Be. FACILITY NAME (IV not institution, give	- Ah	63 YRS.	SP. CUTY TOW	N OR LOCATION OF	7/14/29	To count	Maryland Y OF DEATH	
E C			fral	The state of the s	ilver Sp		100	The translated	
5	Washington Adventist Hospital					ring	PIOI	ntgomery	
DIRECTOR	Montry I and I I I I	Marin S		TY, TOWN OR LO				10d. INSIDE CITY LIMITE?	
	Maryland Hot	EL	licott	TOT. ZIP CODE		1 T VI			
ERA	4449 Centennial	Lane		1 1	21043		10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES ZY NO	If yes,	DECENDENT OF HIS	PANIC ORIGIN? (Specify Ye (Ican, Puerto Rican, etc.) acily:	y Yee or No 14. RACE American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUP. work done during use retired.)	ATION most of working	16b. KIND OF BU	SINESS/INDUS		
MP	Housewife								
	17. FATHER'S NAME (First, Middle, Last) Fenton Johnson					NAME (First, Middle, Maiden			
BE (194. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		na Hungerfo		ode)	
5	Edward G. Ridgle	ey							
	Edward G. Ridgley 4449 Centennial Lane, Ellicott City, Md. 21043 20c. METHOD OF DISPOSITION 1 Burlai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Meadowridge 7/17/92 Elkridge, Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ACTUAL H. WITZKE FUNERAL HOME 4112 Old Columbia Pike, Ellicott City, Md. 21043								
CERTIFICATION	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. MYOCARD AL INFARCT DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. SEVERE CORONARY ARTERY DISEASE 1 YES 2 NO						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28 OTHER:	PLACE OF DEATH	(Check only one)			
1YS	1 YES 2 NO	1 Inpatient 2 ER		4 - Nursing H		e 8 🗆 Other (Specify)			
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar) (N.	M 1[INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW			
TED	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF IN- building, etc.	JURY — At home, ferm, (Specify)	atreet, factory, o	ffice	281. LOCATION (Street City or Town, State)	end Number or	Rural Route Number,	
COMPLETED		YSICIAN: To the best of my NER: On the bests of exami						couse(e) and menner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIF	IER 2///	1	1.0.	29c. LICENSE N	IUMBER	29d, DATE S	SIGNED (Month, Day, Year)	
2	SAME AND ADDRESS OF PERSON Y	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type		ear Av	TAKON	Tan	1. MA 2000	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	J. 11	CULITU	· ITIKUN	y I MK	K, 110, 20112	

DIRECTOR

FUNERAL

ВУ

COMPLETED

띪

9

MARYLAND 21203-3146

BALTIMORE.

BOX 13146,

P.0.

RECORDS.

VITAL

OF

DIVISION

medical the traumatic event, other t Injury, or shows any 23 Item marked, or 28 ls FUNERAL DIRECTOR: within 72 hours after TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE be filed within 72 hours aff IMPORTANT: If Item 21

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

9

woul

Hubert Fiery,

JUL 24

31. DATE FILED (Month, Day, Year)

rew

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

wha Davidson

32. REGISTRAR'S SIGNATURE

STATE REGISTRAR **CERTIFICATE OF DEATH** 2. DATE OF DEATH 1/23/92
MONTH DAY YEA MYRTLE L. SCHULKE 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Myrtle Schulke KE 92 (A1330) MYRTI 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗆 M 2 🖹 F YRS. 10/19/1906 MARYLAND 216-14-9937 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OFATH 9c. COUNTY OF DEATH DORCHESTER CAMBRIDGE DORCHESTER GENERAL HOSPITAL 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE 1 YES 2 X NO MARYLAND DORCHESTER **CAMBRIDGE** 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21613 U.S.A. 1238 HUDSON ROAD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specify: Specify: 3X Widowed 4 ☐ Divorced WHITE/CAUC. 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) HEALTH CARE NURSE 11 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HATTIE HUBBARD CYRUS LORD MAE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HELEN KEYES (DAUGHTER) 1238 HUDSON RD., CAMBRIDGE, MD. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Donation | Other (Specify) _____

21. SIGNATUSE OF PUNESIAL SERVICE (ICE) JUNIOR ORDER CEMETERY PRESTON, MARYLAND 22. NAME AND ADDRESS OF FACILITY CURRAN FUNERAL HOME 308 HIGH ST., CAMBRIDGE, MD. 23. PART I. Enter the disea es or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory erreat, Approximate Intervel Between shock, or heert fallure. List only one cause on eech line. **Onset and Death** IMMEDIATE CAUSE (Final 19TF diseese or condition_ hour resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ASCVOVI Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO ng Home 5 - Residence 6 - Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and menner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as attated. 29b. SIGNATURE AND TITLE DE CENTRE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

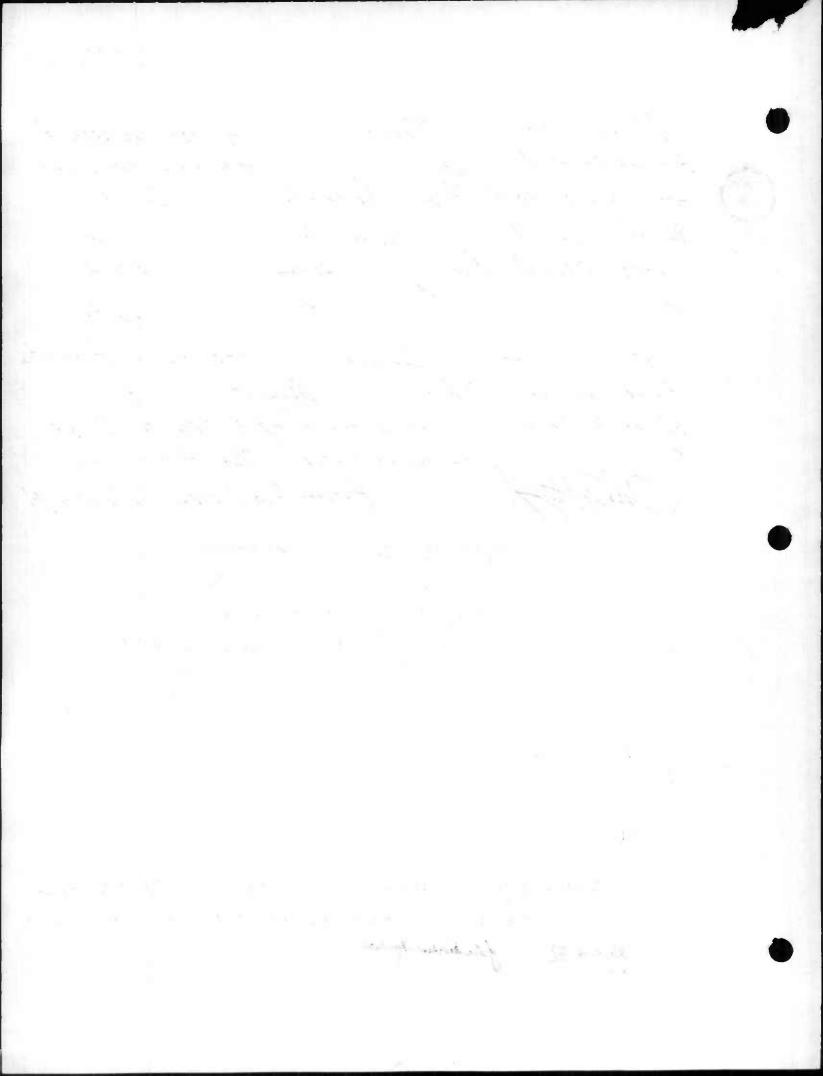
503 Byrn Street Cambridge, MD

- Randell



9		
0,0		
stached f	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
o d		
Q P		6
Shou		s marked, or item 23 shows any littury or other traumatic event the medical evaminar must be notified at once
90		
Da		4
lirector		, m
ald		ina
une		E
he	Te.	A
by	JOH.	62
.⊆	If re	100
lled	0,0	
A	atio	=
olete	rem	tue.
mo:	al, c	2
р	Jul.	fic
a a	10	E
icia	Nor	ē
STIC	e p	PF
9	gien	oth
ig	£	70
atte	mal	2
the	ž	Sin
á	and	A
ned	afth	30
Sig	He	W
Deer	. 0	S
has	Dept	1 23
ficate	State	iten
erti	the	01
this c	with	rked
fler	eath	E
×	ŏ	65

							92	2148	32
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF HEALTH	AND MENTA	L HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Lest)	Harry	Shu	e	2. DATI	OF OEATH		3. TIME OF O	EATH P
	4. SOCIAL SECURITY NUMBER 2/5-20-9202	S. SEX S. AGE (S		UNDER 1 YEAR IF UNDER		OF BIRTH	926	BIPTHPLACE (State of	r Foreign
e e	9a. FACILITY NAME (If not institution, give str	General /	050. 9b.	CITY TOWN OR LOCATION	ON OF OEATH		9c. COUNTY	OF DEATH,	
DIRECTOR	RESIDENCE OF DECEDENT 10 STATE 10b. COUNTY		10c, CITY, TO	WN OR LOCATION				10d, INSIDE C	TY
1	10. STREET AND NUMBER	al Aug	13/	101. ZIP CODE	2.1		10g. CITIZEN	1 YES 2	
FUNERAL	11. MARITAL STATUS 1 New Married 2 Married	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT O	F HISPANIC ORIGI	Y? (Specify Ye.	a or No- 14.	RACE — American Ir	ndian,
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EOUC	IF YES, GIVE WAR OR OA	16a. DECEDENT'S USU	1 TYES 2 NO	Specify:		SINESS/INDUST	th, te	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOTruse neti	done during most of working	5	tate 1	Highway	1 Adam	isty.
ed at once. BE COMPL	17. FATHERY'S NAME (First, Middle, Last)	en SA	us	18. MOTO	ER'S NAME (FISH,	ylddie, Maiden	Surname)	Boyer	
De notified TO BE	19a. INFORMATIT'S NAME (Type-Print)	ve	196. MAILING ADD	RESS (Street and Number	Aural Route Num	ber, City or Tow	n State, Zip Co.	in /21.78	4
Hust	20e. METHOO OF DISPOSITION 1	ral from State ceme	PLACE AND DATE OF DIS Jery, cromatory of other p	SPOSITION (Name of lace Ceneter)	1/2	E 20c, L9	CANOLO - CITY	or Town, State	
medical examiner	21. SCHATURE OF PURPOR A SERVICE LICE	1 Has	a la	Stainste	1 /2				
medica	23. PARTI I. Enter the diseases, or co ahock, or heart failure.	ng, auch es can	diac or respi	iratory arrest,	Interval	imete Batween			
vent, the	disease or condition reaulting in deeth)	OUE TO (OR AS A	CONSEQUENCE OF:	CUA	(R) he	mipe	rens		IIO DOBIN
other traumatic event,	Sequentially list conditions, if any, leading to immediate	DUE TO JOR AS A	CONSEQUENCE OF):	pro	allueru 1	(a)			
	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST								
. W	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS ANALYTOPSY 24th. WERE AUTOPSY FINCHINGS								
shows any injury: MEDICAL C						PERFOR	MED?	COMPLETION OF OF DEATH?	F CAUSE
E 33	25, WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	ATH (Church code or			1 □ YES 2 V	рно
<u> </u>		36. PLACE OF DEATH (Check only one) HOSPITAL: The Ampatient 2 □ EN Outpatient 3 □ DOA 4 □ Nursing Home 5 □ Residence 5 □ Other (Specify)							
BY PHY	Return S Pending Investigation	28s. DATE OF INJURY (Movin, Day, Hear)	286. TIME OF	M 1 YES 2	100000000000000000000000000000000000000	CRIBE HOW II	NJURY OCCURE	D	
item 28 is PLETED	3 Salcide 6 Could not be determined 28s. PLACE OF INJUSTY — At home, farm, street, factory, office Dily or Town, State) 28s. PLACE OF INJUSTY — At home, farm, street, factory, office Dily or Town, State)								
ANT: If Ite	Centifier Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of examination	dge, death occurred at t and/or investigation, in	the time, data and place, my opinion, death occure	and due to the cau d at the time, data	se(a) and man	mer as stated. d due to the car	use(a) and manner as	ateled.
TO BE COM	29b. SIGNATURE AND TITLE OF CENTIFIER	Ofe	HO		389	5	29d. DATE SIG	2/-/9	92
	30. NAME AND ADDRESS OF PERSON WHO	FREIJI	5	42 WAS	HINGT	ON	BLV	westw	uiste
	JUL 2 4 '92	32. REGISTRAD'S SIGNAT	une Manda	N.					
	810M							DHMH	-16 Rev 1/8



1 - STATE REGISTRAR		STATE OF I	/ MAKYLAND CE			OF DE		MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First,	Middle, Last)				- CAIL	O. D.L.	XIII	2. DATE	OF DEATN			3. TIME OF DEATH
James Hodges			Stave	Stavely III 06			30	DAY YEAR		9:02 P M		
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 1	TEAR IF UNE	DER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
219-46-287	2	1 XM 2 - F	4	5 YRS.	MONTHS	MYS HOUR	MIN.	1-5	-4 Year)		Mar	yland
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, T	OWN OR LOCA	TION OF D	EATH	-	9c. COL	INTY OF D	EATH
Frederick Me	emoria	1 Hospit	al		Frede	erick				Fre	deri	ck
RESIDENCE OF DEC	10b. COUNT			40. 0/2						***	.uci i	
Maryland		erick			Y, TOWN OR	ck Hei	ahta					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	ried	ELICK		Ь	Tauu	101. ZIP CO				10 011		12 YES 2 NO
7227 Ridge	Road					217					J.S.A	WHAT COUNTRY?
11. MARITAL STATUS	Road	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WM			NIC OBIGIN	? (Specify Yes			E — American Indian.
1 Never Married 2		FORCES? 1	X YES 2 N	10	lf y	es, specify Cu	ben, Mexic	an, Puerto I		01 140-	Blac	k, White, etc.
3 Widowed 4 🛚 Divo	rced	Vietn				1100 2 63 11	о зреси	ıy.			Spec	White
	EDENT'S EDU		16e. DE	CEDENT'S	USUAL OCC	UPATION ing most of wo	rkina	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5	+) life.	Do NOT us	se retired.)							
		3 years	Fir	e Fi	ghter							
17. FATHER'S NAME (First, M.		1 T							fiddle, Maiden	,		
James Hodg		vely Jr.							s Wall			
Mrs. M. Fr		C+ 0370 137	191						er, City or Town		. ,	0171/
			T				DI		k Heig			
20a, METHOD OF DISPOSITI 1 Source 2 Cremetion 4 Donation 6 Other		oval from State	20b. PLACE		of DISPOSITI			7/6			City or To	
21. SIGNATURE OF FUNERAL		ENSEE\	1	TVE	_	-	BESS OF EA	1 .			-	Maryland
(20)	00	V 20/	,01	4	RÖB	ERT E.	DAII	LEY &	SON F	UNER	CAL H	OMES, PA
Detau	001	raile	4 V/									MD 21701
23. PART I. Enter the di shock, or he	iseases, or c nact-failure:	Cist only one cau	t daused the de use on each line	eth. Do r	ot enter th	e mode of o	dying, suc	ch ea card	lec or reapl	ratory ar	rest,	Approximate interval Between
IMMEDIATE CAUSE (Fin	nal											Onset and Death
resulting in death)	\rightarrow	. Atten	oscumo	nc	CASU	SUACI	un	ono	12503	55		
		DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
Sequentially list conditi		b	(OR AS A CONSEC	QUENCE OF	า:							
If any, leading to immed cause. Enter UNDERLY	NG		,		,							İ
CAUSE (Disease or Inju that initiated events	iry	DUE TO	(OR AS A CONSEC	DUENCE OF							-	
resulting in death) LAS	т .	d.										
DADT II Other election	nt condition		4					-				
PART II. Other algnifice	nt condition	e contributing to	death but not r	esulting	n the unde	riying ceus	e given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									YES 2	□ NO		DF DEATH?
								_ [1 X YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL											
EXAMINER?	O MEDICAL	HOSPITAL:	2		OTHER:	26. PLACE OF	DEATH (C)	heck only on	e)			
27. MANNER OF DEATN		1 inpatient 2 E	ER/Outpetient 3	DOA 26b, TIM		Nome 5	Residence		1-177			
1 Natural 5	Pending	(Month, E	ay, Year)		URY	C. INJURY AT WORK?	Пио	28d. DEŞ	CRIBE NOW II	NJURY OC	CURED	
2 Calabia	Investigation	26s. PLACE O	F INJURY — At ho	me farm s				265 1 00	ATION (Street a	med Africanton	a an Ownel I	Production of the state of the
	Could not be determined	building,	atc. (Specify)		Areat, restory	, office		City	or Town, State)	ING NOTHOU	r or murair r	House Number,
29a. CERTIFIER	IEVING BUVE	CIAN. To the head of		19.500		<u> </u>		255		_		
		CIAN: To the best of										e) and manner se stated.
29b. AIGNATURE AND TITLE					, at my opir				www.prece, en			
DIAN ST	OF CERTIFIER	J/210	, lin			29c. L	ICENSE NU			29d. DAT		(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WA	O COMPLETED CALL	SE OF DEATH OFF	4 27) (5	Orint)		0.C.	M.E.		0	7 01	1992
Complete the later			1 4			ank *	2-1:		34 3	7	0400	
Margarita A			R'S SIGNATURE	ı Per	in Str	eet, I	salt1	more	Maryla	and .	2120	
JUL	6 199		acidson-Ra	ndell								

TO BE COMPLETED BY FUNERAL DIRECTOR

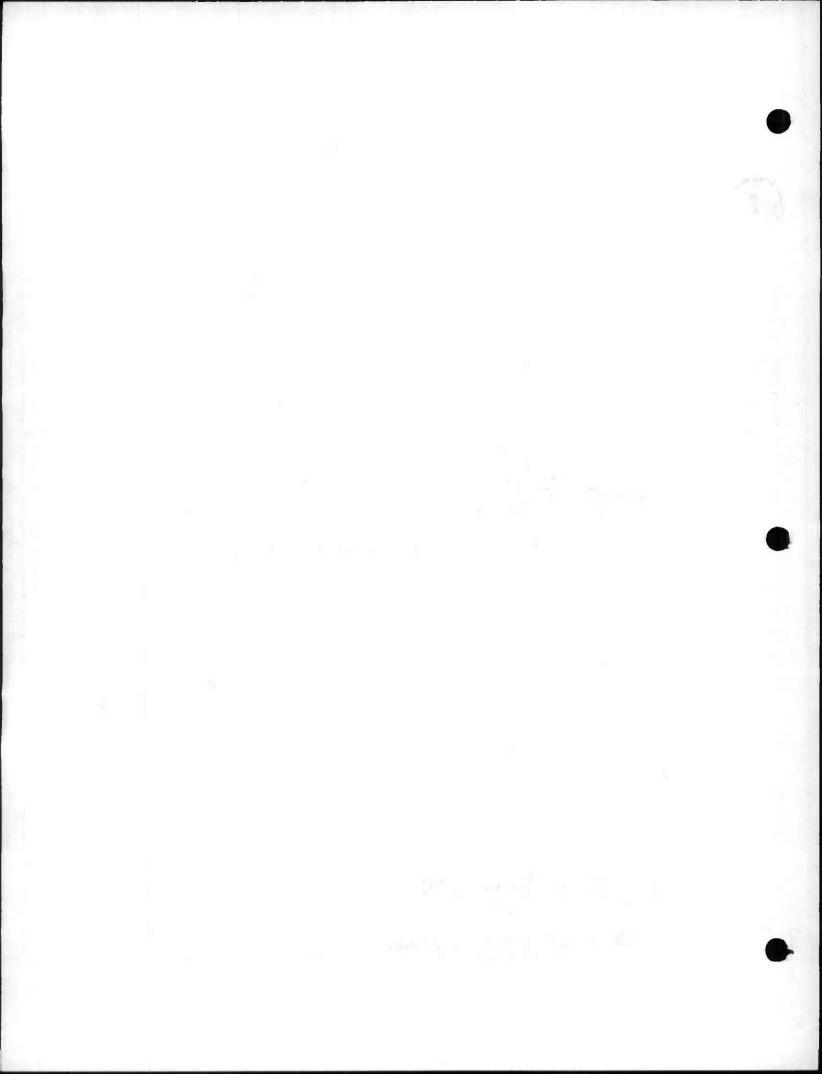
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



	7
o.	
9	
7	
00	
9	
~	
2	
Q	
m	
-*	1
0	
0.	
10	
0	
-	
0	
()	
III	1
~	
⋖	
	i
	1
14.	1
	1
0	i
Z	-
0	-
~	1
S	i
=	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
0	-

	100	4	1		
WATE INDUSTRIAL OF STREETING ALMOHOUS THE LAND AND AND AND AND AND AND AND AND AND	IU THE HUSPITAL OH ALLENDING PHYSICIAN. THE law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narming	be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

							Q	2 21484		
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEI ERTIFICAT	NT OF I	HEALTH AND	MENTAL HYGIEN	NE .	~ ~ 140 ti		
	1. DECEDENT'S NAME First, Mightle, Last)		SNYDER	lev		2. DATE OF DEATH		2. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER S	SEX 6. AGE (In yrs. les	t hirthrian	OCR I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	5 5	2 10 300		
		□XM 2 □ F 65	yols. MONTH	B GANTS	HOURS MIN.	DEC. 7, 192		MARYLAND		
OR	9a. FACILITY NAME (If not Institution, give street COLTON VILLA NURSI		9b. CI	90. CITY, TOWN OR LOCATION OF DEATH HAGERSTOWN				9c. COUNTY OF DEATH WASHINGTON		
RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CITY, TOW	Y, TOWN OR LOCATION				10d. INSIDE CITY			
0	MARYLAND WASHI	NGTON	HAG	HAGERSTOWN				LIMITS?		
FUNERAL	100. STREET AND NUMBER 215 NORTH CANNON	AVENUE		101. ZIP CODE 21740				S.A.		
N D	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N	MED 1	3. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		. RACE — American Indian		
BY F	3 Widowed 4 VDivorced	IF YES, GIVE WAR OR DATES	10	If yea, sp	ecify Cuban, Maxico S 2 NO Special	en, Puerto Rican, atc.) /y:	Black, White, etc. Specify:			
	15. DECEDENT'S EDUCAT	OREAN CONFLICT	CEDENT'S USUAL	OCCUPATION	ON	16b. KIND OF BU		WHITE		
ETI	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) (Gi	ive kind of work don Do NOT use retired	e during mo	ost of working	IGE. KIND OF BO	SINESS/INDUS	THY		
COMPLETED	6		LABORE	R		COLD S	TORAGE	DOOR MFG.		
	17. FATHER'S NAME (First, Middle, Last)	CHYDED CD				AME (First, Middle, Melden	1000			
BE	ELDER GARFIELD 19a. INFORMANT'S NAME (Type/Print)	SNYDER SR.	MAILING ADDRE	ee /Ctreat	EMMA	KATHRYN	HERBI			
5	19a. INFORMANT'S NAME (Type/Print) A. VIRGINIA MOYER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 229 WAKEFIELD ROAD, HAGERSTOWN, MD. 21740									
	26. METHOD OF DISPOSITION 1 O Burlal 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) REST HAVEN CEMETERY 20b. PLACE AND DATE OF DISPOSITION (Name of Commence o							or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENS				ND ADDRESS OF FA		ERSTOW	N,WASH.,MD.		
	+ R. hell 1		4	O F	ANTTETAL	FMAN FUNER	MMOTOR	MD 21740		
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart feilure. Liet only one cause on each line.									
	iMMEDIATE CAUSE (Finel dieeese or condition					_		Interval Between Onset and Death		
	resulting in death)a	DUE TO (OR AS A CONSEC	e Pake	reas	¿ m	electoring		1 meth		
z	disease or condition resulting in death) a. Ca Pak creas & melantaring in terms in the consequence of:									
RTIFICATION	Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING									
FI	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):									
CERI	resulting in deeth) LAST									
	PART II. Other significent conditions co	ontributing to death but not re	eculting in the u	underlying	g ceuse given in			24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	DM DV	T NOTE MA		PE			RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME								1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
Sici	EXAMINER?	OSPITAL:	OTHE	R:	ACE OF DEATH (Ch	6 Other (Specify)				
ΉΥ	27. MANNER OF DEATH	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF					NJURY OCCUR	ED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	RY WORK?		28d. DESCRIBE HOW INJURY OCCURED				
a	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At hor building, atc. (Specify)	ne, farm, street, fa	ctory, office		28f. LOCATION (Street a City or Town, State)	81. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowledge, dea	th occurred at "	tine de		UTA ESPERIMENT	2 22			
OMF	(Check only one) 2 MEDICAL EXAMINER: O	n the beals of examination and/or in	westigation, in my	opinion, d	and place, and due esth occured at the	to the cause(a) and mar time, data and place, an	ther as stated.	Juse(s) and menner as stated		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			GNEO (Month, Day, Year)		
10 B		trate no			D (8019			27.92		
- I	30. NAME AND ADDRESS OF PERSON WHO CO	MIDI ETEO CALICE OF ACATH (ITEM								

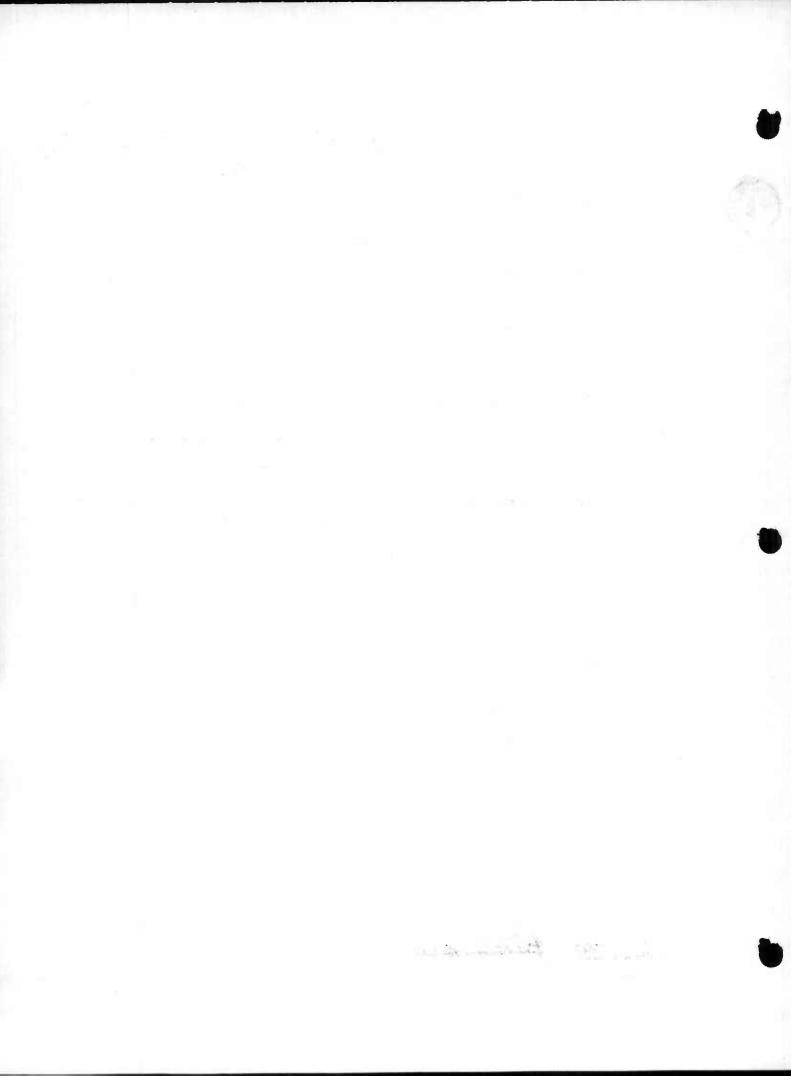
334 MILL IT

32. HEGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DATTA

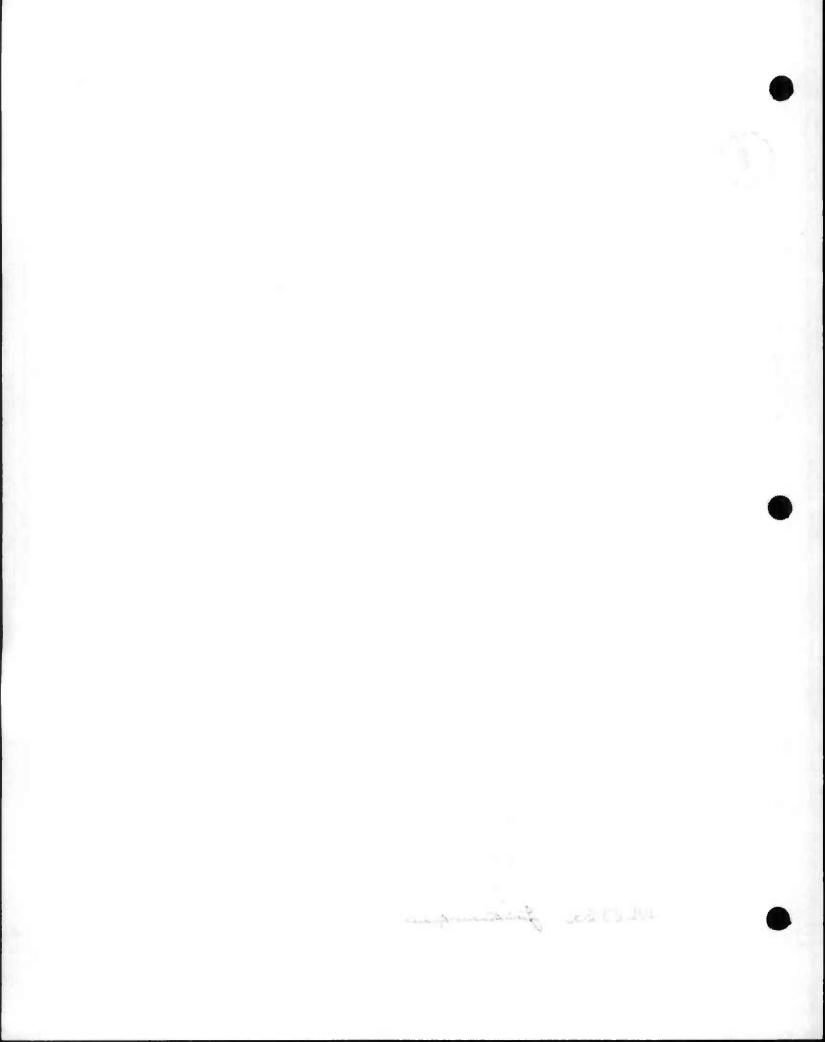
31. DATE FILED (Month, Day, 1997) 2 7 1992

MACERSTOWN MO 21740



TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tribe find within 72 hours after death with the State Deor, or Health and Mental Hydiele prior to burial, or named.	
ained by the hospita	should be detached	iffled at once.
. Page 6 may be re	ral director, page 5	iner must be no
24 hours after death	filled in by the fune ion, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the loe flud within 72 hours after clearly with the State Deut of Health and Mental Hotelee prior to busial, cremation, or nemonal	aumatic event, t
ne death certificate	the attending physical Mental Hydrene physical	ijury, or other tr
law requires that the	as been signed by leot. of Health and	23 shows any Ir
G PHYSICIAN: The	er this certificate harmonical ha	narked, or item
AL OR ATTENDIN	AL DIRECTOR: Aft	If item 28 is m
TO THE HOSPIT	TO THE FUNER	IMPORTANT:

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF I		MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Last)	-		2. DATE OF DEATH 3. TIME OF DEATH						
2010000000	Evelyn Lucille SM	1TH		July 22, 1992 8:30						
			rs. last birthday)	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTNI	PLACE (State or Foreign		
	219-80-5731	1 D M 2 🖾 F 76	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yes	, 1916	Country	t Virginia	
	9e. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNT			
H	1042 Security Roa		ľ		erstown				gton	
DIRECTOR	RESIDENCE OF DECEDENT								8	
R	10a. STATE 10b. COUNTY			, TOWN OR LOCA					10d. INSIDE CITY LIMITS?	
		ngton	H	agersto					1 TES 2 NO	
3AL	10.4.2 Constant Total	1		10	ZIP CODE		10g. CITIZI		HAT COUNTRY?	
FUNERAL	1042 Security Roa				21740			US.	A	
5	11. MARITAL STATUS 1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2	S.ARMED			NIC ORIOIN? (Specifien, Puerto Rican, etc.		4. RACE Black,	- Americen Indien, White, etc.	
BY	3 🕽 (Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATE	S	1 TYES	2 X NO Specif	fy:		Specify		
	15. DECEDENT'S EDUCAT	TION 18	e. DECEDENT'S I	USUAL OCCUPATI	DN .	165 KIND OF	BUSINESS/INDU		ite	
COMPLETED	(Specify only highest grade co Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during me	st of working	1 1001 11110 01	BOOMESOMOO	0.111		
립			hous	ewife						
8	17. FATHER'S NAME (First, Middle, Last)		······································		16. MOTNER'S NA	ME (First, Middle, Me	iden Sumeme)			
BE C	Charles Edward Im	ies								
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	nd Number or Rural	Route Number, City or	Town, State, Zip C	Code)		
2	Barbara J. Smith					Hagersto			40	
	20a. METNOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remove	20b. PL	ACEANDDATEO	F DISPOSITION (N	me of		LOCATION — CI			
	4 Donation 6 Other (Specify)	R	ry, crematory or all ose Hil	l Cemet	ery	7-25	Hagersto	own,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	21. SIGNATURE OF FUNCTIAL SETIVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME								
	- CATTI	Minne	el				lagersto	nwn .	Md.21740	
	23. PART I. Enter the diseases, or cor	mplications that caused th	a death. Do no						Approximate	
	shock, or heart feliure. List only one cause on each line.									
	disease or condition which a state of the same of the									
	resulting in death) a	DUE TO (OR AS A CO	INSEQUENCE OF):						
z										
음	Sequentially list conditions, If any, leading to immediate									
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or injury									
1	thet initiated eventa	OUE TO (OR AS A CO	INSEQUENCE OF):						
CERTIFICATION	d.	d								
AL C	PART II. Other significant conditions	contributing to death but	not resulting in	n the underlyin	ceuse given in	Part I. 24a. WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
							S 2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE	
						'''	5 2 DINO	1	OF GEATH?	
PHYSICIAN: MEDIC										
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. Pt	ACE OF GEATH (Ch	neck only one)				
)S		OSPITAL:		OTHER: 4 Nursing Hom	6 5 Reeldence	s Other (Specify)				
E	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	26b, TIME		URY AT	28d. OESCRIBE H	W INJURY OCCU	RED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆						
	3 Suicide 6 Could not be	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	reet, factory, offic		28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COMPLETED	4 Nomicide determined									
P		N: To the best of my knowledg	je, death occurred	d at the time, date	end place, end due	to the ceuse(s) end	menner ee stated	1.		
OM	one) 2 MEDICAL EXAMINER:	On the beels of exemination en	d/or investigation	, In my opinion, d	eeth occured at the	time, date end place	e, end due to the	ceuse(s)	end menner es stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	n			29c. LICENSE NUI	MBER	29d. DATE	SIGNEO (Month, Day, Year)	
BE	Glour 7	· Aura			D19	824	▶ 7	127	492	
2	30, NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEATH	OTEM 27) (Tiple)	Priori	5110	-				
	GURIA F.	MA	366	mill	ST.	Hager	etous	K	4 21 7FD	
Ĭ	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATU	RE			-				
- 1	JUL 23 1992	John Danden A	medel						- 1	



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

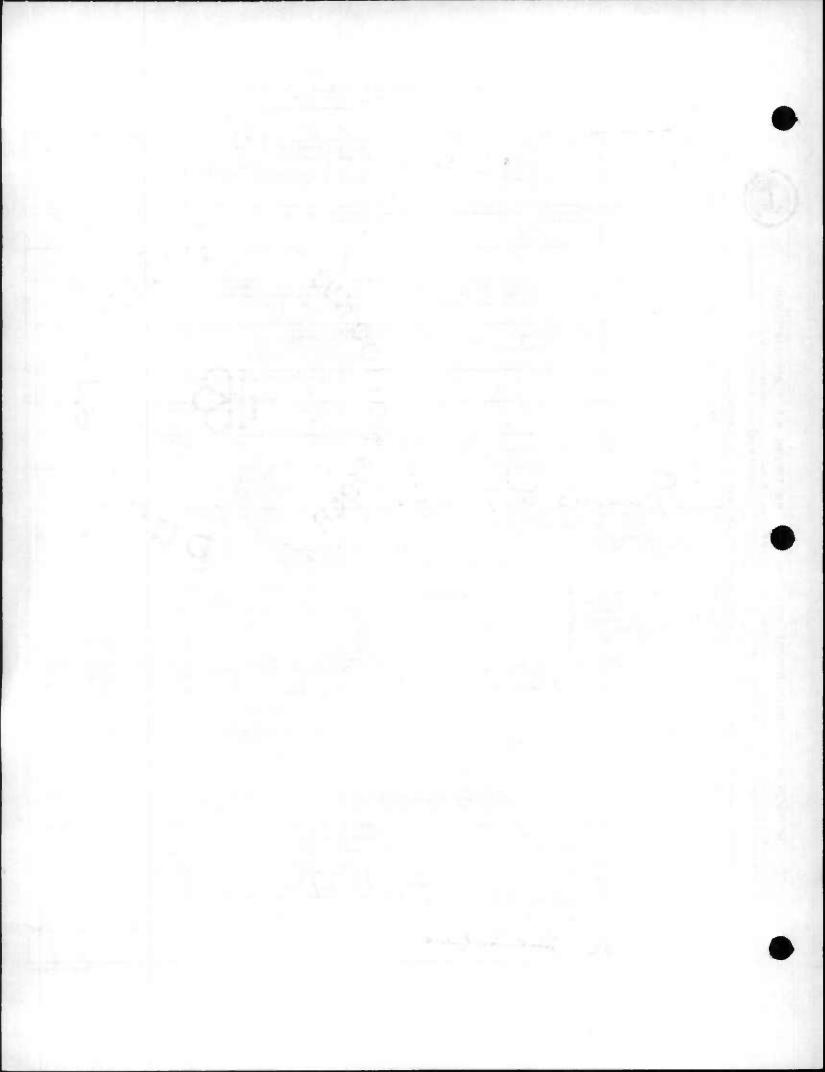
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle	alson A so	- 01		2.1	DATE OF DEATH	YEAR	3. TIME OF DEATH
3 lar hiper	Angeline		Liper		07 20	1992	1032 A M
4. SOCIAL SECURITY NUMBER 216-30-3534	5. SEX 6. A			OURS MIN.	Morth, Day, Year)		HPLACE (State or Foreign Lyland
9a. FACILITY NAME (If not institution		9		OCATION OF DEATH		COUNTY OF	
Washington Cou			Hagerst	own		Washi	ngton
RESIDENCE OF DECEDE	OUNTY	1					British and a second
1370 310 417	12-27		rown on Location ths burg				10d, INSIDE CITY LIMITS?
100. STREET AND NUMBER	Vashington	Silux					1 X YES 2 NO
C 1 Washington	1 Court			783	10	USA	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DECENE	ENT OF HISPANIC OF	RIGIN? (Specify Yes or I	14. RAC	E — American Indian, k, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OF		1 TES 2	Cuben, Mexican, Pu NO Specify:	arto recart, e.c.)	Spec	
15. DECEDENT (Specify only highes		16e. DECEDENT'S US	UAL OCCUPATION	l working	16b. KIND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewife	k done during most of ettred.)	working	Home		
17. FATHER'S NAME (First, Middle, L	est)		16	. MOTHER'S NAME (F	irst, Middle, Maiden Sum	ame)	
Roy W. Willard	l			Anna M. 1			
194. INFORMANT'S NAME (Type/Prin		19b. MAILING AD	ODRESS (Street and I	Number or Rural Route	Number, City or Town, St	ate, Zip Code)	
Wilson Starlix	per	C 1 Was	hington	Court Sm	ithsburg, M	D 2178	3
20s. METHOD OF DISPOSITION	A	20b. PLACE AND DATE OF (DISPOSITION (Name of			ON — City or To	
1 M Burlai 2 Cremation 3 C 4 Donation 5 Other (Specific)	Rose Hull C	emetery	7-24-		stown,	MD
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	1		DORESS OF FACILITY			
The James	· STA	7.		Funeral t	Home Ave. Smit		110 01762
23. PART i. Enter the disease shock, or heart for iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cause of	s a consequence of):	Lw		out displace		Approximata Interval Between Onset and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	S A CONSEQUENCE OF):					
PART II. Other algoriticant sor	iditions contributing to deaf	h but not resulting in t	the underlying co	tuse given in Part	i. 24a. WAS AN AUT	OBSV 1344	. WERE AUTOPSY FINDINGS
die	Vocles	ellutis	1		PERFORMED	7	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI				OF OEATH (Check or	nly one)		
1 YES 2 NO	HOSPITAL:		THER:	☐ Residence 8 ☐	Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending		RY 28b. TIME O	PF 28c. INJURY WORK?	AT 28d	DESCRIBE HOW INJUR	RY OCCURED	
2 Accident investig 3 Suicide 8 Could e 4 Homicide determine	28e. PLACE OF INJU-	JRY — A1 home, farm, stre- Specify)			LOCATION (Street and A City or Town, State)	lumber or Rural	Route Number,
	PHYSICIAN: To the best of my kr (AMINER: On the basis of exemina				dats and place, end du		
30 MANU AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type) P	int)	D417	56		10/72
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S-SI	O Vale	- h (11	avenu	np	Hag	ENS POWS
JUL 22 1992	Jahr Bender	public .			1,75	/	





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incurs after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach. A be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		ne hos	letach		nce.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should to be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Jiem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified		2	94		at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retal TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st to Bifled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.		Deur	pland		fled
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be		reta	S		noti
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must		ay D	Dane		be
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 riburs after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner is	•	9	ctor.		nus
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nowrs after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiliation.		rage	dire		Jer
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 injurys after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to billed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical expenditure.	40-	eath.	funera		camli
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours a TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by to be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or rem IMPORTANT: If I liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medic	- War	rier o	the !	loval.	al e
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ring TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o IMPORTANT: If I lem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the machine the property of the property of the machine traumatic event, the machine traumatic event, the machine traumatic event, the machine traumatic event, the machine traumatic event, the machine traumatic event, the machine traumatic event the machine traumatic event the machine traumatic event to the machine traumatic event to the machine traumatic event traumatic event the machine traumatic event traum		OLS S	in by	rem	edic
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within : TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating the MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the	1	04 42	filled	on. o	he m
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comply to the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, on the filed within 128 is marked, or Item 23 shows any Injury, or other traumatic ever	40		etely	emati	H, I
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buri IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic	in bad	200	ompi	al, cri	eve
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ender the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician to be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to IMPORTANT: If I tem 28 is marked, or Item 23 shows any Injury, or other traum	brown in	MELDI	and	pari	natic
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prompted within 72 hours after death with the State Dept. of Health and Mental Hygiene prompted within 72 hours any Injury, or other 1	P. o. d.	2	ician	ior to	mar
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending to be filed within 72 hours after death with the State Dept. of Health and Mental Hygie IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or of	Santa	Illean	phys	ne pr	her 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atten to be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If I liem 28 is marked, or Item 23 shows any Injury, or	0000	Cell	guipe	Hygie	10
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the Ne filed within 72 hours after death with the State Dept. of Health and MINDRORTANT. If Item 28 is marked, or Item 23 shows any Injun	dans	near	afte	ental	7, 0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed to be filed within 72 hours after death with the State Dept. of Health at IMPORTANT: If I lem 28 is marked, or Item 23 shows any	4	nie.	y the	M Pr	를
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign to be filed within 72 hours after death with the State Dept. of HealmPORTANT: If I tem 28 is marked, or Item 23 shows	that	DI III GI	bed b	ith ar	any
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re TO THE FUNERAL DIRECTOR: After this certificate has been to be filed within 72 hours after death with the State Dept. of IMPORTANT: If Item 28 is marked, or Item 23 sh	Milione	מחומי	1 Sign	Hea	SW0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The is TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State De IMPORTANT: If I liem 28 is marked, or Item 2	200	-	pee:	pt. o	3 sh
TO THE HOSPITAL OR ATTENDING PHYSICIAN: 1 THE FUNERAL DIRECTOR: After this certifical to be filed within 72 hours after death with the Stat IMPORTANT: If Item 28 is marked, or Ite	A of	2	e has	e De	E 2
TO THE HOSPITAL OR ATTENDING PHYSICI TO THE FUNERAL DIRECTOR: After this cert to be filed within 72 hours after death with the IMPORTANT: If item 28 is marked, o	ANI- 7	-	ificat	Stal	r le
TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIRECTOR: After this N be filed within 72 hours after death wit IMPORTANT: If Nem 28 Is marke	Veir	2	Cert	4	d, 0
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after deat IMPORTANT: If Item 28 is m	DO		r this	h wil	arke
TO THE HOSPITAL OR ATTENTO TO THE FUNERAL DIRECTOR. To be filed within 72 hours after IMPORTANT. If Item 28 1	DING	2000	Afte	deat	E
TO THE HOSPITAL OR A TO THE FUNERAL DIRECT N be filed within 72 hours IMPORTANT. If item	ASTE	1 1 1	JOR.	after	28
TO THE HOSPITAL TO THE FUNERAL O BE filed within 72 P IMPORTANT: If I	A GO	5	DIREC	DOURS	tem
TO THE HOSF TO THE FUNE N Be filed within	TAI	3	RAL	72	=
TO THE TO THE IN THE I	door.	3	FUNE	within	AMI
₽ ₽ ₽ ¥	THE	1	出	Fled >	
	OI.	2	2	De 1	Ē

RENE P. DE LOS SANTOS,
31. DATE FILED (Morith, Day, 19ar) 32.

9 '92

M.D.,

VA

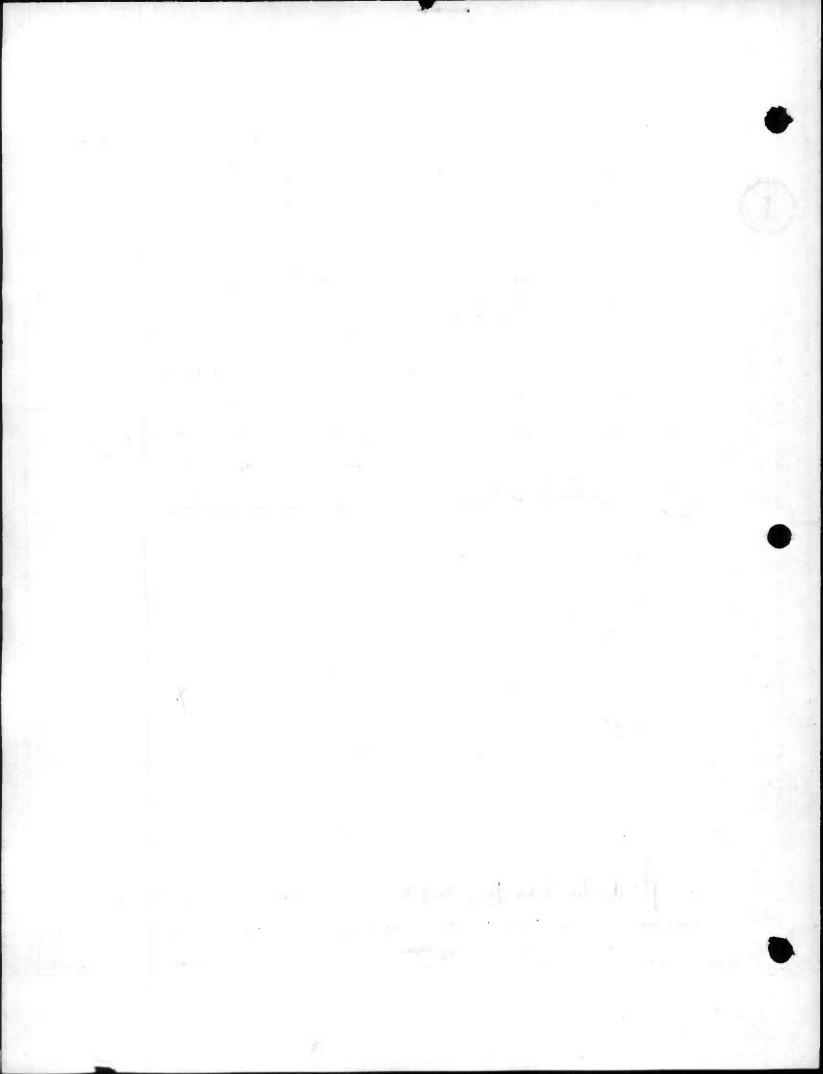
32. REGISTRAR'S SIGNATURE

Medical

	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTI	RTMEI FICAT	NT OF	HEALTH AND F DEATH	MENT	AL HYGIEN		2	214	87
	1. OECEDENT'S NAME (First, Middle, Last) HORACE R. SHEPHER	D					MON	E OF OEATH	MY	YEAR	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs, last birthday	/) IF UNC	ER 1 YEAR	IF UNDER 24 HRS.	Jul	Y I	1	992	7:30 PLACE (State or	Ам
	578-12-2141 9a. FACILITY NAME (If not institution, give str	1 M 2 F	71 YRS.	MONTH	DAYS	HOURS MIN.	6-	nth, Day, Year) -18-192	V	WASH	INGTON	, DC
TOR	VA HOSPITAL	out and represent				POINT	DEATH		- 0.1	CIL	EATH	
DIRECTOR	VIRGINIA FAIR	FAX	10c. C		RFAX						10d. INSIDE CIT LIMITS? 1 YES 2	
AL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITI		HAT COUNTRY?	
FUNERAL	9211 SAINT MARKS	PLACE				22031			USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	1:	3. WAS DE	CENDENT OF HISPA	NIC ORIG	IN? (Specify Ye		14. RACE	- American Inc	flen.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TO VIEW IF YES, GIVE WATER 1951-1	OR DATES		If yes, s	pecify Cuben, Maxic S 2X NO Speci	an, Puerto	Rican, atc.)		Black,	White, etc.	,
ED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION COMPOSite of 1	16a. DECEDENT	S USUAL	OCCUPATI	ION	16	b. KIND OF BU	SINESS/IND			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired	e during m	ost of working						
MP		4	OFFICE	ER				MILIT	'ARY			
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,					
BE	WATSON PAGE	SHEPHERD				ALMA E	ELLIC	TT				
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AOORE	SS (Street	and Number or Rural	Route Nur	mber, City or Tow	n, State, Zip	Code)		
-	EILEEN KNIGHT SHE	PHERD	9211	ST N	MARKS	PLACE,	FA1	RFAX,	VA 22	031		
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remote 4 Donation 6 Other (Specify)	val from State	20b. PLACE AND DATE COMPLETE, COMPLE	E OF DISPO	OSITION /N	ame of	OA	TE 20c. LO	CATION - C	Olty or Tow	IRGINL	٨
	21. SUBSTATURE OF FUNERAL SERVICE LICE	NSEE) /	21	2. NAME A	ND AODRESS OF FA	CILITY	o Alt	INGIC	11, V	IKGINI	4
	Dantal	lwu	seh	7	ALEX	ND AODRESS OF FA LINE FUNE ANDRIA,	VIRG	SINIA 2	2314			
	sa. PMIT I. Enter the diseases, or co shock, or heart fallure. L.	emplications that cau	sed the daath. Do	not ante	er the mo	oda of dying, aud	ch aa ca	rdiac or reapi	ratory arre	est,	Approxin	nata
	IMMEDIATE CAUSE (Final	one cause o	ii eacii iiile.								Onset an	
	disease or condition resulting in death)	Pneumon	ia									
		DUE TO (OR A	AS A CONSEQUENCE	DF):							 	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata	DUE TO (OR A	AS A CONSEQUENCE	OF):								
2	CAUSE (Disease or injury											
E	thet initieted events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):								
B	d.											
_	PART ii. Other algnificant conditiona	contributing to deat	h but not reaulting	in the u	ınderiyin	g cause given in	Part I.	24a. WAS AN	AUTOPSY	24b, 1	WERE AUTOPSY F	INDINGS
MEDICA								PERFOR	. /		WAILABLE PRIOR	TO
Ä								1 YES 2	No		OF DEATH?	
									*		YES 2	NO
A	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF DEATH (Ch	ack only o	me l				
Sic		HOSPITAL:	Outpetlant 3 DOA	OTHE	R:							
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF INJUI	RY 26b. TII	ME OF	28c. INJ	Ne 5 Residence		SCRIBE HOW I	N.IIJBY OCCI	IRED		
8Y F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yes	Ir) IN	JURY	_	YES 2 NO	All the	95011				
	2 Accident Investigation 3 Suicide 6 Could not be	280. PLACE OF INJU	JRY — At home, farm,	street, fac			281. LQ	CATION (Street a	nd Number o	r Rural Ro	ute Number	
COMPLETED	4 Homicide determined	bonding, etc. (S	эрөспу) ————————————————————————————————————				City	or Town, State)				
MPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI											
		On the besis of examina	miori and/or investigat	on, in my	opinion, d	leath occured at the	time, date	e and place, en	d due to the	cause(s)	and manner es s	stated.
BE	296. SIGNATULE AND TITLE OF CERTIFIER	0-1				29c. LICENSE NUI	MBER		29d. DATE	SIGNED (Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO	chr	My).			D14036			7-	-1-92		

Center

DHMH-16 Rev 1/89



3. TIME OF DEATH

2:00 P

10d. INSIDE CITY

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign Country)

195 Massachusetts

10a. STATE

DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last)

RESIDENCE OF DECEDENT

26 BITTERSWEET LANE

92

4. SOCIAL SECURITY NUMBER

017-46-1397

MASSACHUSETTS

10e. STREET AND NUMBER

MARY ELLEN SLAUGHTER

9a. FACILITY NAME (If not institution, give street and number,

NATIONAL INSTITUTES OF HEALTH

10b. COUNTY

YRS.

MONTHS

10c. CITY, TOWN OR LOCATION

WESTON.

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

02193

MIN.

DAYS

BETHESDA

6. AGE (In yrs. lest birthday)

38

1 - M 2 XF

1992

13,

YEAR

9c. COUNTY OF DEATH MONTGOMERY

U.S.A.

10g. CITIZEN OF WHAT COUNTRY?

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)
APRIL 27,

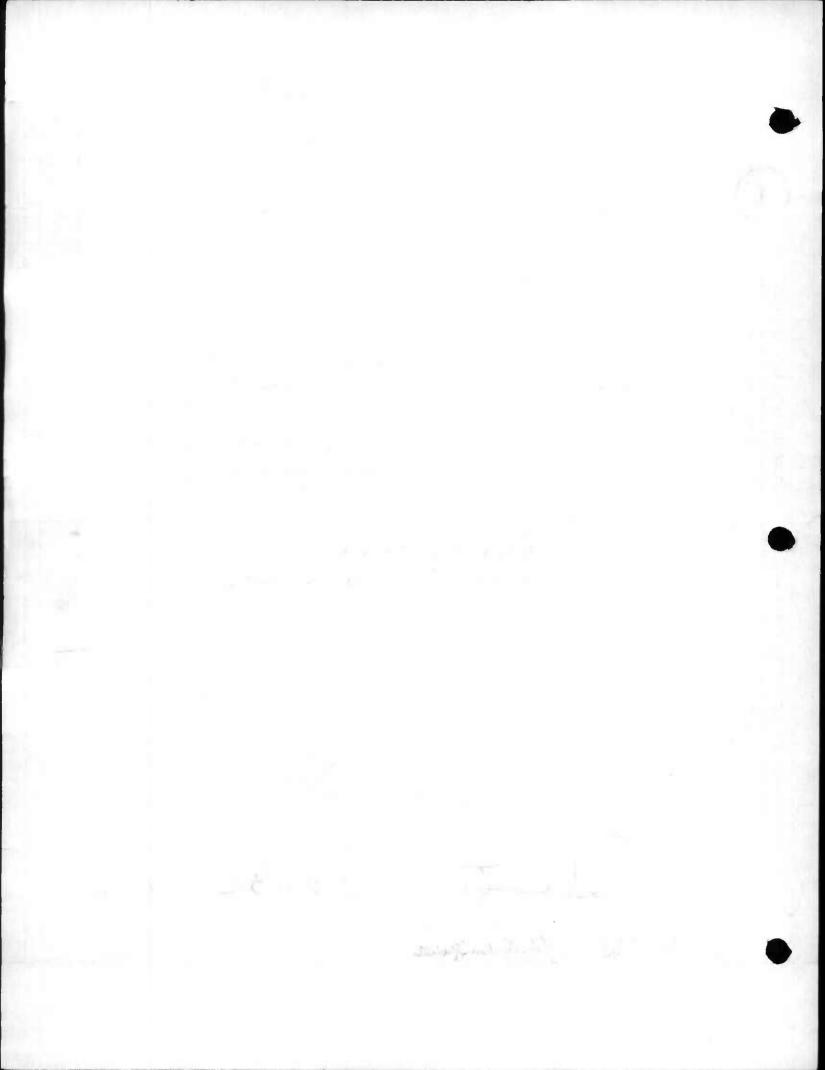
JULY

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

FUNERAL 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 XMarried BY Specify: WHITE 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 4 Homemaker own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Francis L. Mannix Catherine A. Carey Ħ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) SAME as #10 LOUIS SLAUGHTER pe 20s. METHOD OF DISPOSITION
4 Buriel 2 Cremation 3 Removal from State 20c. LOCATION — Cify or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 7/19/92 Temperature of 7 20b. PLACE AND DATE OF DISPOSITION (Name of must Waltham, Mass. 4 Donation 5 Other (Specify). examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE TVESAMPARTS SOR Funeral Homes Arlington, Virginia 22201 filled in by the fillion, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final Onset and Death and completely fille burial, cremation, the disease or condition_ Kespira ton resulting in death) other traumatic event, DUE TO (OR AS A CONSTQUENCE OF): arcinowa, metastatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician as Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS is certificate has been signed by ith the State Dept. of Health and ed, or item 23 shows any it MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? THEYES 2 | NO T YES THE NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 17 Impellent 2 [ER/Outpetient 3 [DOA e 5 🗆 Residence 6 🗆 Other (Specify) ZZ. MANNER OF DEATH 28s. DATE OF SHJURY with t marked, 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural T YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (South) 80 3 Suicide E Could not be determined 28f. LOCATION (Sineet and Number or Rural Route Number, City or Teen, State) DIRECTOR: hours after (COMPLETED 4 | Homicide 29a. CENTIFIER t DOERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. FUNERAL I WITHIN 72 H 2 MEDICAL EXAMINER: On the basis of exa HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated 296. SKINATURE AND TITLE OF CHITIFIER 29c. LICENSE NUMBER 29d. DATE SYGNED (MOHIN, Day, Year) 14/90 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL INSTITUTES OF HEALTH, BETHESDA, MD. 20892 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE a Davids





DHMH-18 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	1. DECEDENT'S NAME (First, Middle, Last) MARTHA ROGERS SULLIVAN		2. DATE OF OEATH MONTH DAY JULY 20 10	YEAR STAN ME OF DEATH
	579 32 0751 1 □ M 2 1 F 96 YRS. MONTO	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March15,1896	6. BIRTHPLACE (State or Foreign Country) New York
TOR	9e. FACILITY NAME (If not institution, give street and number) FERNWOOD HOUSE RESIDENCE OF DECEDENT	BETHESDA		ONTGOMERY
FUNERAL DIMECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOW WA	N OR LOCATION SHINGTON, D.C	•	10d. INSIDE CITY LIMITS? 11 YES 2 NO
LEMAL	3133 CONN. AVE NW #901	101. ZIP CODE 200		U.S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPANI If yea, specify Cuben, Mexican 1 YES 2 NO Specify:	C ORIGIN? (Specify Yes or No— Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2 16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire Clerical	OCCUPATION ne during most of working d.)	16b. KIND OF BUSINESS/INC	
200	17. FATHER'S NAME (First, Middle, Last) DAVID ROGERS	18. MOTNER'S NAM AUGU	E (First, Middle, Meiden Surname) STA FERENBAL	JGH
2	196. INFORMANT'S NAME (Type/Print) Miss Eleanor Sullivan	Same as # 10	oute Number, City or Town, State, Zip	Code)
	20s. METHOD GE DISPOSITION 1 Burlel 2 12 Cremation 3 Removal from State 4 Donatton 5 Other (Specify) Mt Comfort	Cemetery 7	21/92 Alex.,	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACE	n Ave NW Washi	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not en shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. CONGESTIVE			Approximets Interval Between Onset and Deatl 2 Week
•	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CONGESTIVE DUE TO (OR AS A CONSEQUENCE OF): CURUNARY Itel DUE TO (OR AS A CONSEQUENCE OF):	ART DISEA	se	5 YEARS
	PART II. Other significant conditions contributing to deeth but not resulting in the DI ABCTES MELLITUS	underlying cause given in P	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Chec	k only one)	1 TES 2 NO
	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) 28b. TiME OF INJURY	WORK? 1 YES 2 ND	28d. DESCRIBE NOW INJURY OC	CURED
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, f building, etc. (Specify)	actory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
	29e. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the one) MEDICAL EXAMINER: On the best of examination end/or investigation, in m			
	296. SIGNATURE AND TITLE OF CERTIFIER Charite M.D.	29c. LICENSE NUMB 29-137		E SIGNED (Month, Day, Year) LY 20,1992
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) ROBERT V. CHOISSER M.D. 5530 WIS	CONSIN AVE. CH	IEVY CHASE, MA	RYLAND 20815
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Suite Suite August			

IO THE HUSTIAL OF A LENDING PRISHLAN. THE IAM REQUIRES THAT THE URBERT CERTIFICATE DESCRIPTION AND THE HOSPITAL OF STRENGTING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	
the hospital or a	e detached for us	t once.
lay be retained by	page 5 should b	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death. Page 6 m	e funeral director, II.	examiner mus
un 24 nours arrei	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical
De executed with	cian and complet or to burial, cren	aumatic event
Death ceruncate	attending physic ental Hygiene pri	ry, or other tr
eduires mat me	en signed by the of Health and M	hows any inju
DICIAIN. THE IGW	certificate has be the State Dept.	I, or Item 23 s
ALLENDING PRIN	CTOR: After this after death with	28 is marked
HUSTINE UN	FUNERAL DIRE within 72 hours	ITANT: If Item
IN INC	THE De filed	MPOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH A	
CERTIFICATE OF DEATH	950 110

	1 - FOR STATE REGISTRAR	OF MARYLAND /	DEPART	MENT OF	HEALTH AN	ID MEI	NTAL HYGII	NE	/ (m	21430
1	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH			3. TIME OF DEATN
	GRIGORY SIRKIS						11y 18	, 1992	YEAR	10:20 P. M
	4. SOCIAL SECURITY NUMBER 5. SEX	W ONDER 1 FEAT W ONDER 24 PMS.							8. BIRT	NPLACE (State or Foreign
	214-96-5519 9e. FACILITY NAME (If not institution, give street end number)	1 01	YRS.	9b. CITY, TOV	N OR LOCATION O	Ma	Month, Day, Year)	, 1911	Rus	sia
TOR	Hebrew Home of Greater				ville	, DEATH		100	tgon	
DIRECTOR	10e. STATE 10b. COUNTY Maryland Montgomery			town on Lo	CATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF 1	WHAT COUNTRY?
Ë	6121 Montrose Road				20852			U.	S.	
BY FUNERAL	1 Never Married 2 Y Married FORCES	CEDENT EVER IN U.S. AR ? 1 TYES 2 TO GIVE WAR OR DATES	MED FO	If yes	Specify Cuben, Me (ES 2 X NO Sp	SPANIC Of exican, Pu pecify:	RIGIN? (Specify erto Rican, etc.)	Yee or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-	(G		ISUAL OCCUP. ork done during retired.)	ATION most of working		16b. KIND OF I	BUSINESS/INC	USTRY	MILLE
립	7	Mana	ager				Wareh	ouse E	oods	3
S S	17. FATHER'S NAME (First, Middle, Last)		8		18. MOTNER'S	NAME (F	irst, Middle, Meid			
BE C	Hoskel Sirkis						chwart	,		
TO B	19e. INFORMANT'S NAME (Type/Print)	198	. MAILING A	ADDRESS (Stre	et end Number or Ru	ural Route	Number, City or 1	own, State, Zip	Code)	
F	Rimma Rosenstein (dau	ghter) 52	211 B ₁	rentfo	rd Drive	; Ro	ckvill	e, Md.	208	352
	20a. METNOD OF DISPOSITION 1 ■ Burlel 2 □ Cremation 3 □ Removal from Sta	20b. PLACE A		DISPOSITION	(Name of		OATE 20c.	LOCATION -	City or To	wn, State
	4 Decation 8 Other (Specify)	Mt.Le	banon	Ceme			/20/92	Adel	ohi,	Maryland
	11/1/10/14				AND ADDRESS OF			orio1	Char	els, Inc.
_	You Mtagan			1170	Rockvil	le F	Pike: R	ockvi l	le.	Md. 20852
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only on IMMEDIATE CAUSE (Final disease or condition resulting in death)	a cause on each line				auch as	cardiec or res	spiratory an	reat,	Approximete interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING									
LIFIC	CAUSE (Disease or Injury that Initiated events	JE TO (OR AS A CONSEC	UENCE OF):							
Ë	resulting In death) LAST									
MEDICAL C	PERFORMED? AVAIL								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?	
Σ										1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATN	/Check on	th and			
SIC	EXAMINER? 1 YES 2 NO HOSPITA 1 Inpatien	L: t 2 ER/Outpetient 3	DOA 4	OTHER:						
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	TE OF INJURY rith, Day, Year)	28b. TIME (OF 28c.	NJURY AT WORK?	_	DESCRIBE NOW	INJURY OCC	URED	
ED BY	COURT NOT BE	ACE OF INJURY — At hor	ne, ferm, str		YES 2 NO	28t.	LOCATION (Stree City or Town, Stell	t end Number	or Rural F	loute Number,
E I										
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic	est of my knowledge, dea e of exemination end/or in	th occurred	et the time, d	ite end place, end o	due to the	cause(e) and m	enner se state	ed. e ceuse(e) end manner as atated.
ш	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE					(Month, Day, Year)
TO B	25 3) in	and a	~		DO	25	46			19, 1992
F	30. NAME AND ADDRESS OF PERSON WNO COMPLETED						. 3		<u></u>	-19 1176
	JOHN F. TAUBER, M.D.;		onsin	Avenu	e; Beth	esda	, Md. 2	0814		
11	31. DATE FILED (Month, Day, Year) 32. REG	STRAR'S SIGNATURE								
	JUL 21 '92 Julie Devi	har Balance								



The same of the sa 26, 12 mm TO BE COMPLETED BY FUNERAL DIRECTOR

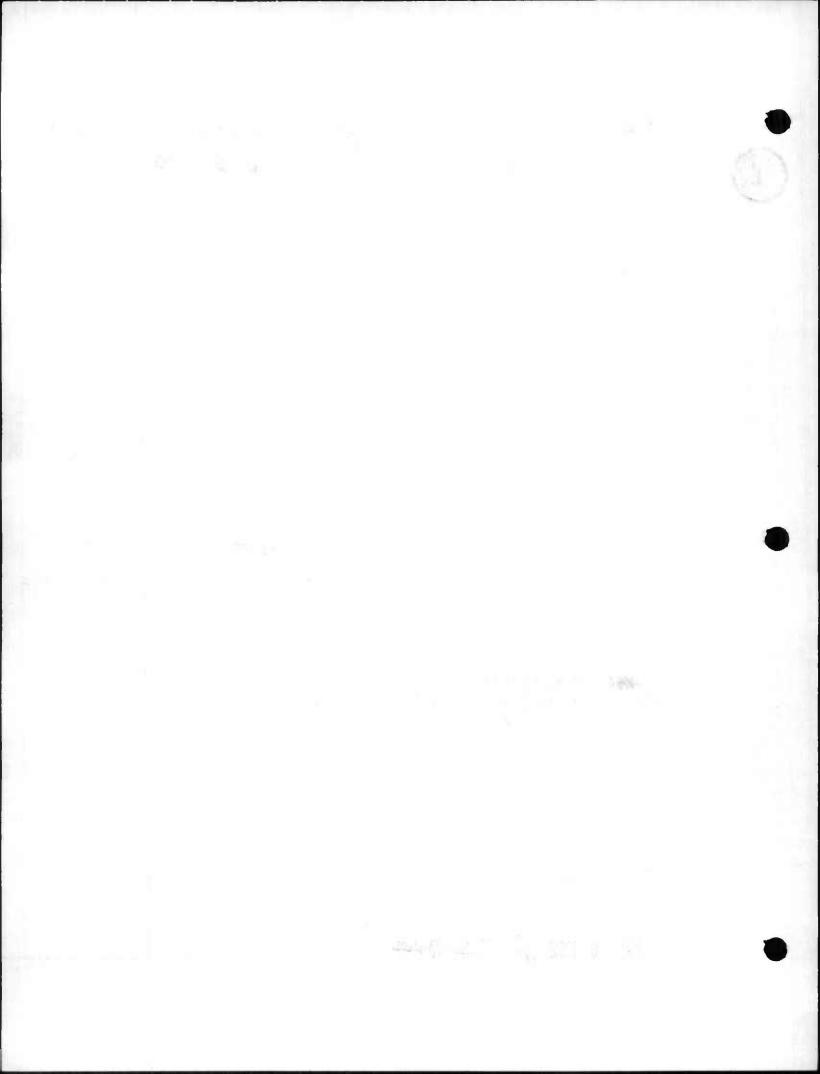
DIVISIO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

020	physician.	burlal-transit permit. Pages 1	
BALLIMORE, MARTLAND ZIZIS-	ours after death. Page 6 may be retained by the hospital or attendin	I in by the funeral director, page 5 should be detached for use as the removal.	nedical examiner must be notified at once.
DIVISION OF VITAL MECONDS, T.O. BOX 80780, BALTIMORE, MARILAND ZIZIS-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prose the filed within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	DEPARTMENT OF	HEALTH AND	MENTAL HYGIEN
C	ERTIFICATE O	F DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E	- 21491
1. DECEDENT'S NAME (First, Middle, Les	/"				2. DATE OF DEATH	W Wester	3. TIME OF DEATH
	YERTRUDE	140	MAS		JUNE 29	1992	8:15 P W
4. SOCIAL SECURITY NUMBER 217-10-9939	1 M 2 F		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	900	RTHPLACE (State or Foreign unitry) MD.
90. FACILITY NAME (If not institution, give Frederick Memory)	e street end number) Orial HOspita			or LOCATION OF D	EATH	Fred Fred	f DEATH derick
RESIDENCE OF DECEDENT 10a. STATE 10b. COU							
Md.	Frederick		rederic				10d. INSIDE CITY LIMITS? 1 YES 2 NO
304 W. South	Straat		101	21701			F WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	12 WAS DEC		NIC ORIGIN? (Specify Yes	USA	ACE American Indian,
1 Never Married 2 Married 3 XXWidowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp	ecity Cuben, Mexico	an, Puerto Rican, etc.)	BI	black
15. DECEDENT'S E (Specify only highest gra	DUCATION ade completed)	16a. DECEDENT'S U (Give kind of wo	rk done during mo		16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	homema	211111111111111111111111111111111111111		n/a		
17. FATHER'S NAME (First, Middle, Lest)		nomene	LICOL	18. MOTNER'S NA	AME (First, Middle, Maiden)	Surname)	
Andrew Barnes	S				Myers	,	
19s. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
Celeste John					Airy, Md. 2		
1 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	b. PLACE AND DATE OF metery, cremetory or othe くの人 エハイいりの	F DISPOSITION (Na Br. place) M. p. m. c. h. i. /	neol Al Gando	DATE 200. LOC NS 7/6/92	Fredom	Town, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Co-choto Ch	22. NAME AI	D ADDRESS OF FA	uneral Home	Theue	cere, ma.
Manda	L Lenn	er	Fre	ederick,	Maryland 2	1702	Box 1819
23. PART I. Enter the diseases, of shock, or heart failur	er complications that cause e. List only one cause on a	d the death. Do no each line.	t enter the mo	de of dying, aud	ch as cardiac or respir	ratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARCINO	MATOS	15	(SUSP	ECTED)		Onset and Death FENDAYS
	DUE TO (OR AS	A CONSEQUENCE OF)	617	PNIT			FEW MONTHS
Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS	VATVE Y A CONSEQUENCE OF):	9.7. 7	RHC1.			16 14 11 1010 / HS
cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
	d						
PART II. Other algnificant conditions and the second secon			the underlyin	g cause given in	Part I. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
4 .	SUFFICIENCE		· / N	(men 1	1 🗆 YES 2	No	COMPLETION OF CAUSE OF DEATH?
HILLIAND BADAD		ARTER	y Di	SEASE)	_		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	PRESSUR	<i>E</i>	26. PI	ACE OF DEATH (C)	neck only one)		
EXAMINER?	HOSPITAL:		OTHER:		6 Other (Specify)		
27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE NOW IN	JURY OCCURED	
1 Natural 5 Pending Investigation	n	NA	_M 1 []	750-2 NO			
3 Suicide 8 Could not be determined		/ — At home, farm, str	eet, factory, offic	_	281. LOCATION (Street si City or Town, State)	nd Number or Run	al Route Number,
	YSICIAN: To the best of my know	rledge, death occurred	at the time, date	and piace, end due	to the cause(s) and man	ner ss stated.	
////	NER: On the beels of examination	n end/or investigation,	, in my opinion, d	eath occured at the	time, date end place, and	due to the ceue	ne(s) and manner se stated.
296. SIGNATING AND TITLE OF CERTIF	- MD			29c. LICENSE NU	MBER 063		BO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON O				donich	Md. 21701		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		reo, Fill	uenck,	Mu. 21/01		
JUL 6 199	12 Julia Davidso	n-Aandell					



	spita	hed f		
	e ho	etach		nce.
	by th	20		at o
	peu	pino		Red
	reta	5 sh		noti
	ay be	page		be
	E 9	ctor.		nust
	2age	dire		97
	ath.	neral		mi
	er de	the fu	25	i ex
	rs aft	10	remo	dica
1	Nou	led in	10 0	E
	In 24	N FE	ation	ŧ
	with	nplete	сгеп	vent
	cufed	D C 00	unial,	ic e
	900	n and	to b	ımat
	te be	Sicia	prior	trai
	tifica	o P.	ene	ther
	h cer	ndin	HA	0 10
	deat	e atte	ental	un,
	t the	かけ	M pu	in in
	s tha	ned !	uth a	any
	drille	n Sign	f Hea	OWS
	W re	eee s	pt. o	3 sh
	The la	e has	te De	ш 2
	AN	ificat	e Sta	r He
	VSICI	s cert	中中	ď, o
	H H	or this	th wi	arke
	MICH	: Afte	deal	E
	TEN	200	after	28
	OR A	OIRE	SUNO	tem
	TAL	SAL	72	=
	OSP	UNE	rithin	N
	Ψ	Ή	led w	F
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day,

1992

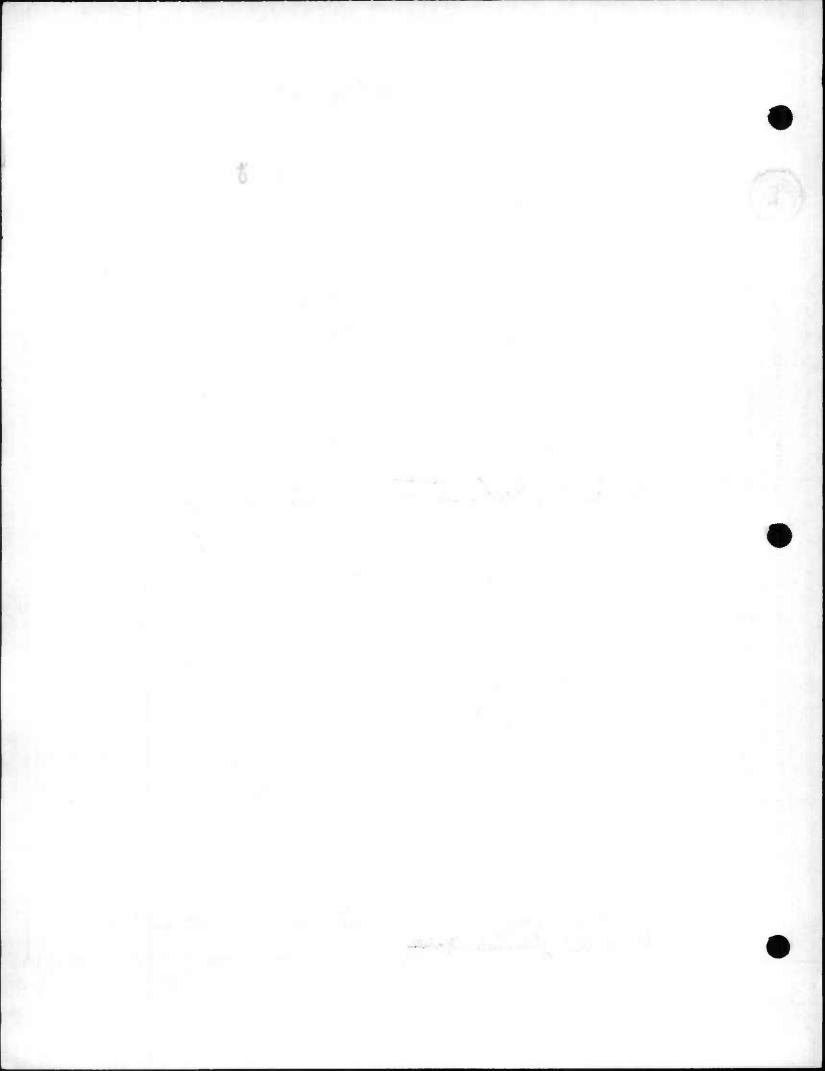
							92	21492			
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI	MENT OF H	REALTH AND DEATH	MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	Helen Gar	dinag	Yee	TYREE	2. DATE OF DEATH		R 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	last birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	B, Bi	RTHPLACE (State or Foreign			
	219-05-6518	1 □ M 2 🔯 F 81	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Man. 22, 191	Maryland				
	9e. FACILITY NAME (If not institution, give street	at and number)	9	b. CITY, TOWN (OR LOCATION OF D		9c. COUNTY O				
тон	Washington County	Hospital		Hage	rstown	Wash	Washington				
DIRECTOR	10a. STATE 10b. COUNTY Maryland Free	derick		rown on Located				10d. INSIDE CITY LIMITS?			
	10a. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN C	1 YES 2 NO			
FUNERAL	800 Motter Avenue				21701		1	5.A.			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED		ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian.			
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 23	CINO		ecity Cubarr, Maxico 2 NO Specia	an, Puerto Rican, etc.) fy:		Black Black			
ED	15. DECEDENT'S EDUCA	TION 16a.	DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTR				
Ħ	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mo etired.)	st of working						
COMPLETED	12	?	Newspay	per		Circ	culation	1			
00	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)				
BE	Richard J.	Harris			Berti			evenson			
0	19a. INFORMANT'S NAME (Type/Print)	1				Route Number, City or Tow					
	Odie Mae Harris 3327 Flint Hill Rd, Adamstown, Maryland										
	20b. METHOD OF DISPOSITION 1 Strain 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cametery, crematory or other piece) Relis Chapel Cemetery 7/3/92 Dickerson. Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	+ Charles 5	Hicke 7	11		Forest I						
	23. PART I. Enter the diseeses, or cor	mplications that caused the	death. Do not	enter the mo	olis Ma	the sa cardiec or respi	ratory armet	Approximate			
	shock, or heart feilure. Lis IMMEDIATE CAUSE (Final	at only one ceuse on each if	ne.	0 0		Λ	ratory mirous,	Interval Between Onset and Death			
	disease or condition resulting in death)	Cardis	Nesp	wat:	34 /	mes &		Ollege and Death			
		DUE TO (OR AS A CONS	SEQUENCE OF	- 0	00	0	0.				
N	Sequentially list conditions,	alone	cle	roper	>/e	200110	culent	15000 P			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEQUENCE OF):	- 6							
임	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONS	SEQUENCE OF:								
E	resulting in death) LAST										
8			_								
AL	PART II. Other significant conditions	contributing to death but no	greaulting in t	the underlying	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
PHYSICIAN: MEDICAL	- Orrow	C pusino	6- 1	ey o.	Jazze	1 U YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
M	Solon	mie 1	0524	you				1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	DIVINCE	eiti	5							
Sici	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Ch						
H	27. MANYER OF DEATH	28s. DATE OF INJURY	28b. TIME O			28d. DESCRIBE HOW II	WILLIEN OCCURED				
	1 Statural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK7 res 2 - NO		Goodneb				
ув с	3 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY At	home, farm, atree	et, factory, office		281. LOCATION (Street a	and Number or Run	al Route Number,			
TE	4 Homicide determined	building, etc. (Specify)				City or Town, State)					
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurred a	it the time, data	and place, and due	to the cause(s) and man	ner as stated.				
MO		On the basis of examination and/o						e(e) and manner as stated.			
	296. BIGNATURE AND TITLE OF CERTIFIER 29d. DATE-BIGNED (Month, Day, Year)										
) BE	mD 018(27 16/20/9)										
2	30 NAME AND ADDRESS DE BERSON WHO	OMBI FTED ONIGE OF DESIGN						- 1 6 km			

THO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)

27 Mill

32. REGISTRAR'S SIGNATURE

Suha Davidson—Randale.



1	-	STATE REGISTR	A
Г	t, D	ECEDENT'S	N

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC		F DEATH		EG. NO.		
t. DECEDENT'S NAME (First, Middle, Last) THOMAS	K	TSAO.			2. DATE OF I		1992 3	TIME OF DEATH 2-05 Pm
4. SOCIAL SECURITY NUMBER 579 - 46-4724	5. SEX 6. AGE		UNDER 1 YEAR		7. DATE OF E (Month, Da	y; Year)	8. BIRTHPL Country)	ACE (State or Foreign
98. FACILITY NAME (If not institution, give st Greater Lawre	les Belleur	lle Hosp "	Laur	N OR LOCATION OF DE		9c. CO	UNITY OF DEA	-
Maryland August	ice Geo	10c. CITY, TO	OWN OB LOC	cation wille.				Dd. INSIDE CITY LIMITS?
100. STREET AND NUMBER 4306 Sarasota P]				10f. ZIP CODE 20705				AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2√XNO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RA (XNO If yes, specify Cuben, Mexican, Puerto Rican, stc.)					- American Indian, White, atc. White
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 12 Years	CATION completed) College (1-4 or 6+) 4 Vears	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during stired.)	most of working		D OF BUSINESS/IN		
17. FATHER'S NAME (First, Middle, Last) Chi Ying Tsao	4 years	FIECUIC	ar Ell	16. MOTHER'S NA	ME (First, Middl	elf emple e, Maiden Surname)	-	
19a. INFORMANT'S NAME (Type/Print)		195 MAN ING AD	npegg /Stm.	et end Number or Rural I	Thung I		in Conta	
Elsie J. Tsao		same a		A STORY OF THE !	AUTO HUMOUT, C	ery or rown, Steril, Z	₽ C000)	
20a_METHOD OF DISPOSITION 1	oval from State 20	b. PLACE AND DATE OF D	E AND DATE OF DISPOSITION (Name of Parametery 7/20/92 Brentwood,					
21. SIGNATURE OF FUNERAL SERVICE UC			Dona.	AND ADDRESS OF FA Id V. Bord Powder Mi	wardt	Funeral	Home,	P.A.
shock, or heart failure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially lifet conditions, if any, leading to immediate	ASPIN DUE TO (OR AS NELLYZO	A CONSEQUENCE OF): A CONSEQUENCE OF):	P. Dy	NEUM	10 N	ΈA.	-	Interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arter	ACONSEQUENCE OF S.	ros	ular io, H	Ace	rton	t. ion	
PART II. Other algorificent condition Dividuality	a contributing to death	but not resulting in t	he underly	ing cause given in		NAS AN AUTOPSY PERFORMED? YES 2 HO	A C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	PLACE OF DEATH (Che		and the		
27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. I	NJURY AT WORK? YES 2 NO		BE HOW INJURY O	CCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — Al home, farm, stree ecity)	et, fectory, of	fice	281. LOCATION	N (Street end Numbe wn, State)	er or Rural Rou	e Number,
	CIAN: To the best of my known. R: On the basis of examination							nd manner ee stated.
29b. SIGNATURE AND TITLE OF CENTIFIES	Vageen	mo		D 2/2	94	> 1	7/15/	grith, Day, Year)
ABDUL NAYER	COMPLETED CAUSE OF D	EATH (ITEM 27) Lippo, Pric 450 - 10 R	TM	EADE RE	AD, L	LAURE	2,00	D20724
31. DATE FILED (Month, Day, Year) JUL 17 '92	32. REGISTRAR'S SIG	Acade 82						

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

68760,
\approx
2
00
100
•
BOX
0
~
P.O.
0
7
о.
S
0
~
-
Q
COF
ш
~
ш.
_
d
=
>
ш
0
_
Z
VISIO
\simeq
CO
==
>

	REGISTRAR		ARYLAND / D CER	RTIFICATE		DEATH	REG. NO		2 21491
	1. DECEDENT'S NAME (First, Middle, Last)	1 -1:					2. DATE OF DEATH MONTH D	AY1	3. TIME OF GEATH
	VASON IV		1PP				7 16	9	2 /3/0
	4. SOCIAL SECURITY NUMBER	. /	6. AGE (In yrs. last b	MONTHS		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreig Country)
	220-08-2738	1/2/M 2 F	14	YRS.			228	78	Illimis
-	Sa. FACILITY NAME (If not institution, give a	. /	4.		_	LOCATION OF D		9c. COUNT	Y OF OEATH
2	RESIDENCE OF DECEDENT	HUSPIT	94	le	SE	THE	504	MON	TEOMERS
EC	10a. STATE 10b. COUNT	Υ		10c. CITY, TOWN O	R LOCATIO	N N			10d. INSIDE CITY
DIREC	MD mow	TGOMBI	24	LVEI	R	Spp	116		LIMITS?
F	10e. STREET AND NUMBER				101. Z	CIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
	2/6 OPE	RA	CT		1 2	2090	/	Uhi	ted States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARME		WAS OECEN	DENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	-	I. RACE — American Indian, Black, White, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA				NO Specif			Specify:
	15. DECEDENT'S EDU	10471011							White
<u>"</u>	(Specify only highest grade	e completed)	(Give	DENT'S USUAL OF kind of work done of NOT use retired.)			16b. KIND OF BU	SINESS/INDUS	STRY
- 1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	1000	con reasonable.			Charle	and a	
COMP	17. FATHER'S NAME (First, Middle, Lest)			udent		10. 00074457010 014	ME (First, Middle, Meiden		
Ŭ W	John S. Trapp				Ι.		Anne Fiala	Sumame)	
00	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDRESS	(Street and		Plumber, City or Tow	m State 7/o Co	ndel
2	Mr. John S. Trapo			Opera Co					500)
	294. METHOD OF DISPOSITION			DDATEOFDISPOS					y or Town, State
	1 Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetery, creme	tory or other place)					A CONTRACTOR OF THE PARTY OF TH
- 1	21. SIGNATURE OF HONERAL SERVICE LIC	CENTER ,	T Care or	Heaven C	NAME AND	ADDRESS OF FA	CIUTY IST IVE	er Sprin	B. MI)
	> /////// X /	1.1.1		Hin	es-Rir	raldi Fun	eral Home		
-	23 PART I Enter the disasses or	MARKE		1110	~~ ~=	- TT 1 :	4 0:1	Church	
- 17		complications that	caused the death	Do not enter	U New	V Hampson	re Ave. Silv	er Spri	ng. PD
- 1	snock, or neart isliure.	complications that List only one caus	caused the deati e on asch line.	h. Do not enter	the moda	of dying, suc	h as cardiec or resp	iratory arres	t, Approximate
	immediate CAUSE (Final	List only one caus	e on asch line.	h. Do not enter	the moda	of dying, suc	h aa cardiec or resp	iratory arres	t, Approximate interval Bety Onset and D
	immediate CAUSE (Final	a. M U L DUE TO (0	e on asch line.	h. Do not enter	the moda	of dying, suc	h aa cardiec or resp	iratory arres	t, Approximate
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	e on asch line.	h. Do not enter	the moda	of dying, suc	h aa cardiec or resp	iratory arres	t, Approximate Interval Bet Onset and I
MOLL	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. M U L DUE TO ((e on asch line.	h. Do not enter	the moda	of dying, suc	h aa cardiec or resp	ratory arres	t, Approximate Interval Bet Onset and I
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. M U L DUE TO (C	OR AS A CONSEQUE	ENCE OF):	the moda	of dying, suc	h aa cardiec or resp	REF Spr.1	t, Approximate Interval Bet Onset and I
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. M U L DUE TO (C	OR AS A CONSEQUE	ENCE OF):	the moda	of dying, suc	h aa cardiec or resp	ratory arres	t, Approximate Interval Bet Onset and I
ERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. M U L DUE TO (C	OR AS A CONSEQUE	ENCE OF):	the moda	of dying, suc	h aa cardiec or resp	retory arres	t, Approximate Interval Bet Onset and I
AL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (C	OR AS A CONSEQUE	ENCE OF):	TRA	Of dying, suc	Part I. 24a, WAS AN	retory arres	t, Approximatintsrval Bet Onset and I
AL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C	OR AS A CONSEQUE	ENCE OF):	TRA	Of dying, suc	Part I. 24a, WAS AN PERFOR	AUTOPSY MED?	t, Approximate interval Bate Oneet and E S H V 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAL
AL CERIIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C	OR AS A CONSEQUE	ENCE OF):	TRA	Of dying, suc	Part I. 24a, WAS AN	AUTOPSY MED?	t, Approximatints validation of Death?
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C	OR AS A CONSEQUE	ENCE OF):	TRA	Of dying, suc	Part I. 24a, WAS AN PERFOR	AUTOPSY MED?	t, Approximatints validation of Death?
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	a. A DUE TO (C	OR AS A CONSEQUE	ENCE OF): LINCE OF): LINCE OF): LINCE OF):	derlying c	Of dying, suc	Part I. 24s. WAS AN PERFOR	AUTOPSY MED?	t, Approximat Interval Bet Onset and I S HV 24b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	a. DUE TO (C	OR AS A CONSEQUE	ENCE OF): ENCE OF): Ulting in the un	derlying c	SE OF DEATH (Ch	Part I. 24s. WAS AN PERFOR	AUTOPSY MED?	t, Approximatints validation of Death?
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 27. MANNER OF DEATH	a. DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C) An a contributing to d HOSPITAL: HOSPITAL: 1280. DATE OF IP	OR AS A CONSEQUE	ENCE OF): ENCE OF): Ulting in the under the	derlyIng c	Course given in	Part I. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY BMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
PHISICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 14 YES 2 NO	a. OUE TO (C) b. DUE TO (C) c. DUE TO (C) d. HOSPITAL: 14 Inpetient 2	OR AS A CONSEQUE	ENCE OF): ENCE OF): Ulting in the under the	derlying c 26. PLAC 1: ing Home 26C. INJUR WORK	Course given in	Part I. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY BMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
of raision. medical central	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	a. DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C	OR AS A CONSEQUE OR AS A CONS	ENCE OF): ENCE OF): Ulting in the under the	derlying c 26. PLAC I: dog Home 26C. INJURY WORK 1 YES	Cause given in	Part I. 24a. WAS AN PERFOR 1 VES 2 Ock only one) C Other (Specify) 28d. DESCRIBE HOW I	AUTOPSY IMED?	24b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	a. DUE TO (C DUE TO (DR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE DR AS A CONSEQUE ER/Outpetient 3 NJURY NJURY NJURY (Specify)	ENCE OF): ENCE OF): Ulting in the under the	derlyIng c 26. PLAC 1: WORK 1 VES	Cause given in	Part I. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY IMED?	24b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 VES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	a. DUE TO (C. DUE TO (PR AS A CONSEQUENT OF AS A CONSE	ENCE OF): ENCE OF): ENCE OF): Ulting in the unit	derlying c 26. PLAC ing Home 29c. INJURY WORK 1 YES	Course given in Course given in Course given in Course given in Course given in	Part I. 24a. WAS AN PERFOR 1 VES 2 Color Other (Specify) 28d. DESCRIBE HOW I City or Town, Stele) Route T. 29	AUTOPSY BMED? AUTOPSY BMED? AUTOPSY BMED? AUTOPSY BMED? AUTOPSY BMED? AUTOPSY BMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	DR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE ER/Outpatient 3 INJURY 2 INJURY 2 INJURY At homa IC. (Specify) Ty knowledge, death	ENCE OF): ENCE OF): ENCE OF): Ulting in the unit	derlying c 26. PLAC ing Home 28c. INJURY 1	Cause given in Cause given in Cause given in Cause given in Cause given in	Part I. 24a. WAS AN PERFOR 1 VES 2 Control Other (Specify) 28d. DESCRIBE HOW I VES 2 281. LOCATION (Street City or Town, State) Part I. 29 to the cause(e) and mer	AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED? AUTOPSY RMED?	24b. WERE AUTOPSY FIND ARRIABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	B. DUE TO (C. DUE TO (DR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE ER/Outpatient 3 INJURY 2 INJURY 2 INJURY At homa IC. (Specify) Ty knowledge, death	ENCE OF): ENCE OF): ENCE OF): Ulting in the unit	derlying c 26. PLAC 2: ling Home 26c. INJUR WORK 1 YES Dry, offica me, data sm	Cause given in Cause given in Cause given in Cause given in Cause given in	Part I. 24a. WAS AN PERFOR 1 VES 2 Control (Specify) 28d. DESCRIBE HOW I ALL COCATION (Street Country Street) 281. LOCATION (Street Country Street) 281. LOCATION (Street Country Street) 282. LOCATION (Street Country Street) 283. LOCATION (Street Country Street) 284. DESCRIBE HOW I ALL COLOR TO TOWN, Street Country Street Countr	AUTOPSY MED? NJURY OCCUP and Number or PRE there as stated. d due to the c	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS) (Check only 1 CERTIFYING PHYS) (Check only 1 CERTIFYING PHYS)	B. DUE TO (C. DUE TO (DR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE ER/Outpatient 3 INJURY 2 INJURY 2 INJURY At homa IC. (Specify) Ty knowledge, death	ENCE OF): ENCE OF): ENCE OF): Ulting in the unit	derlying c 26. PLAC 2: ling Home 26c. INJUR WORK 1 YES Dry, offica me, data sm	Cause given in Cause given in Cause given in Cause given in Cause given in Cause given in	Part I. 24a. WAS AN PERFOR 1 VES 2 Control (Specify) 28d. DESCRIBE HOW I ALL COCATION (Street Country Street) 281. LOCATION (Street Country Street) 281. LOCATION (Street Country Street) 282. LOCATION (Street Country Street) 283. LOCATION (Street Country Street) 284. DESCRIBE HOW I ALL COLOR TO TOWN, Street Country Street Countr	AUTOPSY MED? NJURY OCCUP and Number or PRE there as stated. d due to the c	24b. WERE AUTOPSY FIND ARALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO

15 M.

89
×
0
BOX
P.0.
0
Ś
RECORDS,
-
\mathcal{O}
O
ш
Œ
_
4
ITAL
7
OF
0
7
0
\leq
ISION
=
DIV
_

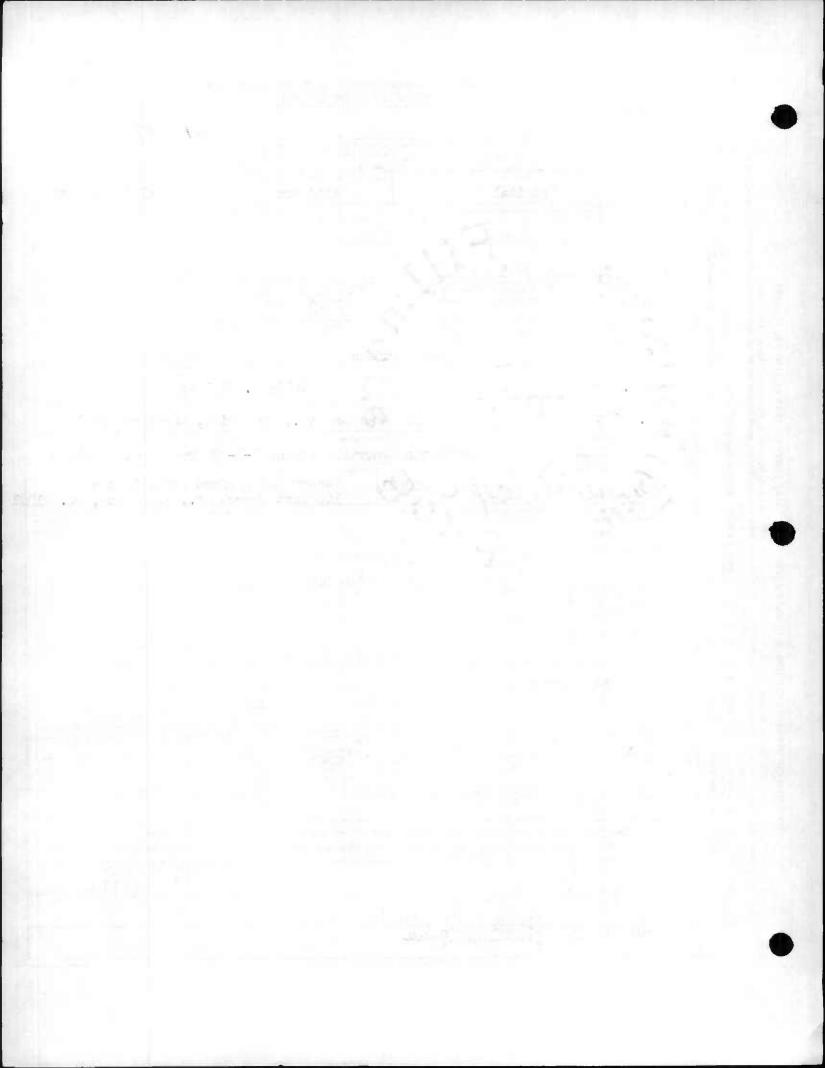
	20		
	mit.		
	it pe		
ian.	trans		
hysic	urial		
ing p	the b		
ttend	9 35		
9	N US		
spital	hed fe		
e ho	etact		
4	20		
ined	pinou		
reta	S.		
ay by	page		
6 B	octor,		
Page	u dire		
Bath.	Unera		
ter d	the	5	
JIS a	in by		
4 hor	liled	5	
hin 2	tely 1	IIII	*
d wit	eldmo	200	
ecute	nd co	DOME	
96	ian a	3	
Cate t	hysic	2010	
ertifi	d Bui	No.	**
ath	ttend	100	
he de	the a	ME	
that t	d by	a a	•
Seul	Signe	Dall	
requ	Deen	5	
WE aw	has t	5	90
=	cate	Sigio	
SICIA	certifi	2	
PHYS	this d	M	4
40SPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Page	1COLL	
TEND	DR: /	7 101	
A AT	RECT	000	
AL O	A DI	2 110	
SPIT	NER	1	-
9	5	Ę	-

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	FICATE C	OF DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH	YEAR	3. TIME OF DEATH
	GROVER	CLEVELA	ND TH	OMPSON	JR.	July			12:25
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)			7. DATE OF E (Month, Da	HRTH	_	PLACE (State or Foreig
	018-24-5629	1 2 ☐ F	62 YRS.	MONTHS DA	YS HOURS MIN.	June 2	6, 1930		aine
~	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. CO	JNTY OF D	EATH
DIRECTOR	Doctors Commu	nity Hospit	al	Lanl	ham		Pri	nce C	George's
	10a. STATE 10b. COUNT	TY	10c, CI	TY, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
		nce George's	La	nham					1 TES XX NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CIT	TIZEN OF W	HAT COUNTRY?
Ž	9933 Greenbelt				20706		Uni	ited	States
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? XX YE	R IN U.S. ARMED		DECENDENT OF HISPA s, specify Cuban, Mexico			14. RACE Black	- American Indian, White, etc.
0	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES XX NO Specif		,	Specif	
	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT	S USUAL OCCU	PATION	16b. KIN	D OF BUSINESS/IN	DUSTRY	
i i	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT	work done during use retired.)	g most of working				
2	12 years		Senior	Manufa	cturing E	ngineer	Pri	ivate	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Maiden Surname)		
BE (Grover Clevel	and Thompson				Hunt			
10	19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str	reet and Number or Rural	Route Number, C	ity or Town, State, Zi	p Code)	
-	Lois B. Thompson			e as #1					
	20a. METHOD OF DISPOSITION 1 Durial 3/5/Cremation 3 Ran	noval from State	10b. PLACE AND DATE	OF DISPOSITION		DATE	20c. LOCATION -		
	1 Burial 3 Cremation 3 Ran 4 Donation 5 Other (Specify)		emetery, crematory or etropoli			/20/92	Alexar	ndria	, Virgin
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22, NAM	and Address of FA	T-Forester	Emoral	Lomo	D A
	M. B. E	DINON		4400	Powder M	JWarut	Poltar	none	, F.A.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	S A CONSEQUENCE (OF):	word.	,			
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part L 24a. WAS AN AUTOPSY PERFORMED 1 YES 34 NO								WERE AUTOPSY FING MAIL ARE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	S. PLACE OF DEATH (Ch	eck any ane)			
2	27. MANNEY OF DEATH	1 (1) Inpellent 2 VER/O		4 D Nursing I	Home 5 - Residence	6 🗆 Other (Spe	city)		
-	Natural 5 Pending	(Month, Day, Hair		JURY	WORK?	264. DESCRIB	E HOW INJUSTY OC	CURED	
	2 Accident Investigation	76. W 100 00 U 1	m		YES 2 10				
3	3 Suicide & Could not be 4 Homicide determined	26s. PLACE OF INJUI building, etc. (%)	necify)	errest, factory, c	office	City or line	i (Street and Number m, State)	r or Rund Ro	oute Number.
2	294. CERTIFIER CERTIFIER MAYOR		W 15-1					_	
COMPL	(Check any 1 CENTIFYING PHYS	ICIAN: To the best of my kno IR: On the basis of examinat	ivedge, death occur ion and/or investigati	ed at the time, o	date and place, and due to, death occurred at the	to the ceuse(s)	and manner as ata	ted.	and income of
	296. HOLATURE AND TITLE OF CHRISTIE		BAY NZSCY/ACTE						
4	100 (1 00	wo .			29c. LICENSE NUI	C1	29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF	DEATH (ITEM 27) /5/2	Print)	7,700	-		10	-
	20. NAME AND ADDRESS OF PERSON WITH THE PERSON	econar. M	0 952	OAY	mucic	nd	CANHA	MM	0
	31. DATE FILED (Month, Day, Year)	732. PROISERAR'S SIG	ATUR M			1			
	JUL 21 92	912. PHOIST PAR'S SI	STUDIES.						



	1 1-17.4 - 67	E WILT			MK	ATE OF DEATH	92 m	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219 20 2744 90. FACILITY NAME (# not institution, gi	1 🗆 M 2 🖟	GE (In yrs. lest birthdey) YRS.	9b. CITY, TOWN OR LOC	AS MIN. (A	ATE OF BIRTH Honth, Day, Year)	8. BIRT Coun	MD			
СТОЯ	RESIDENCE OF DECEDENT			Balti	more		Balti	more City			
L DIR	-	Frederick		REDERCK				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	421 Sherma			10f. ZIP C	21701		U	S WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Conferred 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDED If yes, specify C	uban, Mexican, Pue	IGIN? (Specify Yes or N rto Rican, etc.)	No— 14. RAC Black Spe	CE — American Indian, ck, White, etc.			
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us Food Se		orking	166. KIND OF BUSINES Nursin					
BE COI	17. FATHER'S NAME (First, Middle, Last) Homer C. Young		Julia A.	4							
	19a INFORMANT'S NAME (Frankhind)										
	23. PART i. Enter the diseases, shock, or heart failur immediate Cause (Final disease or condition resulting in death)	re. List only one cause o	n each ilne.	ot enter the mode of	East Chu	asford Furch St.,	Freder	Home ick, Md. 2 Approximate interval Between Onset and Dea			
CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR A	sed the deeth. Do no neach line. 1 111 a	106 ot enter the mode of y puxemns in fare hore	East Chu dying, such ss o	rch St.,	Freder	Approximete interval Between			
MEDICAL CERTIFI	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. SUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. Sions contributing to deat	sed the deeth. Do no neach line. 1 111 a	106 ot enter the mode of y puxemns in fare hore	East Chu dying, such ss o	rch St.,	Freder ny arrest,	Approximete interval Between			
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the condition of	a. DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. HOSPITAL:	ised the deeth. Do not neach line. In a consequence of the consequenc	TOG of enter the mode of y purchases in the underlying cause 28. PLACE O	East Chu dying, such as o	esrdiec or respirato	Freder ny arrest,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea			
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause of the	b. DUE TO (OR A DUE TO (OR A	Ised the deeth. Do not neach line. In a consequence of the consequenc	TOG ot enter the mode of y puremy fare have the fare have 26. PLACE O OTHER: 36. OF 28c. INJURY AI	East Chu dying, such as o te given in Part i F DEATH (Check only Residence 6 🗆 0	esrdiec or respirato	Freder ny arrest,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea			
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause of the	b. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. DUE TO (OR A	Sed the deeth. Do not neach line. AND A CONSEQUENCE OF AS A CONSE	TOG ot enter the mode of PUYLOWS for larc how 26. PLACE O OTHER: 4 Nursing Home 5 OF 28c. INJURY MORK? 1 YES	East Chu dying, such as o te given in Part i F DEATH (Check only Residence 6 0 28d. 1 2 NO 28f. L	24a. WAS AN AUTO PERFORMED 1 YES 2 You	Prederry arrest, OPSY 241 NO 241	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea			
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and investigation in the condition of the condition o	b. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. DUE TO (OR A	Dutpetient 3 DOA RY 28b. TiME RY 28b. TiME RY 28b. TiME RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 28b. Time RY 100000000000000000000000000000000000	26. PLACE O OTHER: 4 Nursing Home 5 OF 28c. INJURY AI WORK? II YES Irrest, factory, office	F DEATH (Check only Residence s O 2 NO 28f. L 2 NO	24a. WAS AN AUTO PERFORMED 1 YES 2 The Performed Perform	Prederry arrest, OPSY 24 TV OCCURED Aumber or Rurel es stated,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea			
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and investigation in the condition of the condition o	BUE TO (OR A BUE TO (OR A BUE TO (OR A BUE TO (OR A C. DUE TO (OR A C. DUE TO (OR A BUE TO (OR A BUE TO (OR A C. DUE TO (OR A BUE TO (OR A C. DUE TO (OR A BUE	Sed the deeth. Do not neach line. Inha Is a consequence of the line of the line. Is a consequence of the line of	TOG ot enter the mode of PUYLEMA The puyleman The puyle	F DEATH (Check only Residence s O 2 NO 28f. L 2 NO	24a. WAS AN AUTOPERFORMED 1 YES 2 wone) Ther (Specify) DESCRIBE NOW INJURE OCATION (Street and No. No. or Nown, State)	Prederry arrest, OPSY 241 NO	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea			



	1. DECEDENT'S NAME (First, Middle, Last John Francis	· ·				F DEATH	REG. NO	199	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLACE (State or Forei			
10	217-36-7867	1 M 2 🗆 F	85	YRS.	MONTHS DAYS			907	Wash. D.C.			
m/	Shady Grove Adv	/	211	n.,,		OR LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH			
ECTO	RESIDENCE OF DECEDENT	Mos .	.700	1,777	Rockv,			110	Montg.			
DIR		gomery		y, town on Locally dis	LOCATION 10d, INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	16420 Darnestow	n Road			10	01. ZIP GOOF 20841		10g. CITIZE	N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 WWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	IRMED SNO	II yes, s	ECENDENT OF HISPAN specify Cuben, Mexico S 2 NO Specify		s or No — 14	8. RACE — American Indian, Black, White, atc. Specify: White			
LE IEU	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) Cotlege (1-4 or 5+) Cotlege (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) If the Do NOT use retired)											
COMPL	17. FATHER'S NAME (First, Middle, Lest)				farmer							
ы Ш	John Windolph		ME (First, Middle, Maiden Vindolph	Sumame)								
TO B	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADORESS (Street	and Number or Rural I	Route Number, City or Town	n, State, Zip Co	ode)			
	John F. Windolph, Jr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16420 Darnestown Rd. Boyds, Md. 20841											
	20c. METHOD OF DISPOSITION 136 Burlet 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. Barnesville, Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Hilton Funeral Home / P.O. Box86 Barnesville, Md. 20838											
	23. PART I. Enter the diseases, or shock, or heart feilure.	complications that	t ceused the d	jeeth. Do n	ot enter the m	ode of dying, auci	h ea cardiec or reepi	ratory errea				
	iMMEDIATE CAUSE (Fine) disease or condition				~ 1.				Interval Bet Onset and I			
	resulting in deeth)	a. TTU	DOX IC	2 CM	cepna	31004						
z		. Cev	Plaro	Vas	cilla	V Acc	ident					
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	EOUENCE OF):		100					
FIC	CAUSE (Disease or injury that initiated evente	c. OUE TO	(OR AS A CONSE	EQUENCE OF								
ERTIF	resulting in death) LAST	d										
ا ر ا	PART II. Other significent condition	ne contributing to	deeth but not	recuiting in	n the underlyin	na ceuse given in	Part I. 24a, WAS AN	ALITTOPSY	24b. WERE AUTOPSY FINI			
3 1	Decubitu	us ulc	-	lue		hronic	DEDECOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CA			
ă	debilitati	ion de	ie to	bila		labove	2	X	OF DEATH?			
MEDIC/	INP VIDE	P.AMC	utat	ion								
AN	25 WAS CASE REFERRED TO MEDICAL	TUIT			28 P	A ACE OF DEATH (Ch.	eck only one)					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:	FR/Outpatient		OTHER:							
SICIAN:	EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH	1 Inpetient 2 28e. DATE OF		3 DOA	OTHER: 4 Nursing Hon OF 28c. IN.	ne 5 🗆 Residence	6 Other (Specify) 28d. DESCRIBE HOW IN	NJURY OCCUR	NED			
Y PHYSICIAN:	EXAMINER? 1 VES 2 XNO	28e. DATE OF I	INJURY ay, Year)	3 DOA 28b, TIME	OTHER: 4 Nursing Hon OF 28c. IN. JRY M 1	JURY AT ORK? YES 2 NO		NJURY OCCUR	DED			
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation 2 Accident trivestigation 3 Suicide 8 Could not be determined	28e. DATE OF (Month, Da	INJURY ay, Year)	3 DOA 28b, TIME	OTHER: 4 Nursing Hon OF 28c. IN. JRY	JURY AT ORK? YES 2 NO						
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation 3 Sulcide 8 Could not be determined 29. CERTIFIER (Check only) 1 CERTIFYING PHYS	28e. DATE OF (Month, Da 28e. PLACE Of building, 4	INJURY ny, Year) FINJURY — At he stc. (Specify) my knowledge, de	28b. TIME INJU Dome, term, at	OTHER: 4 Nursing Hon COF 28c. IN. WC 1 1 Interest, factory, office	THE 5 Residence JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN 28f. LOCATION (Street e. City or Town, Stete)	nd Number or	Rural Route Number,			
MPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homtcide 299. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	28e. DATE OF (Month, Da 28e. PLACE OF building, a 28e. PLACE OF building.	INJURY ny, Year) FINJURY — At he stc. (Specify) my knowledge, de	28b. TIME INJU Dome, term, at	OTHER: 4 Nursing Hon COF 28c. IN. WC 1 1 Interest, factory, office	THE 5 Residence JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN 28f. LOCATION (Street e. City or Town, Stete)	nd Number or	Rural Route Number,			
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation 3 Sulcide 8 Could not be determined 29. CERTIFIER (Check only) 1 CERTIFYING PHYS	28e. DATE OF (Month, Da 28e. PLACE OF building, a 28e. PLACE OF building.	INJURY ny, Year) FINJURY — At he stc. (Specify) my knowledge, de	28b. TIME INJU Dome, term, at	OTHER: 4 Nursing Hon COF 28c. IN. WC 1 1 Interest, factory, office	THE 5 Residence JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN 28f. LOCATION (Street e. City or Town, Stete) to the ceuse(e) end mentitime, date end place, end	nd Number or or or or or or or or or or or or or				
MPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	28e. DATE OF (Month, Da 28e. PLACE OF building, a 28e. PLACE OF building.	INJURY sy, 'ber) FINJURY — At hi ste. (Specify) my knowledge, de	3 DOA 28b. TIME INJU-	OTHER: 4 Nursing Hon OF 28c. IN. MY M 1 Ireel, factory, offic d at the time, date I, in my opinion, c	THE 5 Residence JURY AT ORK? YES 2 NO Ce e end place, end due death occured at the f	28d. DESCRIBE HOW IN 28f. LOCATION (Street e. City or Town, Stete) to the ceuse(e) end mentitime, date end place, end	nd Number or or or or or or or or or or or or or	Rural Route Number, suse(s) and menner se sta			
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	28e. DATE OF (Month, Da 28e. PLACE OF building, a sictiAN: To the best of right).	INJURY ay, Year) F INJURY — At he are. (Specify) my knowledge, de armination end/or B all E OF OEATH (ITE Y	28b. TIME 28b. TIME INJU tome, term, st leath occurred Investigation V EM 27) (Type, i	OTHER: 4 Nursing Hon OF 28c. IN. MY M 1 Ireel, factory, offic d at the time, date I, in my opinion, c	THE S RESIDENCE SURPLY AT ORK? YES 2 NO CE S RESIDENCE SURPLY AT ORK? Pend place, end due death occurred at the tell of the surply at the sur	28d. DESCRIBE HOW IN 28f. LOCATION (Street e. City or Town, Steet) to the ceuse(e) end menitime, date end place, end BER 366	nd Number or or one of the control o	Rural Route Number, suse(s) and menner ee st			

There is a larger to considerate and it is a second of the in quilbourses on algernation All the Company of the

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, 1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
п	ECEDENT'S NAME (First Middle Leat)			

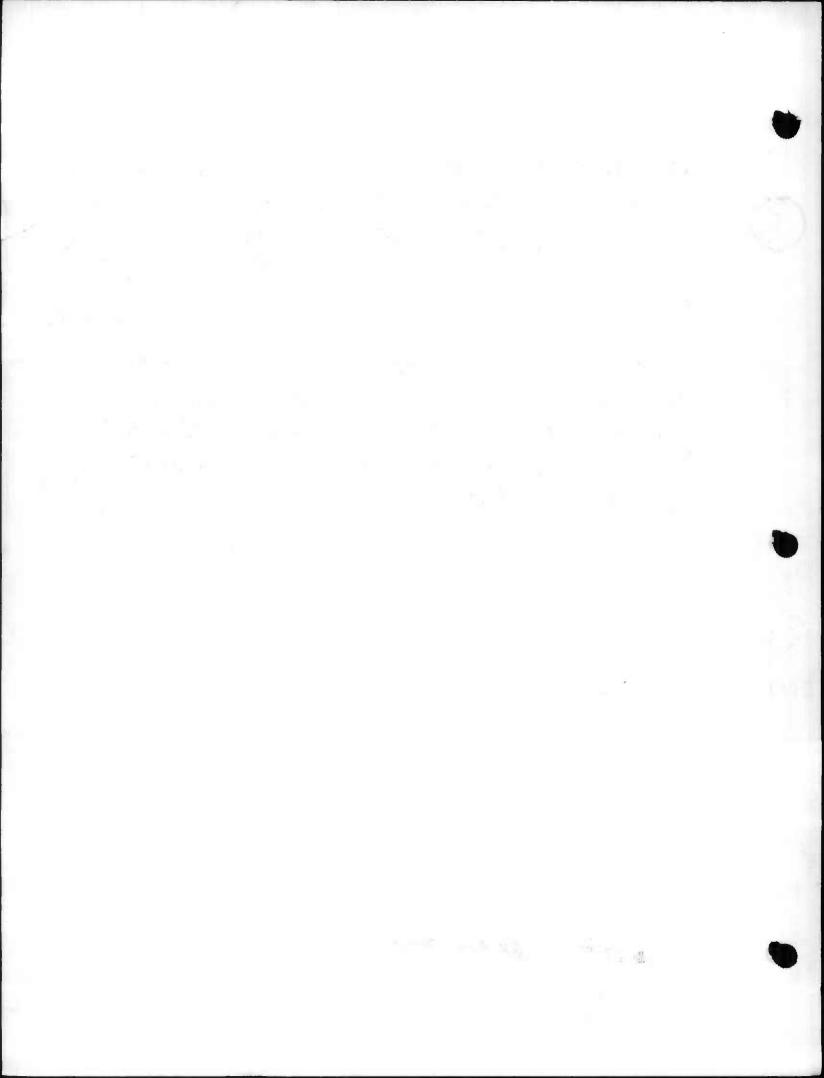
						- OATE		<u> </u>			HEG. NO.				
9	1. DECEDENT'S NAME (First,	Middle, Lest) harles	W. C	. Whis	ner.	Sr.			P. 1	2. DATE OF DEATH MONTH JULY 2, 1992 YEAR 12:30 P.					
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. In		IF UNDER	1 VEAR	IF UNDER	24 4000	7 DATE OF BIDTH				PLACE (State or Foreign	
	214-10-5401		1 ∑ M 2 □ F	83	YRS.	MONTHS	DAYS	HOURS	MN.	Sept	Dey, Year)	190	Country	Maryland	
	9e. FACILITY NAME (If not in:		9b. CITY	, TOWN	R LOCATI	ON OF DE	ATH		9c. COU	INTY OF DE	EATH				
DIRECTOR	Frederick	Memori	al Hospi	tal			Free	deri	ck]	Frederick		
입	10e. STATE 10b. COUNTY 10c. C						OR LOCAT	ION						10d, INSIDE CITY	
	Maryland	F	rederick		34,5-45	Frederick				1 A YES 2 NO					
₹	10e. STREET AND NUMBER				101	. ZIP COD				10g. CIT		HAT COUNTRY?			
FUNERAL	307 Cente		2170)1			U.S.A.				
5	11. MARITAL STATUS	C7	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT C	OF NISPAN	IIC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indian,	
BY	1 Never Married 2 🛣 3 Widowed 4 Divo		IF YES, GIVE Y				1 TYES	2 (ANO	Specify	n, Puerto A	iican, etc.)		Black, White, atc. Specify: White		
		EDENT'S EDUC		16e. D	ECEDENT'S	USUAL O	CCUPATIO	N .		16b.	KIND OF BUS	INESS/IN	DUSTRY		
L	Elementary/Secondary (0	highest grade	College (1-4 or 5	HA (C	Give kind of version and a second contract of the second contract of	vork done i e retired.)	during mo	st of working	ng						
COMPLETED	7			E	lecti	ricia	n			E	lectr	ic G	ompan	Ŋ	
8	17. FATHER'S NAME (First, MI	iddle, Lest)						16. MOT	HER'S NA	ME (First, M	liddle, Maiden	Sumama			
BE C	Charles Dan		nismer					(Carr:	ie Ir	ene C	astl			
5	19a. INFORMANT'S NAME (7) Doris Ropp	/pe/Print)		19	b. MAILING	ADDRESS	S (Street a	on D	or Rural F	Pre	er, City or Town	n, Stote, Zi	d. 21	701	
	200, METHOD OF DISPOSITI	ON		20b. PLACE				_		DATE			City or Tov		
	1 Buriel 2 Cremation 4 Donation 5 Other	n 3 🗌 Remo	oval from State	II to bi					7.	I.				d. 21701	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	Keeney and Basford Funeral Home 106 East Church St. Frederick, Md. 2170														
	23. PART I. Enter the di	seases, Dr C	omplicatione the	t caused the d	eath. Do n	ot enter	the mo	de of dy	ing, aucl	h aa cerd	iec or reepi	retory ar	reat,	Approximate	
	immediate cause (Fin		List only one cau			1				1				Interval Between Onset and Death	
Y	disease or condition		Rupt	Lazi	An	Air	. /	Ah.		-01	Ann	1000		4 hours	
į.	resulting in deeth)		DUE TO	(OR AS A CONSE	OUENCE OF	n v L C		TOUR	> m. []	rase	11110	775	M	4 1/00/13	
z														j j	
은	Sequantially list condition if eny, leading to immediate		DUE TO	(OR AS A CONSE	OUENCE OF	7:									
3	cause. Enter UNDERLYII CAUSE (Disease or Injur	NG	2.												
里	that initiated eventa		OUE TO	(OR AS A CONSE	OUENCE OF	7:									
CERTIFICATION	resulting in death) LAST	' (.	1												
	PART II. Other algolfice	nt condition	a contributing to	death but not	regulting i	n the un	derlylor	Cause	alven in	Davi I	24- 98- 41	ALITTOREY	0.05	WEST ALTONOMY STREET	
EDICAL			- obnationaling to	Gentil Dat HDt	reculting t	ii tile uli	dellyllig	cause (liven in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă										_	1 - YES 2	□ NO		OF DEATH?	
¥										_ 1				1 - YES 2 - NO	
ž								_		_ [
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 28. PLACE OF DEATH (Check only one)														
Z S	1 TES 2 NO		1 npatient 2	ER/Outpatient	3 🗆 DOA	OTHER		5 🗆 Re	sidence	8 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY qy, Year)	26b. TIMI		28c. INJ WO			28d. DEŞ	CRIBE NOW IN	JURY OC	CURED		
BY		Pending nvestigation	72	92		М		ES 2	NO						
	2 Culate	Could not be	28e. PLACE O	NINJURY — At he	ome, lerm, s	treet, fect	ory, office	,		28f. LOCA	TION (Street e	nd Number	or Rural Ro	oute Number,	
	4 Homicide	telermined	Sung.	ete. (opecny)					- 1	City o	r Town, State)				
٦	290. CERTIFIER	FYING PNYSIC	CIAN: To the best of	my knowledge de	ath assum	4 44 4 4					0.00				
COMPLETED														end menner ee stated,	
8		1					piiron, o	ratifi Occur	WO SE COM	time, date	end piece, end	due to ti	ne ceuse(e)	end menner ee stated.	
B	29b. SIGNATURE AND TESSE	2 ZV)					29c, LICE	NSE NUM	IBER		29d. DAT	E SHONED	(Month, Day, Year)	
ဝ	20 Marie and Venedia	Y										- '	16/	120	
	30. NAME AND ADDRESS OF								200				1 1		
	Dr. Steven		and, M.	915	TOLL	Hous	se A	ve.,	Fre	deric	ck, Md	. 21	701		
	31. DATE FILED (Month, Day,)	ber)	32. REGISTRA	R'S SIGNATURE											
	JUL 8 199	2 greh	ia Davidson	Mandeac											

And the second of the second o

BALTIMORE, MARYLAND 21203-3146	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-xxxxx after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit of the companies of
K 13146, BALTIMOF	e executed within 24 wasts after death. Page 6	an and completely filled in by the funeral director to burial cremation or removal
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	law requires that the death certificate b	has been signed by the attending physicial
DIVISION OF VITAL	L OR ATTENDING PHYSICIAN: The	L DIRECTOR: After this certificate his

TO THE PROSTICAL OF ATTENDING PRISOLARY. He saw requires that the bean common or concerned many to the control of the prostical programs of the principle of the principle of the control of the control of the principle of the pr
--

	REGISTRAR		CERTIFICA	ALE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Will	iams			2. DATE OF DEATH MONTH O7 - 14	- 92 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	6. AGE (fn.)	773. lest birthday) IF 1	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-12-16		ITHPLACE (State or Foreign intry)
_	9a. FACILITY NAME (If not institution, give atreet a	14.00		0	OR LOCATION OF DE		BC. COUNTY OF	
201	MANOKIN RESIDENCE OF DECEDENT	WIAnor			CESS Y	INNE	Sem	
DIRECTOR	10a. STATE 10b. COUNTY SOM	Erset		MIDRIOCA	- 6	DIER	4,11	10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	-3		10	1. ZIP CODE	7	10g. CITIZEN OF	S what country?
BY FUN	1 Naver Married 2 Married	WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, ap	ecify Cuban, Mexicar 2 NO Specify.		Ble	ACE — American Indian, ack, White, atc.
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		Se. DECEDENT'S USU (Give kind of work	AL OCCUPATION MO	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	- 1
COMPLETED		Hege (1-4 or 5+)	ine. Do NOT use per	ired.)		ComEr	CIALC	ook
	17. FATHER'S NAME (First, Middle, Last)	1 - 0			18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)	
B	19a. INFORMANT'S NAME (Type/Print)	114MS Dr	19b. MAILING ADI	PESS (Street	and Number or Rural R	loufe Number, City for Tow	n, State, Zip Code)	$\overline{}$
2	CLARKICK ALK	1//19115	1.0.1	ox 2	73 Uppl	rttill M	1218	67
	20 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 97	LACE OF OISPOSITION THE CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL O	PloT-	DORKY 4	f. 1 714	CATION - CHY OF	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	May	d'	22. NAME A	Not aboress of FAC	Ham Pol	en ave	244 C21853
	23. PART I. Enter the diseases or comp shock, or heart failure. List			inter the me	ode of dylng, such	ss cardisc or resp	ratory arrest,	Approximats interval Between
	IMMEDIATE CAUSE (Finsi	Canalo Y		ian	y av	rest		Onset and Desth
_		- 1	ONSEQUENCE OF):		7			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	1.	•				
IFIC	CAUSE (Diseese or injury thet initiated events	OUE TO (OR AS A C	ONSEQUENCE OF):					
EH	resulting in death) LAST							
EDICAL (PART II. Other significent conditions co	entributing to death but	not resulting in t	ne underlyin	g cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	- Alcola	ol Ab	13-6			1 _ YES 2	! □ NO	OF DEATH?
N.	- Cavel		elan)	-cci	Cent			
PHYSICIAN:		OSPITAL:		THER:	LACE OF DEATH (Ch			
HYS	1 YES 2 NO 1 27. MANNER OF DEATH	Inpatient 2 ER/Output 28s. DATE OF INJURY	28b. TIME O	28c. IN	JURY AT	8 Other (Specify) 28d, DESCRIBE HOW I	NJURY OCCURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		ORK? YES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicida detarmined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stree)	t, factory, offi	ca	281. LOCATION (Street City or Town, State)		al Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: Or	•						se(a) and manner as stated.
	295. SIGNATURE AND TITLE OF CERTIFIER		V		29c. LICENSE NUM	ABER	29d. DATE SIGN	IEO (Month, Day, Year)
TO BE		~~!	1		D28	T42	1 7/1	5192
F	36, ARME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEAT	H (Type, Pri	nt)				
	TILDATE FILED WORK Day, Wary	12. REGISTRAR'S SIGNAT	on-Aandall					



atten	88	
al or	for u	- 1
ospit	ched	3
the	deta	90
d by	90 P	D D
raine	nous	ê l
2	99 5	9 10
may.	X pa	
9 00	lirecti	E
£.	eral	튙
r deat	al fu	2
afte.	ty the	lea lea
hour	of In	Ě
n 24	ity fills	\$
With	plete	Je I
petri	d con	5
exce.	to b	E
ate b	ysicia	5
rriffe	ng ph	m 23 shows any injury, or other traumatic event, the medical ex
th ce	tendii	6
e de	he at Ment	jery,
hat th	and de	=
res th	igned	23
redu	of H	shov
WE! 0	has b	23
F. H	State	=
SICIA	certif	0
PHY	this with	rke bek
DING	After	E
TEN	after a	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended to the company of the propriate or attended to the propriate or attended	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dest. of Health and Mental Miglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TAL	PAL 22	=
HOSP	FUNE	MA
표	THE	E E
2	2 %	E

121	1 - FOR STATE REGISTRAR	3 24 60	03 01	CERTIF	ICATE OF	DEATH AND I	REG. NO	D	3. TIME OF DEAT
1 - 3	4. SOCIAL SECURITY NUM		bert Wa	(In yrs. last birthday)			06 3	10 9	12 1845
A	219-12-03			68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	July 21	.1928	BIRTHPLACE (State or Fo
	9a. FACILITY NAME (If not is					OR LOCATION OF DE	ATH		Y OF DEATH
CTOR	rederic		orial Hosp	ital	1	rederic	ck		Frederic
DIREC	10a. STATE	10b. COUNT		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER		ederick		Frede	1. ZIP CODE		I do attire	1 X YES 2
FUNERAL	315 Que		reet		10	217	701		S. A.
N S	11. MARITAL STATUS		12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPAN	HC ORIGIN? (Specify Yen, Puerto Rican, atc.)	e or No- 14	4. RACE — American India Black, White, etc.
BY	1 Never Married 2 2 3 Widowed 4 Div		FORCES? 1 YES	DATES		2 NO Specify			so White
9		EDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	ON met of weathing	16b. KIND OF BU		STRY
LETEI	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mose retired.) PVISOP	ost or working	Ft: B	etric	k
COMPL	10 year			Dapo.	1 4 1 8 0 1	16 MOTHER'S NA	ME (First, Middle, Melder		•
ш	Martin J.		sh, I			Erma V	Vachter	i suriene)	
10 B	190. INFORMANT'S NAME (7 1				Route Number, City or To		
	Mrs. Mary			315			derick,		
	1 to Burial 2 Commette 4 Donation 5 Donat	en 3 🗆 Rem		b. PLACE AND DATE			DATE 20c. LO	OCATION — Cit	ly or Town, State
7		r pageocity)	IT(ostnave	n Mem.	Gardens	3:7/3/92	Fred	erick Ma.
	21. SIGNATURE OF TUNENA	100		estnave					
	The same of the sa	L SHVICE L	complex frame	~	22. NAME AI Keer	ND ADDRESS OF FA	asford P	.A. F	erick Md. uneral Ho Md. 2170
	Rober 23. PART I. Enter the d	t W.	Keeney #MOC	0652	22. NAME AI Keer 106	no address of FA 10 y & Ba E. Chui	sford P	.A. Fr	uneral Ho Md. 2170
	RODO: RODO: 23. PART I. Enter the dancek, or h IMMEDIATE CAUSE (Fil	t W. I Iseasea, or eart fellure.	Keeney #MOO	0652	22, NAME AI KEET 106	nd address of faile y & Ba E. Chui ede of dying, such	sford P	.A. Fr	uneral Ho Md. 2170
	Rober 23. PART I. Enter the dahock, or h	t W. I Iseasea, or eart fellure.	Complications that cause List only one cause on a	od 52 od the death, Do seach fine.	22. NAME AI Keer 106	nd address of faile y & Ba E. Chui ede of dying, such	sford P	.A. Fr	uneral Ho Md. 2170
Z	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in dasth)	t W	Complications that cause List only one cause on a	0652	22, NAME AI KEET 106	nd address of faile y & Ba E. Chui ede of dying, such	sford P	.A. Fr	uneral Ho Md. 2170
TION	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition	issesses, or reart fellure.	a. OPE TO OR AS.	od 52 od the death, Do seach fine.	22, NAME AI Keer 106 not enter the mo	NO ADDRESS OF FAMILY & BE E. Chui	carry Asford P rch St.,	.A. Fr	uneral Ho Md. 2170
ICATION	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injunctions)	ilseases, or leart fellure. nel	a. DUE TO (OR AS C.	d the death. Do reach line. A CONSEQUENCE OF	22, NAME AI KEET 106 not enter the model of the control of the co	ND ADDRESS OF PARTIES	curry asford Preh St.,	.A. Fr	uneral Ho Md. 2170
	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fild disease or condition resulting in dasth) Sequentially list condit if any, leading to imme cause. Enter UNDERLY	ilseases, or eart fellure. nel	a. DUE TO (OR AS C.	od 52 Indicate the death. Do neach line. A CONSEQUENCE Of Section 1.1	22, NAME AI KEET 106 not enter the model of the control of the co	NO ADDRESS OF FAMILY & BE E. Chui	curry asford Preh St.,	.A. Fr	uneral Ho Md. 2170
CERTIFICA	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to immediate. CAUSE (Disease or injuthat initiated events resulting in death) LAS	ilseases, or eart fellure. nel	a. DUE TO (OR AS C. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. D. DUE TO (OR AS d. D. D. D. D. D. D. D. D. D. D. D. D. D.	od 52 Indicate the death. Do neach line. A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUENCE DO A CONSEQUENCE	22, NAME AI Keer 106 not enter the mo	no address of the 18 of 8 of the 18 of dying, such	curry asford Proch St., in as cardiac or reason to Survey as a sur	A. Fred.	uneral Ho Md. 2170 st. Approximation on the control Be Onset and
CERTIFICA	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to immediate. CAUSE (Disease or injuthat initiated events resulting in death) LAS	ilseases, or eart fellure. nel	a. DUE TO (OR AS C.	od 52 Indicate the death. Do neach line. A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUENCE DO A CONSEQUENCE	22, NAME AI Keer 106 not enter the mo	no address of the 18 of 8 of the 18 of dying, such	CLITY AS AL PARTIL 24a. WAS AL PERFO	A. Fr	uneral Ho Md. 2170 it, Approximatinterval Be Onset and
CERTIFICA	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to immediate. CAUSE (Disease or injuthat initiated events resulting in death) LAS	ilseases, or eart fellure. nel	a. DUE TO (OR AS C. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. D. DUE TO (OR AS d. D. D. D. D. D. D. D. D. D. D. D. D. D.	od 52 Indicate the death. Do neach line. A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUENCE DO A CONSEQUENCE	22, NAME AI Keer 106 not enter the mo	no address of the 18 of 8 of the 18 of dying, such	CLITY ASSAULTS	A. Fr	uneral Ho Md. 2170 st, Approximatinterval Be Onset and 24b. WERE AUTOPSY FIN AMALABLE PRIOR 1 COMPLETION OF CO OF DEATH?
MEDICAL CERTIFICA	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to immediate. CAUSE (Disease or injuthat initiated events resulting in death) LAS	ilseases, or eart fellure. nel	a. DUE TO (OR AS C. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. DUE TO (OR AS d. D. D. DUE TO (OR AS d. D. D. D. D. D. D. D. D. D. D. D. D. D.	od 52 Indicate the death. Do neach line. A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUENCE DO A CONSEQUENCE	22, NAME AI Keer 106 not enter the mo	no address of the 18 of 8 of the 18 of dying, such	CLITY AS AL PARTIL 24a. WAS AL PERFO	A. Fr	uneral Ho Md. 2170 st, Approximatinterval Be Onset and 24b. WERE AUTOPSY FIN AMALABLE PRIOR 1 COMPLETION OF CO OF DEATH?
MEDICAL CERTIFICA	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ilseasea, or reart fellure. nel	a. OUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS.	od 52 Indicate the death. Do neach line. A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUENCE DO A CONSEQUENCE	22, NAME AI KEET 106 not enter the mo	no address of the 18 of 8 of the 18 of dying, such	CLITY ASSORD P CCh St., h as cardiac or reap ASS Part I. 24a. WAS AI PERFO 1 YES	A. Fr	uneral Ho Md. 2170 st, Approximatinterval Be Onset and 24b. WERE AUTOPSY FIN AMALABLE PRIOR 1 COMPLETION OF CO OF DEATH?
MEDICAL CERTIFICA	23. PART I. Enter the dahock, or himmediate Cause (Findisease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations.	ilseasea, or reart fellure. nel	Complications that cause List only one cause on a OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	d the death. Do reach line. A CONSEQUENCE OF A CONSEQUEN	22, NAME AI KEET 106 not enter the model of	No ADDRESS OF FAMILY & BE E. Chui Inde of dying, such Compared to the compar	Part I. 24a, WAS AI PERFO 1 YES	A. Fr	uneral Ho Md. 2170 it, Approximatinterval Be Onset and 24b. WERE AUTOPSY FIN AMAILABLE PRIOR I COMPLETION OF CO OF DEATH? 1 YES 2 N
PHYSICIAN: MEDICAL CERTIFICA	23. PART I. Enter the dahock, or himmediate Cause (Findisease or condition resulting in death) Sequentially list condition for the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations of the cause	ilseasea, or reart fellure. nel	DUE TO (OR AS d. DUE TO	d the death. Do reach line. A CONSEQUENCE OF A CONSEQUEN	22, NAME AI KEET 106 not enter the model of	ND ADDRESS OF FAMEL OF STATE OF DEATH (Che	Pert I. 24a. WAS AI PERFO	A. Fr	uneral Ho Md. 2170 it, Approximatinterval Be Onset and 24b. WERE AUTOPSY FIN AMAILABLE PRIOR I COMPLETION OF CO OF DEATH? 1 YES 2 N
BY PHYSICIAN: MEDICAL CERTIFICA	23. PART I. Enter the de ahock, or himmediate Cause (Fidesease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Last (Disease or injustrate intristed events resulting in death) Last PART II. Other signification in the condition of	ilseasea, or reart fellure. neal his side in the condition of the conditio	DUE TO (OR AS. DUE TO (OR AS.	d the death. Do reach line. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE DO THE CONSEQUENCE OF A CONSEQUENCE DO THE CONSEQU	22, NAME AI KEET 106 not enter the model of	ND ADDRESS OF FAMEL OF STATE OF DEATH (Che	Part I. 24a. WAS AI PERFO 1 YES	NAUTOPSY RMED?	uneral Ho Md. 2170 it, Approxima interval Be Onset and 24b. WERE AUTOPSY FIR AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATHY 1 YES 2 N
ED BY PHYSICIAN: MEDICAL CERTIFICA	23. PART I. Enter the de ahock, or himmediate Cause (Fidesease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Last (Disease or injustrate intristed events resulting in death) Last PART II. Other signification in the condition of	ilseasea, or reart fellure. nal illuminations, illuminations, in and condition in and condition in and condition in and condition in and condition in and condition in and condition in and condition in an analysis in	Complications that cause List only one cause on a DUE TO (OR AS	d the death. Do reach line. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE DO THE CONSEQUENCE OF A CONSEQUENCE DO THE CONSEQU	22, NAME AI KEET 106 not enter the model of	ND ADDRESS OF FAMEL OF STATE OF DEATH (Che	Part I. 24a, WAS AI PERFO 1 YES	N AUTOPSY RMED? 2 TO NO	uneral Ho Md. 2170 it, Approxima interval Be Onset and 24b. WERE AUTOPSY FIR AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATHY 1 YES 2 N
ETED BY PHYSICIAN: MEDICAL CERTIFICA	23. PART I. Enter the dahock, or himmediate Cause (Findisease or condition resulting in dasth) Sequentially list condition resulting in dasth) Sequentially list condition resulting in dasth) Sequentially list condition resulting in dasth) Last (Disease or injection in that initiated events resulting in dasth) LAS PART II. Other signification in the condition in the cause of	iseasea, or leart fellure. nel had letter le	DUE TO (OR AS. DUE TO (OR AS.	d the death. Do reach line. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE DO A CONSEQUEN	22, NAME AI KEET 106 not enter the model of	ND ADDRESS OF PARTIES OF PARTIES OF PEATH (Che to 5 Residence purity at 1982 2 NO	CELITY ASTORD P CCh St., h as cardiac or reap ASTORD P CCh St., h as cardiac or reap ASTORD P CCh St., 24a. WAS AI PERFO 1 YES SCK only one) 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	N AUTOPSY RIMED? 2 NO INJURY OCCUPANT OF THE PROPERTY OF THE P	uneral Ho Md. 2170 st, Approximatinterval Ba Onset and 24b. WERE AUTOPSY FIN AMALABLE PRIOR I COMPLETION OF C OF DEATH? 1 YES 2 N
MPLETED BY PHYSICIAN: MEDICAL CERTIFICA	23. PART I. Enter the dahock, or himmediate Cause (Findisease or condition resulting in dasth) Sequentially list condition resulting in dasth) Sequentially list condition resulting in dasth) Sequentially list condition resulting in dasth) Last (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification in the condition of the cause	iseasea, or leart fellure. In the second sec	DUE TO (OR AS. DUE TO (OR AS.	d the death. Do reach line. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE DO A CONSEQUEN	22, NAME AI KEET 106 not enter the model of the model of the model of the model of the model of the model of the model of the model of the time, date and at the time, date and at the time, date	ND ADDRESS OF PARTIES OF PARTIES OF PEATH (Che to 5 Residence LURY AT 1916) and place, and due to and place, and due to and place, and due to a series of parties of the	Part I. 24a. WAS AI PERFO 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(e) and ma	N AUTOPSY RMED? 2 NO INJURY OCCUPANT OF THE PROPERTY OF THE PR	uneral Ho Md. 2170 st, Approximatinterval Ba Onset and 24b. WERE AUTOPSY FIN ANALIZABLE PRIOR I COMPELETION OF C OF DEATH? 1 YES 2 N
ETED BY PHYSICIAN: MEDICAL CERTIFICA	23. PART I. Enter the dahock, or himmediate Cause (Findisease or condition resulting in dasth) Sequentially list condition resulting in dasth) Sequentially list condition resulting in dasth) Sequentially list condition resulting in dasth) Last (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification in the condition of the cause	ilseasea, or reart fellure. nai illure. na	CCAN: To the basis of examination	d the death. Do reach line. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE DO A CONSEQUEN	22, NAME AI KEET 106 not enter the model of the model of the model of the model of the model of the model of the model of the model of the time, date and at the time, date and at the time, date	ND ADDRESS OF PARTIES OF PARTIES OF PEATH (Che to 5 Residence LURY AT 1916) and place, and due to and place, and due to and place, and due to a significant	Part I. 24a, WAS AI PERFO 1 YES Chyon St., 1 YES Chyon St., 1 YES 24a, WAS AI PERFO 1 YES Chyon State Chyon Rown, State to the cause(e) end ma	N AUTOPSY RMED? 2 NO INJURY OCCUMENT OF THE PROPERTY OF THE PR	uneral Ho Md. 2170 st, Approximatinterval Ba Onset and 24b. WERE AUTOPSY FIN ANALIZABLE PRIOR I COMPELETION OF C OF DEATH? 1 YES 2 N

sinte-bed by fig. Salida Bill gran TOTE . MY . Marketter . . All roads 215 Les Prover une de character une revertent